



# 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](http://www.gmas.wa.edu.au)

Email: [enquiries@gmas.wa.edu.au](mailto:enquiries@gmas.wa.edu.au)

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

Surname ..... Christian Names ..... (M/F)

Date of Birth ..... Place of Birth..... Proposed GMAS entry: Year (LG-12).....20.....

Religious Affiliation..... Baptised Yes  No

Baptism Date..... Parish.....

Current School..... Year/Grade.....

Is the student of Aboriginal or Torres Strait Islander origin? Aboriginal  Torres Strait Islander

Country of Birth: \_\_\_\_\_ (If born outside of Australia, please provide proof of Australian Citizenship or copy of Visa Sub Class)

(The school is not registered to accept students who do not have permanent residency or an appropriate visa status)

Date entered Australia..... Visa Sub-class .....

### MEDICAL INFORMATION

In order to assist the school in caring for your child, please provide medical details of disabilities or illnesses which may affect normal education:

.....  
.....

### EDUCATIONAL INFORMATION

Please advise of any special educational needs of your child:

.....  
.....

### OTHER CHILDREN IN FAMILY (A separate Application Form must be completed for each child)

Name	Date of Birth	Present School	Proposed Enrolment
.....	.....	.....	Grade/Year ..... 20 .....
.....	.....	.....	Grade/Year ..... 20 .....
.....	.....	.....	Grade/Year ..... 20 .....
.....	.....	.....	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 Number .....

Postal Address (if different).....

Religious Affiliation ..... Mobile Number .....

Email Address .....

Occupation .....Employer.....

Telephone Number .....

**Parent 2/ legal guardian** .....

(Title)

(Christian Name)

(Surname)

Home Address .....

..... Postcode ..... Telephone Number .....

Postal Address (if different).....

Religious Affiliation ..... Mobile Number .....

Email Address .....

Occupation .....Employer.....

Telephone Number .....

## PARENT PARTICIPATION IN THE SCHOOL

Parents will, on accepting an offer of a place for their child, take on a shared responsibility to assist the school in achieving its spiritual and educational goals. The school aims to provide an environment where parents and friends have opportunities to contribute to the life of the school.

The concept of a low-fee school cannot be a reality without parental help in a great many areas. It is essential that parents participate in the programme of practical support for the school. Active support is a requirement to having and holding a place in the school. This is both a precondition and a continuing condition. All places are subject to on-going scrutiny. Failure to give support may result in a family being requested to leave the school. Supportive relationships between staff, parents and students are seen as integral to the success of the school.

Parental assistance across a wide range of activities is essential to the functioning of Georgiana Molloy Anglican School. Assistance will be needed in areas such as Café, Resource Centre, extra curricular activities, working-bees, school camps, Resource Centre, fundraising etc. However, the talents of parents will, as far as possible, be utilised in whatever areas they are offered. While acknowledging that parents are in various situations with regard to the time they can make available to Georgiana Molloy Anglican School, a positive commitment to provide some assistance is required if an offered place is accepted.

Signature(s) ..... Date .....

Signature(s) ..... Date .....

**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  Friends  Advertisement  News item  Website  Open Day/Tour   
Employer  Other \_\_\_\_\_

What prompted you to enrol at Georgiana Molloy Anglican School?

Referral from family/friend/neighbour  Reputation of the School  Continuing Family Tradition  
 Wide ranges of choices/opportunities  Christian beliefs and values  Academic Excellence

Other \_\_\_\_\_

**APPLICATION PAYMENT OPTIONS (Application Fee of \$75 valid until 31 December 2018)**

Cash  Cheque  Credit Card:  Visa  MasterCard

Please include cash/cheque with the application

Cardholder's Name .....

Card Number ..... Expiry Date ..... / .....

Cardholder's Signature .....

**CHECKLIST**

Completed **Application Form** (one per child) to be returned to:

**The Registrar  
Georgiana Molloy Anglican School  
PO Box 920  
Busselton WA 6280**

Completed **Testimonial Form** (if applicable)

(Non refundable) **Application Processing Fee** of \$75.00 (valid until 31 December 2018).

Copies of your child's previous two **school reports** (if applicable)

I/We hereby apply for the above-named child to be enrolled at Georgiana Molloy Anglican School.

**(Both parents/guardians must sign)**

Signature(s) ..... Date .....  
..... Date .....

**OFFICE USE ONLY**

Application Date ..... Receipt # ..... \$ ..... Cash/Cheque/Card

# 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.

### PART A

Student's Surname .....

Christian Names .....

Religious Affiliation .....

CHURCH MEMBERSHIP STATUS (Please tick)

Baptised

Welcomed to Holy Communion

Confirmed

Other (please specify) .....

CHURCH/CONGREGATION ATTENDING (Give name and postal address)

Name of Priest/Minister .....

### PART B

(To be completed by the Priest or Minister in all cases where a student and/or the family has a Church affiliation)

#### THE ABOVE STUDENT'S FAMILY:

(a) Is know personally by me YES / NO

(b) Participates in worship:

i) Frequently

ii) From time to time

iii) Not at all

#### THE STUDENT CONCERNED:

(a) Is known personally to me YES / NO

(b) Participates in worship:

i) Frequently

ii) From time to time

iii) Not at all

(c) Participates in other Church related activities (please specify)

Signature of Minister ..... Date .....