Student's Full Name:			Male / Female			
(Please print clearly)						
Street Address:						
Students Email:		Students Date of Birth:				
Students Mobile:						
Current School:						
What High School will your child be enrolled at?						
The school has approved enrolment?						
	44 40	0				
Year Level (Please circle) 7 8 9 10	11 12	Specialist Course:				
LEGAL CUSTODIAN[S] OF THE STUDENT						
Name: Name:						
Relationship to student:	Relation	ship to student:				
Mobile	Mobile					
Street Address: Street Address:						
PO Box if applicable:						
Parents/Guardian Email:						
Parents/Guardian Email:						
1 st Emergency contact in Perth, Name: Mobile:						
Address:						
2 nd Emergency contact in Perth, Name: Mobile:						
Address:						
Any legal custodian[s] may be contacted by the college should the need arise, unless specifically advised otherwise.						
Expected length of stay at the College (Circle Number) of years: 1 2 3 4 5 6						
Are you eligible for AIC (Assistance for Isolated Children) allowance or Abstudy from Centrelink Yes / No						
All Centrelink Payments and BAHA are to be directed to the College.						
Students Hobbies and other interests:						
How did you find out about the College? Please circle: T.V Newspaper - Word of Mouth - Radio - Internet						

PLEASE NOTE: STUDENTS REQUIRE THEIR OWN PERSONAL AND PROPERTY INSURANCE.

********HEALTH DETAILS MUST BE COMPLETED – ON THE 'HEALTH FORM'********

AN APPLICATION FEE of \$1,000 (refundable if not accepted) AND A CHARACTER REFERENCE FROM YOUR PRINCIPAL AS WELL AS A BIRTH EXTRACT MUST BE LODGED BEFORE THIS APPLICATION CAN BE REGISTERED.

Title.	APPLICATION FORM					
Index No.		Last Reviewed	Next Review	Review Frequency		
		March 2022	March 2023	Annual		