



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
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 8405
Fax: (02) 9683 8415
Email: enrol@kings.edu.au
CRICOS NO 02326F

www.kings.edu.au

Boy's Surname: _____

Given Names: _____

Preferred Name: _____

Date of Birth: ___/___/___

Full Boarder: Weekly Boarder: Day Student:
 Please Tick one

Please attach copy of birth certificate or passport

To commence Year: In Term: Year:
 eg Year 7 eg 1 eg 2017



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

FAMILY DETAILS

01 Residential Address: _____ Suburb/Town: _____ State: _____ Postcode _____

Postal Address: _____ Suburb/Town: _____ State: _____ Postcode _____

Home Phone No.: _____ Home Fax No.: _____ Mobile No.: _____

Email: _____ Relationship to Child: _____

02 Residential Address: _____ Suburb/Town: _____ State: _____ Postcode _____

Postal Address: _____ Suburb/Town: _____ State: _____ Postcode _____

Home Phone No.: _____ Home Fax No.: _____ Mobile No.: _____

Email: _____ Relationship to Child: _____

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: _____ Email address: _____

OFFICE USE ONLY

DOB	
P/E?	
Registration Fee Receipt	
Interview	
Test	
Wait List	

Offer	
Handbook	
House/Class placement	
Dir of Studies	
Housemaster	
Yr Co-ordinator	

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

NOTES

REGISTRATION FOR 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

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 two years.

CURRENT SCHOOL: _____ Date commenced: ____/____/____

SCHOOLING HISTORY: (both primary and secondary where applicable)

School	Academic years	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

CULTURAL INTERESTS AND ACHIEVEMENTS: _____

SPORTING INTERESTS AND 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: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Occupation: _____ Occupation: _____

FATHER'S DETAILS:

Title: _____ Surname: _____ Full Given Names: _____
 Preferred Given Name: _____ Date of Birth: ___/___/___
 Occupation: _____ Position: _____
 Employer's Name: _____ Mobile No.: _____ Business No.: _____
 Religious Denomination: _____ Email Address: _____
 School Attended: _____ Facsimile No.: _____
 Educational and Professional qualifications: _____

MOTHER'S DETAILS:

Title: _____ Surname: _____ Full Given Names: _____
 Preferred Given Name: _____ Date of Birth: ___/___/___ Maiden Name: _____
 Occupation: _____ Position: _____
 Employer's Name: _____ Mobile No.: _____ Business No.: _____
 Religious Denomination: _____ Email 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 Yes No
- Permanent Resident of Australia Yes No
but not an Australian Citizen
- 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: _____

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 Academic Reports to:

Family address Mother only Grandparents 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