

APPLICATION FOR ADMISSION

STUDENT DETAILS

Family Name:	Given Names:			Preferred:
Date of Birth://	Gender:	M / F	Relig	ion:
Country of Birth:	Natior	nality:		
Please circle if student is: Abori	ginal and/or Torres St	trait Islander o	origin	Australian Citizen / permanent resident
Home address of student:				Post Code:
Calendar Year of Admission: 20)Academic Yea	r:	. Da	y / Boarding Student:

PARENT/GUARDIAN DETAILS

Parent 1 / Guardian 1

Title (Prof, Dr, Mr, Mrs	, Ms, Miss)Fa	mily Name:		Given Name	
Residential Address:				Postcode:	
Postal Address				Postcode:	
Contact Numbers:	Home:	Mobile:	Business:	Fax:	
Email:					

Parent 2 / Guardian 2

Title (Prof, Dr, Mr, Mr	rs, Ms, Miss)	.Family Name:	Given Nam	e:	
Postal Address				Postcode:	
Contact Numbers:	Home:	Mobile:	Business:	Fax:	
Email [.]					

ASSOCIATION WITH GREAT SOUTHERN GRAMMAR

Siblings who currently attend GSG:	
Name(s):	House:
Siblings who have previously attended GSG:	
Name(s):	House:
Other connections with GSG:	

AGREEMENT

This application cannot be processed unless the following section is completed:

I/we understand that this application does not guarantee that a place will be offered to the applicant and that places are offered pending availability and a successful interview with the Principal or a representative. I/we declare that to the best of my/our knowledge the above information is complete and correct. I/We acknowledge and agree that if we knowingly withheld information relevant to the enrolment process or have knowingly incorrectly completed this application form, the school may refuse or terminate the enrolment of my/our child.

Printed name: Parent 1/Guardian1						
Signature: Parent 1/Guardian 1//						
Printed name: Parent 2/Guardian 2						
Signature: Parent 2/Guardian 2						
The School is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act. A copy of the Privacy Policy can be viewed on the school website. www.gsg.wa.edu.au						
GENERAL INFORMATION Please assist us by providing the information below						
How did you find or learn about Great Southern Grammar? (please circle)						
Family Friends Employer Website Newspaper or magazine advertising News item Social Media						
Other						
What is the main reason you chose to apply to Great Southern Grammar?						

PARENT CHECKLIST

Please include the following with this Application for Admission:

- Application Fee of \$50 per student
- Copy of Birth Certificate or photo page of passport (Australian Citizens)
- Copy of most recent semester school report if applying for entry within the next 12 months

PAYMENT OPTIONS

Application forms, together with the Application Fee of \$50 should be forwarded to: Registrar, Great Southern Grammar, PO Box 1151, ALBANY WA 6331

Cheques and money orders should be made payable to Great Southern Grammar. Payment by direct deposit can be made to the following account: BSB 086-518 Account 474521617 in the name of Great Southern Grammar. Please include your child's name as a reference.

Payment by:	Visa 🗆	Mast	ercard □	Cheq	ue/Money Order 🗆	Cash 🗆	Direct Deposit 🗆
Card Number:							
Expiry Date:/Name on card:							
Great Southern Grammar PO BOX 1151 ALBANY WA 6331							
Telephone (08) 9844 0300 Fax (08) 9844 0380							
Email: admin@gsg.wa.edu.au Website: www.gsg.wa.edu.au							