



# Registration Form

## Student Details:

FAMILY NAME:											
FIRST AND OTHER NAMES:											
PREFERRED NAME (if applicable):											
DATE OF BIRTH:											
COUNTRY OF BIRTH:											
RELIGIOUS AFFILIATION:											
REGISTERING AS A:	BOARDER <input type="checkbox"/>	WEEKLY BOARDER <input type="checkbox"/>	DAY STUDENT <input type="checkbox"/>								
PROPOSED START DATE: ___ / ___ / 20___	YEAR LEVEL AT ENTRY: (please circle)		PK	K	1	2	3	4	5		
	6	7	8	9	10	11	12				
IF PRE-K, PROPOSED DAYS (please circle)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY						
ABORIGINAL OR TORRES STRAIT ISLANDER:	NO <input type="checkbox"/>			YES <input type="checkbox"/>							

## Parent/Carer 1 Details:

FAMILY NAME:			
FIRST NAME:		TITLE:	
ADDRESS:			
PHONE:	(H):	(W):	(M):
EMAIL:			
OCCUPATION:			

## Parent/Carer 2 Details:

FAMILY NAME:			
FIRST NAME:		TITLE:	
ADDRESS:			
PHONE:	(H):	(W):	(M):
EMAIL:			
OCCUPATION:			

## Correspondence:

PARENT/CARER 1 ONLY <input type="checkbox"/>	PARENT CARER 2 ONLY <input type="checkbox"/>	BOTH <input type="checkbox"/>
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## Additional Information:

Does the student have special needs that may require support or adjustments? Yes  No   
If you answered yes, please attach copies of all supporting information such as related medical reports, test results or other.

FAILURE TO PROVIDE ALL RELEVANT INFORMATION ABOUT ANY SPECIAL NEEDS MAY RESULT IN THE CANCELLATION OF THE ENROLMENT.

Are there any Family Court, Parenting or Consent orders in place? Yes  No   
If you answered yes, please attach copy of the most recent Court, Parenting, Consent or other orders.

Where does the student usually reside?  
Parent / Carer 1  Parent / Carer 2  Both parents   
Other (please explain): \_\_\_\_\_

### I ENCLOSE THE REGISTRATION FEE (\$220.00) WHICH I UNDERSTAND IS NON-REFUNDABLE

1. Payment by cheque made out to PLC Armidale OR  
2. Payment has been direct deposited to PLC Armidale at Commonwealth Bank Burwood BSB 062-128 Account 1034 5355 (please quote child's name as reference) OR  
3. Please debit my credit card:

CREDIT CARD NUMBER:	
EXPIRY DATE:	
NAME ON CARD:	
SIGNED:	

I have read and I understand the Conditions of Enrolment which I have been supplied and are located on the school's website:

SIGNATURE OF PARENT/CARER:	
DATE:	

Please also enclose a passport style photo of your daughter for our reference only.

In the event of demand exceeding places, the date on which the Application for Enrolment reached the School will be one factor in establishing priority.

Prior to interview a copy of the latest two School Reports will be required.

Please keep the School informed of changes of address.