



Clarence Valley
ANGLICAN SCHOOL

Application for Admission

STUDENT'S FULL NAME: YEAR of ENROLMENT: 20.....

Surname: Given Name(s):

FOR ACADEMIC YEAR: PROPOSED START DATE:/...../.....

If applying for PreKinder, indicate which day/s you would like: M / T / W / Th / F (please circle)

Sex: M / F Date of Birth:/...../..... Religious Denomination:

If not an Australian citizen, of which country is the student a citizen?.....

Present Grade/Year Present School:

Names and Ages of Brothers and Sisters:

.....
.....

Previous affiliation with Clarence Valley Anglican School:

Remarks as to student's health:

Name of Parent/Guardian 1:
(Dr, Mr, Mrs, Ms, Miss)

Name of Parent/Guardian 2:
(Dr, Mr, Mrs, Ms, Miss)

Home Address:
..... Post Code:

Home Telephone: Mobile Phone:

Business Telephone: Email:

Postal Address: Post Code:
(If different from home address)

Correspondence to be addressed to:
(name and title)

I/we hereby apply to have the above named student enrolled at the Clarence Valley Anglican School and should he/she be accepted, I/we undertake to support the rules, regulations and programmes of work of the school as they may be determined from time to time, and be responsible for the payment of school fees and charges. All tuition fees not paid in full after 60 days will incur a \$50 administration fee and \$50 for every subsequent 30 day period. This does not affect parents who have a prior arrangement with the school for regular payments. I/we understand that one term's notice must be given for the removal of a child from the school or one term's fees may be charged.

I/WE ENCLOSE \$60 (incl. GST) APPLICATION FEE

SIGNATURE OF PARENT/S: Date:/...../.....
OR GUARDIAN/S (Father/Guardian)

..... Date:/...../.....
(Mother/Guardian)

Office Use Only:

Receipt Number: Processed:/...../.....