



PRE-KINDERGARTEN 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
Email: enrol@kings.edu.au

*Registration Fee - AU\$250



**THE
KING'S
SCHOOL**
ACADEMIC EXCELLENCE WITH CHARACTER DEVELOPMENT

SINCE 1831

The Council of The King's School
The King's School
PO Box 1 Parramatta NSW 2124
The King's School Preparatory School
Tudor House School
Phone: (02) 9683 8444
Fax: (02) 9683 8525
Email: enrol@kings.edu.au
CRICOS NO 02326F

www.kings.edu.au

REGISTRATION FOR PRE-KINDERGARTEN ENROLMENT PLEASE PRINT

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

IF YES:

Full Name: _____ Relationship to Enrolling Student: _____ Year(s) at King's: _____ House: _____

SIBLINGS:

The student has: _____ sisters and: _____ brothers.

Oldest Youngest

Please circle the student's place among siblings:

1 2 3 4 5 6

HEALTH INFORMATION

(please attach copies of supporting documentation where appropriate)

IS YOUR CHILD IMMUNISED? Yes No

Date of most recent immunisation: ____/____/____

(please attach a copy of immunisation details)

IS YOUR CHILD ON REGULAR MEDICATION? Yes No

(please attach a copy of medical documentation)

IF YES, PLEASE PROVIDE DETAILS: _____

PLEASE DETAIL ANY SPECIAL MEDICAL CONCERNS OF WHICH THE SCHOOL NEEDS TO BE AWARE: _____

DOES YOUR CHILD HAVE SPECIALISED DIETARY NEEDS? Yes No

IF YES, PLEASE PROVIDE DETAILS: _____

SPECIAL NEEDS:

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

(please attach a copy of medical documentation)

CHILDREN MUST BE ABLE TO USE THE BATHROOM CORRECTLY AND INDEPENDENTLY PRIOR TO COMMENCEMENT.

PLEASE INDICATE IF YOUR CHILD IS ABLE TO DO THIS: Yes No

Boy's Surname: _____

Given Names: _____

Preferred Name: _____

Date on which your son turns 4 years of age: ___/___/___

To commence Pre-Kindergarten? 20 _____
eg 2017

Please attach copy of birth certificate or passport

Do you intend for your son to continue on into Kindergarten at TKS after Pre-Kindergarten? Yes No

Applicant's Nationality: _____ Country of Birth: _____ Religion: _____



FATHER'S DETAILS:

Title: _____ Surname: _____ Full Given Names: _____
 Preferred Given Name: _____ Date of Birth: ___/___/___
 Occupation: _____ Position: _____
 Employer's Name: _____ Mobile No: _____
 Religious Denomination: _____ Business No: _____
 School Attended: _____ Facsimile No: _____
 Educational and Professional Qualifications: _____
 Residential Address: _____ Suburb/Town: _____ State: _____ Postcode: _____
 Postal Address: _____ Suburb/Town: _____ State: _____ Postcode: _____
 Home Phone No: _____ Home Fax No: _____
 Email: _____

MOTHER'S DETAILS: (If same write a/a)

Title: _____ Surname: _____ Full Given Names: _____
 Preferred Given Name: _____ Date of Birth: ___/___/___ Maiden Name: _____
 Occupation: _____ Position: _____
 Employer's Name: _____ Mobile No: _____
 Religious Denomination: _____ Business No: _____
 School Attended: _____ Facsimile No: _____
 Educational and Professional Qualifications: _____
 Residential Address: _____ Suburb/Town: _____ State: _____ Postcode: _____
 Postal Address: _____ Suburb/Town: _____ State: _____ Postcode: _____
 Home Phone No: _____ Home Fax No: _____
 Email: _____

OFFICE USE ONLY

| | |
|--------------------------|--|
| DOB | |
| P/E? | |
| Registration Fee Receipt | |
| Interview | |
| Wait List | |

| | |
|-----------------------|--|
| Offer | |
| Handbook | |
| House/Class placement | |
| Head's PA | |

| | |
|--------------------------|------------------------------|
| (Non-refundable) | (Non-refundable) |
| Registration Fee: | Family Admission Fee: |
| \$ | \$ |
| Date: | Date: |
| Register # : | |

NOTES

FAMILY RELATIONSHIPS Applicant currently resides with:

Father and Mother Mother only Father only Grandparents Guardian/s Mother and Partner Father and Partner

Where the parents are separated, or both parents named previously are not the natural parents of the boy, please provide 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 THE STUDENT ARE NOT RESIDENTS OF AUSTRALIA:

Guardian's Name: _____

Guardian's Address: _____ Postcode: _____

Home Phone No: () _____ Business Phone No: () _____

Mobile Phone No: _____ Email address: _____

STUDENT'S SCHOOL FEES STATUS

PLEASE TICK THE APPROPRIATE BOXES FROM THE FOLLOWING LIST:

- Australian Citizen Yes No
- Permanent Resident of Australia
but not an Australian Citizen Yes No
- Aboriginal Yes No
- Torres Strait Islander Yes No
- Aust. South Sea Islander Yes No

• If a language other than English is spoken in the student's home please list:

OVERSEAS STUDENTS:

• In which country was the student born? _____

• What year did he arrive in Australia? _____

• Passport No: _____ Visa Class: _____

SIGNATURES (both parents or guardians to sign)

- We hereby apply to The King's School for the enrolment of the above student in Pre-Kindergarten.
- 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 that 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: _____

OFFICE USE ONLY

NOTES

