

The Registrar
John Wollaston Anglican Community School
Centre Road
CAMILLO WA 6111
Telephone (08) 9495 8100

- (i) Completed Application for Admission
- (ii) Copy of the most recent academic report
- (iii) Application fee of \$55.00 (inclusive of GST)
- (iv) Copy of Birth Certificate, copy of permanent/temporary Residency Visa and passport
- (v) Copy of Immunisation Certificate

Student's name

Please select ☐ Mastercard ☐ Visa (plus a processing fee)
☐ Cash/cheque ☐ Other

Please debit my credit card \$

Name on credit card

Credit card number - - -

Expiry date

Cardholder's signature

Application fee	Birth Certificate	Immunisation certificate	Confirmation of enrolment fee	Academic report or transcript



Centre Road
CAMILLO WA 6111

Tel (08) 9495 8100
Fax (08) 9495 1504

mail@jwacs.wa.edu.au
www.jwacs.wa.edu.au

A school of the Anglican Schools Commission Inc.



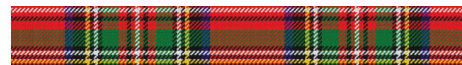
John Wollaston
ANGLICAN COMMUNITY SCHOOL



Application for Admission



John Wollaston
ANGLICAN COMMUNITY SCHOOL



STUDENT DETAILS

Student’s surname

Student’s given names

Preferred name

Date of birth

☐ Male☐ Female

Present school

Present academic year

Proposed year of entry (eg. 2013)

Year level applied for (eg. Year 7)

Student’s status

☐ Australian citizen

☐ Permanent resident

☐ Temporary resident

☐ Other

Is the student of Aboriginal origin?

☐ Yes☐ No

Is the student of Torres Strait origin?

☐ Yes☐ No

Country of birth

Religious denomination

Language spoken at home

To assist the School in preparing for your child’s enrolment, are you aware of any special needs your child may have?

☐ Yes☐ No

Please indicate below, and provide documentation if applicable

Gifted

☐ Yes☐ No

English as a second language

☐ Yes☐ No

Support programme in literacy

☐ Yes☐ No

Support programme in numeracy

☐ Yes☐ No

Integration (support for a disability or impairment)

☐ Yes☐ No

Medical condition (please specify)

☐ Yes☐ No

Other health or educational circumstances of which the School needs to be aware?

☐ Yes☐ No

Home address

Postcode

Home telephone

Child lives with:

☐ Both parents

☐ Mother

☐ Father

☐ Guardian

☐ Other

Is are the child’s parent(s) an Old Wollastonian?

☐ Yes☐ No

Name of parent’s House

Years attended

Has a sibling previously attended the School?

☐ Yes☐ No

Name(s)

Other children in family:

Name

Current school

Year level

PARENTS’ DETAILS

Marital status

☐ Married

☐ Single

☐ Separated

☐ De Facto

☐ Divorced

Father or Guardian

Surname Mr, Dr etc.

Given names

Preferred name

Residential address

Postcode

Home telephone

Mobile

Email address

Occupation

Position/Title

Employer/Company

Business address

Postcode

Work telephone

Mother or Guardian

Surname Mrs, Ms, Dr etc.

Given names

Preferred name

Residential address

Postcode

Home telephone

Mobile

Email address

Occupation

Position/Title

Employer/Company

Business address

Postcode

Work telephone

Mailing Address for Correspondence

Surname

Given names

Postal address

Postcode

Email address

BILLING DETAILS

Mailing Address for Accounts

Surname

Given names

Postal address

Postcode

Email address

Testimonial

Name of Priest / Pastor / Minister

Parish / Church

Work Telephone

Mobile

I/we have read and understand all that is contained in the Application for Admission Form and apply for my/our child to be registered for enrolment at John Wollaston Anglican Community School, Western Australia.

To the best of my/our knowledge

the information contained within this application is complete and correct. I/we acknowledge and agree that if we have 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.

I/We consent to our child’s name and my/our names, address, telephone contacts and email address to be included on student lists to enable the School to support our child’s entry into the School and our entry into the School community.

Please tick:

☐ Yes☐ No

Should my/our child’s educational or health circumstances change between date of application for admission and entry to the School, I/we will inform the School.

I/We agree, jointly and severally; to be and will, so long as our child is at the School or any amount is outstanding, remain responsible for payment of all fees and charges.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

This form is required to be signed by both parents unless the child is in the sole custody of one parent whereby custody documents are to be provided.