



# THE KING'S SCHOOL

## Student Enrolment Registration

**Please return this completed registration  
together with the Registration Fee\* to:**

The Registrar  
The King's School  
PO Box 1 Parramatta NSW 2124  
Phone: (02) 9683 8405 Fax: (02) 9683 8415  
Email: [enrol@kings.edu.au](mailto:enrol@kings.edu.au) Web: [www.kings.edu.au](http://www.kings.edu.au)  
\*Registration Fee - AU\$250



**The Council Of The King's School**  
The King's School  
The King's Preparatory School  
Tudor House School  
**CRICOS NO 02326F**



**PREFERRED ENTRY STATUS** (if applicable)

Have any other family members attended The King's School previously or are any other family members presently attending or enrolled to attend: YES / NO

<b>IF YES:</b>	Full Name:	Relationship to Enrolling Student	Year(s) at King's	House
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**SIBLINGS:** \_\_\_\_\_ **Oldest** **Youngest**  
 The student has: \_\_\_\_ sisters and: \_\_\_\_ brothers. Please circle the student's place among siblings: 1 2 3 4 5 6

**STUDENT PROFILE** (Please attach copies of supporting documentation where appropriate)

Please enclose a copy of your son's / ward's latest school reports if this registration is for entry within the next 2 years.

**CURRENT SCHOOL:** \_\_\_\_\_ Date commenced: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SCHOOLING HISTORY:** (both Primary and Secondary where applicable)

School	Academic Years	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CULTURAL INTERESTS & ACHIEVEMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPORTING INTERESTS & ACHIEVEMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL NEEDS:**

It is important that we are informed of any special needs the applicant has, such as medical or physical conditions which may require medication, specialised educational support or other attention. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach further documentation if required. If this section is not completed we will assume the applicant has no special needs about which we should be aware.

**YOUR EXPECTATIONS:** (What expectations do you have for your son's / ward's education at The King's School?) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**REFEREES**

(Not required if the applicant's father is an Old Boy of the School)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Occupation: \_\_\_\_\_



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P O Box 1 Parramatta NSW  
 Phone: (02) 9683 8405 Fax: (02) 9683 8415 e-mail: enrol@kings.edu.au

Please attach two current passport size, colour photos of the applicant if entry to the School is to be within the next two years.  
 NB Applicable to Years 5-12 only

**PLEASE PRINT**

## REGISTRATION FOR ENROLMENT

Boy's Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

**To commence Year:**  **In Term:**  **Year:**   
eg Year 7 eg 1 eg 2004

tick one  
 **Full Boarder**  **Day Student**  
 **Weekly Boarder**

Please attach copy of birth certificate or passport

Applicant's Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religious Denomination \_\_\_\_\_

### FAMILY DETAILS

Residential Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ (please include country code if applicable)

Home Facsimile No.: \_\_\_\_\_ (please include country code if applicable)

Mobile phone No: \_\_\_\_\_ e-mail address: \_\_\_\_\_

### FAMILY RELATIONSHIPS

Applicant currently resides with:  Father and Mother  Mother only  Father only  
 Grandparents  Guardian  Other: \_\_\_\_\_

Where the parents are separated, or both parents named below are not the natural parents of the boy, please give details (eg custody, guardianship arrangements, step-parents etc):  
 \_\_\_\_\_  
 \_\_\_\_\_

This information, which is kept strictly confidential, is necessary to help ensure that correspondence pertaining to the registration is sent to the appropriate person.

### PLEASE COMPLETE IF PARENTS OF STUDENT ARE NOT RESIDENTS OF AUSTRALIA:

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Business Phone Number ( ) \_\_\_\_\_

Mobile phone No: \_\_\_\_\_ e-mail address: \_\_\_\_\_

DOB		Offer	
P/E?		Handbook	
Registration Fee Receipt		House/Class placement	
Interview		Dir of Studies	
Test		Housemaster	
Wait List		Yr Co-ordinator	

(Non-refundable) <b>Registration Fee:</b> \$ _____	(Non-refundable) <b>Family Admission Fee:</b> \$ _____
Date: _____	Date: _____
<b>Register #:</b> _____	

OFFICE USE

### FATHER'S DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Given Names: \_\_\_\_\_  
Preferred Given Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year  
Occupation and Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
School Attended: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_  
Educational and Professional qualifications: \_\_\_\_\_

### MOTHER'S DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Given Names: \_\_\_\_\_  
Preferred Given Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year  
Maiden Name: \_\_\_\_\_  
Occupation and Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
School Attended: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_  
Educational and Professional qualifications: \_\_\_\_\_

### STUDENT'S SCHOOL FEES' STATUS – please tick the appropriate boxes from the following list:

• Australian Citizen: . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO	• If a language other than English is spoken in the student's home please list: _____
• Permanent Resident of Australia . . . . . but <b>not</b> an Australian Citizen . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO	OVERSEAS STUDENTS:
• Aboriginal: . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO	• In which country was the student born? _____
• Torres Strait Islander: . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO	• What year did he arrive in Australia? _____
• Aust South Sea Islander: . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO	• Passport No.: _____ Visa Class _____

**DIRECTIONS AS TO CORRESPONDENCE** (As family structures can differ widely, the following information is requested to avoid errors in correspondence, mailing of accounts etc. Please tick the appropriate boxes as applicable.)

**Send School Reports to:**  Family address  Mother only  Father only  Other: \_\_\_\_\_

### SIGNATURES (both parents or guardians to sign)

- We hereby apply to The King's School for the enrolment of the above student.
- We understand that acceptance of this form by The School does **not constitute admission of the student**, and that we will be required to agree to the Conditions of Entry which apply at the time our son / ward is offered a place at the School.
- We enclose our registration fee. This fee is to cover administration costs and is non-refundable.

Signature of **FATHER** / Guardian: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **MOTHER** / Guardian: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTES