ACER SCHOLARSHIP TEST

LATE REGISTRATION FORM 2016

School Applied For: The Peninsula School

Candidate Registration Fee: $125

Late Fee: $ 50 (TOTAL PAYABLE $175)

Level Applied For: (Circle one) Primary (Grade 5)  Level One (Year 7)

REGISTRATIONS CLOSE AT 3PM ON FRIDAY 19 FEBRUARY. NO APPLICATIONS CAN BE SUBMITTED AFTER THIS DATE.

Candidate Information

Candidate's Family Name: _____________________________________________

Candidate's First Name: _____________________________________________

Candidate’s Second Name: ___________________________________________

Candidate's Preferred First Name (if different): _________________________

Date of Birth: ____/____/____

Is the candidate an Australian Citizen? (Circle one) YES / NO

Year level of the candidate in 2016: ________

Current School: _____________________________________________________

Family's Religious Denomination: _____________________________________

Contact Information

Primary Contact Person

Title: (Circle one)  Mr  Mrs  Ms  Miss  Dr  Rev

First Name: _______________________________________________________

Family Name: _____________________________________________________

Relationship to Candidate: _________________________________________
Address: _________________________________________________________

Town/Suburb: _______________________________________________________

State: _____________________________________________________________

Postcode: ____________

Country: __________________________________________________________

Telephone Number (home): ____________________________

Telephone Number (business): ____________________________

Mobile Phone Number: _________________________________________

Contact Email: _________________________________________________

Child resides with: (Circle one)  Both Parents  One Parent  Other

Please list any other schools that you have registered with for an ACER Scholarship exam:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Payment Details
Payment by credit card, cheque or money order (made payable to ACER)

By credit card:  □ Visa  □ MasterCard  □ American Express

                    □    □    □    □

Card Expiry Date   ________ / ________

CCV Number: __________________________

Name on card (please print): _______________________________________

Signature: _______________________________________________________