KOROWA
ANGLICAN GIRLS' SCHOOL

Korowa Anglican Girls' School
Ranfurlie Crescent
Glen Iris Victoria 3146
Australia
P: +61 3 9885 0336
F: +61 3 9885 8378
E: admissions@korowa.vic.edu.au
W: www.korowa.vic.edu.au

ADMISSIONS FORM

Please complete this form IN BLOCK LETTERS and submit it, together with the relevant payment to Korowa's Admissions Office.
A copy of the child's birth certificate or passport should also accompany the form.

YEAR OF ENTRY (For example, 2015) LEVEL OF ENTRY (For example, Year 7) ANTICIPATED FINAL YEAR AT KOROWA

I wish to:

☐ A. APPLY FOR A PLACE ON A WAITING LIST OR ☐ B. ENROL AT THE SCHOOL

Only available for students entering the School in Prep – Year 12.
Note that enrolments are dependent on places being available.

STUDENT DETAILS

Family Name: Given Names:

Preferred Name: Gender: Female

Date of Birth: Country of Birth:

Religious Affiliation: Language(s) spoken at home:

Victorian Student Number (VSN), *if known*:

Primary language of instruction at School:

Please indicate the length time this has been your primary language of instruction:

☐ Always ☐ Less that 7 years *Please indicate the number of years* ☐ 7 or more years

IS YOUR CHILD:

An Australian Citizen ☐ YES ☐ NO

A permanent Resident of Australia ☐ YES ☐ NO *If yes, please provide supporting documentation*

A temporary Resident of Australia ☐ YES ☐ NO *If yes, please indicate visa type and provide supporting documentation*

Indigenous/Torres Strait Islander ☐ YES ☐ NO

Present School/Childcare:

DOES THE CHILD HAVE ANY MEDICAL CONDITION OR SPECIAL EDUCATIONAL NEEDS OF WHICH STAFF SHOULD BE AWARE?
IF SO, PLEASE GIVE DETAILS*:

*Please note: Any medical conditions or special educational needs must be known to the Principal or Head of School prior to enrolment in order to ensure that an appropriate program is able to be offered. This may include access to recent School reports and any professional assessments relevant to the planning and resourcing of an appropriate education program. Reports and assessments will be treated confidentially by staff.

PARENT/GUARDIAN DETAILS

Student resides with: ☐ Both Parents ☐ Mother/Guardian 2 ☑ Father/Guardian 1
☐ Other *(Please specify)*

FATHER/GUARDIAN 1:

Title:

Family Name:

Given Name(s):

For Guardian, relationship to Child:

Home contact details

Address:

Home Phone:

Mobile:

Email*:

Work contact details:

Position Title:

Field of Work:

Employer's Name:

Employment Address:

Work Phone:

Mobile *(if different to above)*:

Email*:

MOTHER/GUARDIAN 2:

Title:

Family Name:

Given Name(s):

For Guardian, relationship to Child:

Home contact details (complete only if different to Father/Guardian 1)

Address:

Home Phone:

Mobile:

Email*:

Work contact details:

Position Title:

Field of Work:

Employer's Name:

Employment Address:

Work Phone:

Mobile *(if different to above)*:

Email*:

*Please circle your preferred email contact address. As Korowa may contact you via email, please ensure the address is regularly accessed.

EARLY LEARNING CENTRE APPLICATIONS ONLY

PLEASE INDICATE YOUR PREFERRED DAYS, IN ORDER OF PREFERENCE:

Beginners (3yo class)

☐ Mon – Wed (3 days) ☐ Thurs – Fri (2 days) ☐ Mon – Fri (5 days)

Reception (4yo class)

☐ Mon – Thurs (4 days) ☐ Mon – Fri (5 days)

If you are flexible about the days your child can attend the Early Learning Centre please indicate any order of preference by numbering the relevant boxes. Please note that if there is insufficient overall demand for one or more day combinations in any given year, the School reserves the right to withdraw that option. Should this occur, parents will be contacted to discuss alternative options.

KOROWA CONNECTIONS

SIBLINGS

Name of sibling 1:

☐ Applied/enrolled at Korowa
☐ Currently attending Korowa
☐ Previously attended Korowa
Final year of attendance:

House:

☐ Akehurst *(Grey)* ☐ Clarke *(Pink)*
☐ Jamieson *(Blue)* ☐ Wilkinson *(Cherry)*

☐ Enrolled/attending another School

Please specify:

Name of sibling 2:

☐ Applied/enrolled at Korowa
☐ Currently attending Korowa
☐ Previously attended Korowa
Final year of attendance:

House:

☐ Akehurst *(Grey)* ☐ Clarke *(Pink)*
☐ Jamieson *(Blue)* ☐ Wilkinson *(Cherry)*

☐ Enrolled/attending another School

Please specify:

Name of sibling 3:

☐ Applied/enrolled at Korowa
☐ Currently attending Korowa
☐ Previously attended Korowa
Final year of attendance:

House:

☐ Akehurst *(Grey)* ☐ Clarke *(Pink)*
☐ Jamieson *(Blue)* ☐ Wilkinson *(Cherry)*

☐ Enrolled/attending another School

Please specify:

OTHER FAMILY MEMBERS (INCLUDING MOTHER) WHO HAVE PREVIOUSLY ATTENDED KOROWA:

Full Name: *(Maiden & married if applicable)*

Relationship to child:

Final year at Korowa:

House:

☐ Akehurst *(Grey)* ☐ Clarke *(Pink)*
☐ Jamieson *(Blue)* ☐ Wilkinson *(Cherry)*

Full Name: *(Maiden & married if applicable)*

Relationship to child:

Final year at Korowa:

House:

☐ Akehurst *(Grey)* ☐ Clarke *(Pink)*
☐ Jamieson *(Blue)* ☐ Wilkinson *(Cherry)*

ANY OTHER HOUSE AFFILIATION

House: ☐ Akehurst *(Grey)* ☐ Clarke *(Pink)* ☐ Jamieson *(Blue)* ☐ Wilkinson *(Cherry)*

Please explain:

MARKETING INFORMATION (OPTIONAL)

Why have you chosen to apply for a place or enrol your child at Korowa? Please tick as many as appropriate.

☐ Family connection to School
☐ Recommendation of friend
☐ Recommendation of family member
☐ Academic excellence
☐ Performing arts programs
☐ Sporting programs
☐ Resources and facilities
☐ Girls only school
☐ Scholarship
☐ Nurturing environment
☐ Attention to individual needs / interests
☐ Support programs
☐ Location / ease of transport to School
☐ Environmental sustainability programs
☐ Class sizes
☐ Other *(please specify):*

How did you find out information about the School? Please tick as many as appropriate.

☐ Attended Open Morning
☐ Attended tour
☐ Korowa prospectus and related literature
☐ Friend/family member
☐ News item
☐ School website
☐ Advertisement *(please specify):*
☐ Other *(please specify):*

Any other comments you wish to make about deciding to enrol at Korowa:

APPLICATION / ENROLMENT FEE PAYMENT

$100 FOR APPLICATION, $800 FOR ENROLMENT, $400 FOR RE-ENROLMENT

I enclose a cheque for $ made payable to Korowa Anglican Girls' School.

OR

Please charge $ to my credit card:

☐ AMEX ☐ VISA ☐ Mastercard

Credit card number:

Expiry Date: 12

Name on card: Signature:

AGREEMENT

I/We request that the above student be admitted to Korowa Anglican Girls' School and have attached the $100 application fee or $800 enrolment fee (or $400 re-enrolment fee). I/We have read and retained a copy of the School Business Regulations and I/we jointly and severally agree to be bound by those and any other regulations that may be in force in the School from time to time and I/we agree to be jointly and severally liable to pay all fees and charges payable according to those Regulations and acknowledge that such joint and several liability remains the case irrespective of any other arrangement that may be reached between ourselves, whether legally binding or otherwise.

Please note: This application requires the signature of both parents. If not appropriate, please refer to the School Business Manager.

Name: Relationship to student:

Signature: Date:

Name: Relationship to student:

Signature: Date:

BILLING INSTRUCTIONS

School accounts to be addressed to: (if different to student address)

Please note: Accounts will be issued in the name of the persons enrolling the student.

Name:

Address: Postcode:

Telephone: Relationship to child:

OFFICE USE ONLY:

Student name: Parent name:

Date app rec: Entry level: Entry year:

Student no: Family no: Status:

Total amount paid: ☐ APP ☐ ENR ☐ REE

Fee distribution: APPL 02900 ENROL 02950 KOROVIAN 82001

Oth A/C ☐ Billing instructions checked