



# THE KING'S SCHOOL

## Student Enrolment Application



**Please return this completed application  
together with the Application Fee to:**

The Registrar  
The King's School  
P O Box 1 Parramatta NSW 2124

Phone: (02) 9683 8405 Fax: (02) 9683 8415 e-mail: [enrol@kings.edu.au](mailto:enrol@kings.edu.au)  
[www.kings.edu.au](http://www.kings.edu.au)



**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:**

The student has: \_\_\_\_ sisters and: \_\_\_\_ brothers. Please circle the student's place among siblings:

**Oldest**                      **Youngest**

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 application 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: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

## APPLICATION 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

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 application 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: \_\_\_\_\_

OFFICE USE ONLY

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

(Non-refundable)		(Refundable)
<b>Application Fee:</b>	<b>Entry Fee:</b>	<b>Deposit:</b>
\$	\$	\$
Date:	Date:	Date:
<b>Register #:</b>		

**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: .....  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 \_\_\_\_\_

**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: \_\_\_\_\_  
**Send Fee Accounts 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 application fee. This fee is to cover administration costs and is non-refundable.

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

**PAYMENT OF FEES** Signature of Person/s (if other than parents) taking responsibility for payment of fees:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone: No.: \_\_\_\_\_