



**Thank you for your interest in Arden Anglican School. This application form along with the Enrolment Application Fee is used to secure a position on the School's waiting list.**

Please read the accompanying Enrolment Procedure and Conditions of Enrolment, as well as the Fee Schedule.

You will be required to agree to and sign the Conditions of Enrolment in order to accept an offer of a place at the School.

Some of the information requested on this form is required legally for Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) data collection purposes. All information supplied on this form is governed by the School's Privacy Policy.

Please use BLOCK LETTERS.

### STUDENT DETAILS

FIRST NAME
SECOND NAME
LAST NAME
PREFERRED NAME
DATE OF BIRTH (DD/MM/YYYY)
GENDER
DESIRED YEAR OF ENTRY (i.e. 2015)
DESIRED TERM AND GRADE OF ENTRY (i.e. TERM 1, KINDERGARTEN)
CURRENT GRADE LEVEL
CURRENT PRE-SCHOOL/SCHOOL
BOARD OF STUDIES NO. (STUDENTS APPLYING FOR YEAR 10 OR 11)

### Nationality

Australian  Other

PLEASE SPECIFY

### Aboriginal or Torres Strait Islander background?

No  Yes, Aboriginal  Yes, Torres Strait Islander

### Country of birth

Australia  Other

PLEASE SPECIFY COUNTRY

LANGUAGE(S) OTHER THAN ENGLISH SPOKEN AT HOME

RELIGIOUS DENOMINATION

CHURCH ATTENDING

OFFICE USE ONLY

APPLICATION RECEIVED

APPLICATION FEE RECEIVED

PARENT CODE

STUDENT CODE

CHQ/CC/EFT/CASH

## PARENT/GUARDIAN CONTACT DETAILS

### Father

TITLE	
FIRST NAME	
LAST NAME	
ADDRESS 1	
ADDRESS 2	
STATE	POSTCODE
HOME PHONE	
WORK PHONE	
MOBILE	
EMAIL	
POSTAL ADDRESS (IF DIFFERENT)	
STATE	POSTCODE
EMPLOYER	
OCCUPATION	
POSITION	
RELIGIOUS DENOMINATION	
CHURCH ATTENDING	
LANGUAGE (OTHER THAN ENGLISH SPOKEN AT HOME)	

Father's school education (Please tick the highest level completed)

- Year 9 or equivalent
- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent

Father's post-school education (Please tick the highest level completed)

- No post-school qualification
- Certificate I to IV
- Diploma/Adv Diploma
- Bachelor Degree or above

### Mother

TITLE	
FIRST NAME	
LAST NAME	
ADDRESS 1	
ADDRESS 2	
STATE	POSTCODE
HOME PHONE	
WORK PHONE	
MOBILE	
EMAIL	
POSTAL ADDRESS (IF DIFFERENT)	
STATE	POSTCODE
EMPLOYER	
OCCUPATION	
POSITION	
RELIGIOUS DENOMINATION	
CHURCH ATTENDING	
LANGUAGE (OTHER THAN ENGLISH SPOKEN AT HOME)	

Mother's school education (Please tick the highest level completed)

- Year 9 or equivalent
- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent

Mother's post-school education (Please tick the highest level completed)

- No post-school qualification
- Certificate I to IV
- Diploma/Adv Diploma
- Bachelor Degree or above

**Guardian / Stepmother / Stepfather / Other** (Please circle)

TITLE	
FIRST NAME	
LAST NAME	
ADDRESS 1	
ADDRESS 2	
STATE	POSTCODE
HOME PHONE	
WORK PHONE	
MOBILE	
EMAIL	
POSTAL ADDRESS (IF DIFFERENT)	
STATE	POSTCODE
EMPLOYER	
OCCUPATION	
POSITION	
RELIGIOUS DENOMINATION	
CHURCH ATTENDING	
LANGUAGE (OTHER THAN ENGLISH SPOKEN AT HOME)	

**Guardian / Stepmother / Stepfather / Other 2** (Please circle)

TITLE	
FIRST NAME	
LAST NAME	
ADDRESS 1	
ADDRESS 2	
STATE	POSTCODE
HOME PHONE	
WORK PHONE	
MOBILE	
EMAIL	
POSTAL ADDRESS (IF DIFFERENT)	
STATE	POSTCODE
EMPLOYER	
OCCUPATION	
POSITION	
RELIGIOUS DENOMINATION	
CHURCH ATTENDING	
LANGUAGE (OTHER THAN ENGLISH SPOKEN AT HOME)	

## FAMILY RELATIONSHIPS

The following information is helpful to avoid confusion or embarrassment

- |  |   |
|--|---|
| <input type="checkbox"/> Parents married   | <input type="checkbox"/> Parents divorced |
| <input type="checkbox"/> Single Parent     | <input type="checkbox"/> Father deceased  |
| <input type="checkbox"/> De-facto          | <input type="checkbox"/> Mother deceased  |
| <input type="checkbox"/> Parents separated |   |

Student normally resides with

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Shared arrangement |
| <input type="checkbox"/> Mother only  | <input type="checkbox"/> Grandparents       |
| <input type="checkbox"/> Father only  | <input type="checkbox"/> Guardian           |
| <input type="checkbox"/> Other        |   |

IF OTHER, PLEASE SPECIFY

Correspondence to be sent to

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Mother only |
| <input type="checkbox"/> Father only  | <input type="checkbox"/> Guardian    |

Are there any Court Orders or Parenting Plans in place that affect your child?

- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please supply a copy) |
|-----------------------------|---|

## SIBLINGS

### Sibling 1

- |   |   |
|---|---|
| <input type="checkbox"/> Currently at Arden | <input type="checkbox"/> Not yet at Arden |
|---|---|

FIRST NAME

LAST NAME

GENDER

DATE OF BIRTH (DD/MM/YYYY)

### Sibling 2

- |   |   |
|---|---|
| <input type="checkbox"/> Currently at Arden | <input type="checkbox"/> Not yet at Arden |
|---|---|

FIRST NAME

LAST NAME

GENDER

DATE OF BIRTH (DD/MM/YYYY)

### Sibling 3

- |   |   |
|---|---|
| <input type="checkbox"/> Currently at Arden | <input type="checkbox"/> Not yet at Arden |
|---|---|

FIRST NAME

LAST NAME

GENDER

DATE OF BIRTH (DD/MM/YYYY)

## ALUMNI

Provide details if a sibling, cousin, parent or grandparent attended Arden

FIRST NAME

LAST NAME

OTHER NAMES

YEARS ATTENDED

RELATIONSHIP

## REFEREES

This application needs to be supported by two referees. Suitable individuals could include Ministers of Religion, or others who know your family well such as work colleagues, family friends, teachers, sporting coaches or community members. A written reference is not required.

### Referee 1

NAME

ADDRESS

CONTACT PHONE

EMAIL ADDRESS

RELATIONSHIP TO FAMILY

### Referee 2

NAME

ADDRESS

CONTACT PHONE

EMAIL ADDRESS

RELATIONSHIP TO FAMILY



## PARENT/GUARDIAN DECLARATION

This is a declaration by parent(s)/guardian(s) responsible for payment of School Tuition fees.

I/We

- Apply to have the previously mentioned student considered for enrolment at Arden Anglican School.
- Have read the information contained within this Enrolment Application. We understand that we will need to agree to the then current Enrolment Policy and to the Conditions of Enrolment, to accept an offer for a place at the School.
- Confirm that the information contained in the Enrolment Application is accurate and complete and that the supporting documentation has not been altered in any way and agree to keep the School informed of any changes.
- Understand that the Application Fee and Confirmation Fee are both non-refundable.

NAME OF MOTHER/GUARDIAN

SIGNATURE OF MOTHER/GUARDIAN

DATE

NAME OF FATHER/GUARDIAN

SIGNATURE OF FATHER/GUARDIAN

DATE

## ENROLMENT APPLICATION CHECKLIST

As part of our Enrolment Application, I/We enclose

- Enrolment Application form
- Copy of birth certificate or current visa confirming student citizenship or permanent residency status  
NOTE: Arden does not accept applications from international students.
- Copies of the student's last two school reports and latest NAPLAN results (if existing)
- Copy of an up to date immunisation certificate
- All relevant medical documents, specialist reports and/or court documents
- Details of management plans for any long term medication/allergies/medical conditions
- Payment of Enrolment Application Fee
- Contact details for two referees
- Signatures of both parents/legal guardians are included on the Enrolment Application

Your application will not be processed unless all of the above and any other applicable documentation has been received by the Registrar.

## APPLICATION FEE PAYMENT INFORMATION

\$275 per Student (non-refundable). Please tick payment option below.

- Payment by Cash
- Payment by Cheque  
Please make payable to 'Arden Anglican School'.
- Payment by Credit Card – Visa, Mastercard, American Express  
(Credit card payments attract a 2% surcharge)  
Please telephone the School office on 9484 1146 between 8.30am and 4.30pm.
- Electronic Funds Transfer  
BSB 032-008 Account No. 000634 Arden Anglican School.  
Reference: Please include name of enrolling student as a reference.

## Thank you for considering Arden.

Completed Enrolment Applications can be submitted by email to [enrolments@arden.nsw.edu.au](mailto:enrolments@arden.nsw.edu.au)

or mailed to:

Registrar  
Arden Anglican School  
PO Box 23  
Beecroft NSW 2119

Our Registrar will send you a letter confirming receipt of your application and payment of the Application Fee and we will contact you as the enrolment process proceeds.