



# The Peninsula School

(a School in association with the Anglican Church of Australia)  
Wooralla Drive, Mt Eliza, Victoria, Australia 3930  
Telephone: 61 3 9788 7777 Fax 61 3 97887894  
ABN 28 004 451 192 CRICOS No. 00333A

## APPLICATION FOR ENROLMENT

(To be accompanied by a non-refundable Registration Fee of \$66.00  
for each additional child registered at the same time - \$33.00)

TO: The Director of Admissions  
The Peninsula School  
Wooralla Drive  
MOUNT ELIZA VIC 3930

I/We request that my/our son/daughter be considered an applicant as a student at The Peninsula School. I/We acknowledge that:

- This is an application only and our child will be placed on a waiting list.
- On offer of a placement, we will be required to sign an Enrolment Agreement which must be submitted with payment of the prescribed Entry Fee within 30 days of offer.
- In the case of Boarders, one instalment's boarding fee as prescribed is required to be paid in advance together with the Entry Fee and is not refundable if a student fails to take up the place offered other than in exceptional circumstances.

### DETAILS OF STUDENT APPLYING FOR ENROLMENT

Current School/Kindergarten/Childcare Facility \_\_\_\_\_

Year Level Applied For \_\_\_\_\_

Current Year Level \_\_\_\_\_

Expected Year of Commencement 20

Student's Family Name		
Student's Given Names	Male/Female	
Student's Preferred Name		
Date of Birth		
Place of Birth (country)		Nationality
Language Spoken at Home		
Current Address		Postcode
Religion/Denomination		
Student resides with Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>		

To whom will the School send accounts? \_\_\_\_\_

To whom will the School send reports? \_\_\_\_\_

Brother(s) or Sister(s) either registered, currently attending, or former student(s) at Peninsula

Names: \_\_\_\_\_

Is either parent a former student of Peninsula? If so, who? Mother  Father



## PARENT/GUARDIAN DETAILS

Father of Student	Mother of Student
Full Name _____	Full Name _____
Home Address _____ _____ Postcode _____	Home Address _____ _____ Postcode _____
Home Telephone _____	Home Telephone _____
Business Name _____	Business Name _____
Address _____ _____ Postcode _____	Address _____ _____ Postcode _____
Business Telephone _____	Business Telephone _____
Fax/e-mail _____	Fax/e-mail _____
Mobile _____	Mobile _____
Marital status _____	Marital status _____

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Guardian

Date \_\_\_\_\_

Please note: This Application requires the signature of both parents.

The Guardian's signature is required only when the proposed student has no living parent.

## ENROLMENT OF STUDENTS WITH SPECIAL NEEDS

Parents are required to disclose to the School any attributes or impairments of the student that may influence the School's ability to educate, supervise or care for the student. This requirement includes learning difficulties, medical conditions and any emotional, mental and physical condition relevant to the education, supervision and care of the child. In the event the parents fail to disclose any information required under this clause, the School, at its discretion, may:

- A. charge additional fees and levies relating to additional care and support services provided to the child without prior notice to parents;  
and/or
- B. terminate the student's enrolment at the school.

Please specify any special needs required for your child:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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