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 Web: www.kings.edu.au

*Registration Fee - AU$250
SIBLINGS:
The student has: ___ sisters and: ___ brothers. Please circle the student’s place among siblings: 1 2 3 4 5 6

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

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

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?)

SCHOOLING HISTORY: (both Primary and Secondary where applicable)

CURRENT SCHOOL: _______________________________ Date commenced: ___ / ___ / ___

School Academic Years Comments
______________________________________   __________________ ________________________________
______________________________________   __________________ ________________________________
______________________________________   __________________ ________________________________
______________________________________   __________________ ________________________________
______________________________________   __________________ ________________________________

CULTURAL INTERESTS & ACHIEVEMENTS:
_____________________________________________________

SPORTING INTERESTS & ACHIEVEMENTS:
_____________________________________________________

REFEREES
(Not required if the applicant’s father is an Old Boy of the School)
Name: ___________________________ Name: ___________________________
Address: ___________________________ Address: ___________________________
Phone: ___________________________ Fax: ___________________________
Occupation: ___________________________
REGISTRATION FOR ENROLMENT

Boy’s Surname: ___________________________ Given Names: ___________________________

Preferred Name: ___________________________ Date of Birth: __/__/____

To commence Year: [ ] In Term: [ ] Year: [ ]

[ ] Full Boarder [ ] Day Student
[ ] Weekly Boarder

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 P/E? Registration Fee Receipt Interview Test Wait List

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

(Non-refundable) Registration Fee: $ (Non-refundable)

Family Admission Fee: $

Date: Date: 

Register #:
# The Kin

The King's School

**Student Enrolment Registration**

Please return this completed registration together with the Registration 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  www.kings.edu.au

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**FATHER'S DETAILS**

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<thead>
<tr>
<th>Title:</th>
<th>Surname:</th>
<th>Full Given Names:</th>
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<th>Preferred Given Name:</th>
<th>Date of Birth:</th>
<th>Day / Month / Year</th>
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<th>Occupation and Position:</th>
<th>Business Phone:</th>
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| Employer's Name:          | Mobile Phone:   |
|                          |                 |
|                          |                 |

| Religious Denomination:  | e-mail Address: |
|                         |                 |
|                         |                 |

| School Attended:          | Facsimile No.: |
|                          |                 |
|                          |                 |

Educational and Professional qualifications:

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**MOTHER'S DETAILS**

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<th>Title:</th>
<th>Surname:</th>
<th>Full Given Names:</th>
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| Maiden Name:          |                         |
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<th>Occupation and Position:</th>
<th>Business Phone:</th>
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| Employer's Name:          | Mobile Phone:   |
|                          |                 |
|                          |                 |

| Religious Denomination:  | e-mail Address: |
|                         |                 |
|                         |                 |

| School Attended:          | Facsimile No.: |
|                          |                 |
|                          |                 |

Educational and Professional qualifications:

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

- **Australian Citizen:**  □ YES  □ NO
- **Permanant Resident of Australia**  □ 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:

- **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: ______________________

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**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: __________

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**NOTES**