

## GEORGIANA MOLLOY ANGLICAN SCHOOL

Hawker Approach, Busselton Western Australia, 6280
Postal Address: PO Box 920, Busselton Western Australia, 6280

Telephone: (08) 9752 5252 Fax: (08) 9752 5299

Web: www.gmas.wa.edu.au

Email: enquiries@gmas.wa.edu.au

## **APPLICATION FOR ADMISSION**

STUDENT INFORMATIO	N		
Surname	Christian I	Names	(M/F)
			entry: Year (LG-12)20
	Bap	•	
_			
			Year/Grade
			Torres Strait Islander
_			
		in outside of Australia, pr	lease provide proof of Australian
Citizenship or copy of Visa	•		
	to accept students who do not h		
MEDICAL INFORMATION		ud-class	
OTHER CHILDREN IN FA	MILY (A separate Application	n Form must be completed	for each child)
Name	Date of Birth	Present School	Proposed Enrolment
			Grade/Year 20

GUARDIANSHIP			
With whom does the child live?			
DETAILS OF PARENTS			
Parent 1/ legal guardian			
	(Title)	(Christian Name)	(Surname)
Home Address			
	Postcode	Telephone Numb	er
Postal Address (if different)			
Religious Affiliation		Mobile Number .	
Email Address			
Occupation	Employe	r	
Telephone Number			
Parent 2/ legal guardian			
5 5		(Christian Name)	(Surname)
Home Address			,
Postal Address (if different)		•	
Religious Affiliation			
Email Address			
Occupation	•	l	
Telephone Number			
PARENT PARTICIPATION IN T	HE SCHOOL		
Parents will, on accepting an off achieving its spiritual and educ friends have opportunities to con	ational goals. The so	chool aims to provide an envi	
The concept of a low-fee school parents participate in the program and holding a place in the school on-going scrutiny. Failure to give relationships between staff, pare	mme of practical supp ol. This is both a preco e support may result i	ort for the school. Active suppo andition and a continuing condi n a family being requested to	ort is a requirement to having tion. All places are subject to leave the school. Supportive
Parental assistance across a wide School. Assistance will be need bees, school camps, Resource of utilised in whatever areas they at to the time they can make availate assistance is required if an offered	ed in areas such as Centre, fundraising etc re offered. While ackr ble to Georgiana Moll	Café, Resource Centre, extra a. However, the talents of parer nowledging that parents are in v	curricular activities, working its will, as far as possible, be various situations with regard
Signature(s)		Date	
Signature(s)			

	MARKETING INFORMATION							
	We would be grateful if parents could complete the following section which will assist us in serving our families.							
How did you learn about Georgiana Molloy Anglican School?								
Family	Family ☐ Friends☐ Advertisement ☐ News item ☐ Website ☐ Open Day/Tour ☐							
Emplo	yer 🗆	Other						
What	orompte	ed you to enro	l at Georgiana	Molloy An	glican Scho	ol?		
□Ref	☐ Referral from family/friend/neighbour ☐ Reputation of the School ☐ Continuing Family Tradition							
□Wic	☐ Wide ranges of choices/opportunities ☐ Christian beliefs and values ☐ Academic Excellence							
Other_								
APPL	CATIO	N PAYMENT	OPTIONS (Ap	plication F	ee of \$75 va	lid until 31	December 20	19)
☐ Cas	h	☐ Cheque		Credit C	`ord:	□Visa	ПМо	sterCard
□ Cas	ol I	□ Crieque		Credit C	alu.	□ VISa	ı 🗀 IVIA	SterCard
Please	include c	ash/cheque with	* *					
			nolder's Name					
			Number					
		Cardl	nolder's Signa	ture				
CHEC	KLIST							
		leted Applicat	tion Form (on	e per child)	to be retur	ned to:		
	The R	egistrar						
	Georg	giana Molloy <i>I</i>	Anglican Sch	ool				
		ox 920 elton WA 6280	n					
	Dusse	EILOII WA 620	J					
	Completed <b>Testimonial Form</b> (if applicable)							
	(Non refundable) Application Processing Fee of \$75.00 (valid until 31 December 2019).							
	Copies of your child's previous two <b>school reports</b> (if applicable)							
I/We h	ereby a	apply for the al	nove-named c	hild to be e	nrolled at (	Seorgiana	Molloy Anglica	an School
I/We hereby apply for the above-named child to be enrolled at Georgiana Molloy Anglican School.  (Both parents/guardians must sign)								
			(50	parorite	gaar aran		<i>ו</i> -יפ	
Signature(s) Date								
Signat								
OFFIC	E IISE	ONLY						
OF I IC	L OOL	ONLI						

## GEORGIANA MOLLOY ANGLICAN SCHOOL TESTIMONIAL FORM

The School's Admission Policy allows preference to be given to children of families who are able to demonstrate an ongoing Christian church attendance.

PAF	RTA							
Stude	ent's Su	urname						
Chris	tian Na	imes						
Relig	ious Af	filiation						
CHU	RCH M	EMBERSHIP STATUS	S (Please	e tick)				
Bapti	sed							
Welc	omed to	o Holy Communion						
Confi	irmed							
Othe	r (pleas	se specify)						
		ONGREGATION ATTI						
		est/Minister						
PAF	RT B							
(To b	e comp	oleted by the Priest or	Minister	in all cases whe	re a student	and/or the fa	mily has a C	Church affiliation)
THE	ABOVI	E STUDENT'S FAMIL	Y:					
(a)	ls kn	ow personally by me		YES / NO				
(b)	Parti	cipates in worship:						
	i)	Frequently						
	ii)	From time to time						
	iii)	Not at all						
THE	STUDE	ENT CONCERNED:						
(a)	ls kn	own personally to me		YES / NO				
(b)	Parti	cipates in worship:						
	i)	Frequently						
	ii)	From time to time						
	iii)	Not at all						
(c)	Parti	cipates in other Churc	h related	l activities (pleas	se specify)			
		: Minister						
Sigric	ature Ol	Minister			บลเย			