

Application for Enrolment

Please return this Application for Enrolment form to:
Admissions, Wesley College, 577 St Kilda Road, Melbourne 3004

Please include:

- A photocopy of the child's birth certificate
- Passport and a copy of Australian visa, if born outside Australia
- A non-refundable Application Fee of \$200

1 Application details

Application to enter: College year level _____ Preferred year of entry 20 _____
Preferred campus: Elsternwick Glen Waverley St Kilda Road

2 Student details

Family name _____ Given names _____
Preferred name _____ Date of birth ____ / ____ / ____
Country of birth _____ Gender M F
Language spoken at home _____ Religious affiliation _____
Current school/kindergarten _____ Present year level _____
Previous schools and years of attendance
School _____ Number of year(s) _____
School _____ Number of year(s) _____
Is your child:

- Australian citizen Yes No
- Indigenous Australian Yes No
- Torres Strait Islander Yes No
- Permanent Resident of Australia* Yes No
- Temporary Resident of Australia* Yes No

*If yes, specify visa type _____ (include a copy)

3 Parent/Guardian details

Student resides with: Both parents Parent/Guardian 1 Parent/Guardian 2

Parent/Guardian 1:

Family name _____ Title _____
Given names _____ Preferred name _____
Relationship to child _____
Address _____ Postcode _____
Telephone: Home _____ Work _____
Fax _____ Mobile _____
Email _____
Occupation _____ Employer's name _____
If self-employed, nature of business _____
Highest level of secondary school completed _____
Highest tertiary qualification completed _____

Parent/Guardian 2:

Family name _____ Title _____
Given names _____ Preferred name _____
Relationship to child _____
Address _____ Postcode _____
Telephone: Home _____ Work _____
Fax _____ Mobile _____
Email _____
Occupation _____ Employer's name _____
If self-employed, nature of business _____
Highest level of secondary school completed _____
Highest tertiary qualification completed _____

4 Other Wesley connections

If either parent attended Wesley or Cato College, please provide the following information:

Father: final year _____ house _____

Mother: final year _____ house _____ Name during school days _____

Other relation: final year _____ house _____ Name during school days _____
(relationship to child) _____

Please complete the following or siblings:

Name of brother/sister:	Previously at Cato/ Wesley College	Current student at Wesley College	Enrolled at Wesley College	Not enrolled at Wesley College
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Payment details

An Application Fee of \$200 is payable with an application for enrolment. This fee is neither refundable nor transferable.

Method of payment: Cheque (Please make cheques payable to Wesley College) Credit card
 Other _____

Credit Card Payment Authorisation

I authorise Wesley College to charge the \$200 application fee to my credit card account.

Mastercard/Visa/AMEX (Please delete the cards that do not apply)

Credit card number _____ Expiry date ____ / ____

Verification numbers _____ (last 3 digits found on back of card)

Name on card _____

Signature _____ Date ____ / ____ / ____

6 Agent details

If an applicant is being introduced by an approved agent, please complete the following:

Name of agency _____ Contact name _____

Address _____

Telephone: Business _____ Fax _____

Email _____

7 Declaration

We declare that all information provided in this application for enrolment is correct as at the date of application and we request that the above named be registered for enrolment at Wesley College. We understand that we will be informed if and when a place becomes available. We have read and understood the Terms and Conditions of Enrolment and agree to abide by these terms and conditions. We will advise Wesley College of any change of address or contact details.

Parent/Guardian 1: Signed _____ Parent/Guardian 2: Signed _____

Date ____ / ____ / ____

Date ____ / ____ / ____

8 Office use only

Date of application _____ Receipt No _____

Student ID _____ Family ID _____