

Application for Enrolment



MELBOURNE
GRAMMAR SCHOOL
AN ANGLICAN SCHOOL

Please use block letters throughout.

Surname: _____ VSN (Victorian Student Number) _____

Given name/s: _____ Preferred name: _____

- Female Male Other
 Day student or Boarder International student

Date of birth: _____ Country of birth: _____ Age: _____ Years _____ Months _____

Religion: _____ Nationality: _____ Indigenous / Torres Strait Islander

Year level applied for: _____ Year of entry: _____

Present school (where applicable): _____ Current Year level: _____

The student lives with: Both parents Mother Father Guardian

Student's address: _____

Postcode: _____

Phone (home): _____ Email: _____

Family Information

Is either parent an Old Melburnian? Yes No If yes, year left: (Mother) _____ (Father) _____

House details – Grimwade House: _____ Wadhurst: _____ Senior School: _____

Does your child have direct family ties with the School? **Note:** Please advise any person listed, that their name is being used on this form.

Details of brother or sister

Name of sibling: _____

- Previously attended MGS Currently attending MGS Applied for MGS Attending another school

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- Previously attended MGS Currently attending MGS Applied for MGS Attending another school

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- Previously attended MGS Currently attending MGS Applied for MGS Attending another school

Office use only

Fee 1 \$ _____ Paid _____ Synergy _____ Year level _____

Fee 2 \$ _____ Paid _____ Student code _____ Year _____

Parents' Details

Please attach a separate sheet with Guardian or Step-parent details if applicable.

Parent 1

Title (Mr, Dr, Prof, Revd etc.): _____

Surname: _____

Previous Surname (if applicable): _____

Given name/s: _____ Preferred name: _____

Address (complete only if different from child): _____

_____ Postcode: _____ Phone (home): _____

Email: _____

Occupation: _____

Field & industry (e.g. legal, education etc.): _____

Business name & address: _____

_____ Postcode: _____

Business phone: _____ Mobile phone: _____

Parent 2

Title (Mrs, Dr, Prof, Ms, Revd etc.): _____

Surname: _____

Previous Surname (if applicable): _____

Given name/s: _____ Preferred name: _____

Address (complete only if different from child): _____

_____ Postcode: _____ Phone (home): _____

Email: _____

Occupation: _____

Field & industry (e.g. legal, education etc.): _____

Business name & address: _____

_____ Postcode: _____

Business phone: _____ Mobile phone: _____

Acceptance of Terms

I/ we acknowledge that I/we have read the Student Admission form and the Conditions of Entry to the School, and accept the terms and conditions set out therein.

I/ we understand that completion of this application and payment of the non-refundable Application Fee does not guarantee enrolment at the School.

Both parents to sign:

Signature: _____

Name in block letters: _____

Date: _____

Signature: _____

Name in block letters: _____

Date: _____

Please Return

- (i) Completed Application Form
- (ii) Photocopy of Birth Certificate, Extract of Entry or Passport
- (iii) Application fee of \$150 (non-refundable)

To

Head of Admissions
Community Relations Office
Melbourne Grammar School
355 St Kilda Road Melbourne
Victoria 3004 Australia

Telephone: +61 3 9865 7555

Email: enrol@mgs.vic.edu.au

www.mgs.vic.edu.au

ABN 61 004 453 829

CRICOS No. 00977J

Note: To ensure our records on your child's enrolment are correct and up to date, please notify the School of any changes of address or contact information.

Melbourne Grammar School respects the privacy of its community members and is bound by the National Privacy Principles under the Commonwealth Privacy Act. All information collected on this form will be used and stored in accordance with the School's Privacy Policy. For a copy of the School's Privacy Policy and/or its Collection of Information notices please visit the School's website at www.mgs.vic.edu.au or contact the School by telephone on +61 3 9865 7555.



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Application Fee Payment Slip



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Student Name: _____

Parent Name: _____

Office use only:

Paid Date / / Signed: _____

Payment details

I enclose my cheque for \$ 150.00

Account holder's Name: _____

OR

Please charge \$150.00 to my Mastercard Visa

Expiry Date ____ / ____

Credit Card Holder's Name: _____

Address: _____

Postcode: _____ Telephone: _____

Signature: _____

ABN 61 004 453 829