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 Web: 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

If YES:  
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)

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<th>Academic Years</th>
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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: ___________________________
# 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**

**Tick one**

**Applicant’s Nationality:**

**Country of Birth:**

**Religious Denomination:**

**FAMILY DETAILS**

**Residential Address:**

**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:**

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<td>Interview</td>
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<td>Test</td>
<td>Housemaster</td>
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<tr>
<td>Wait List</td>
<td>Yr Co-ordinator</td>
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</table>

**Registration Fee:**

*(Non-refundable)*

**Family Admission Fee:**

*(Non-refundable)*

**Date:**

**Register #:**
FATHER’S DETAILS
Title: __________________ Surname: ____________________________ Full Given Names: ____________________________
Preferred Given Name: ____________________________ Date of Birth: _____/_____/_______
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: _____/_____/_______
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 □ Other: ____________________________
• Permanent Resident of Australia □ YES □ NO □ Other: ____________________________
• Aboriginal: □ YES □ NO □ Other: ____________________________
• Torres Strait Islander: □ YES □ NO □ Other: ____________________________
• Aust South Sea Islander: □ YES □ NO □ Other: ____________________________
• 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: ____________________________

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