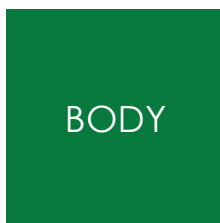
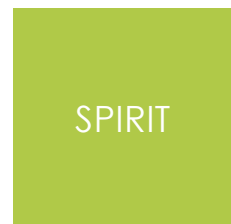


Trinity Grammar School



ENROLMENT APPLICATION FORM

AN APPLICATION FOR REGISTRATION ON THE SCHOOL'S WAITING LIST

SENIOR & MIDDLE SCHOOL
 YEARS 7 → 12
 119 PROSPECT RD
 SUMMER HILL NSW 2130

PREPARATORY SCHOOL
 PRE-KINDERGARTEN → 6
 115 THE BOULEVARDE
 STRATHFIELD NSW 2135

JUNIOR SCHOOL
 YEARS 3 → 6
 119 PROSPECT ROAD
 SUMMER HILL NSW 2130

LEWISHAM INFANTS
 PRE-KINDERGARTEN → 2
 5 THOMAS STREET
 LEWISHAM NSW 2049

APPLICATION PROCEDURE

1 APPLICATION

Make application online or by using this form. Send the completed form to the address shown, next to the Application Checklist, overleaf. You will receive a letter or email of receipt confirming your application, payment and that your son is on a waiting list for the chosen year of entry.

2 ASSESSMENT

The School will contact you to arrange for your son's assessment. Please note that this is not selective academic testing but purely to enable us to understand your son's specific needs.

3 INTERVIEW

Following the assessment, you will be contacted to arrange a formal interview with the Registrar or a Senior Staff member.

4 OFFER

Following the interview, the Head Master will write to notify you of the result of your enrolment application.

5 ACCEPTANCE

If successful, your letter of offer will be accompanied by an Acceptance of Place Form. Your son's place is secured once the Acceptance of Place Form is completed and returned to the School together with the enrolment fee.

6 COMMENCEMENT

At the appropriate time, during the term prior to commencement, you will be notified of commencement dates, orientation days and any other pertinent details which will assist your son's transition into the Trinity Community.

MORE INFORMATION >

Please contact our Enrolment Officer:

p. 02 9581 6000

enrol@trinity.nsw.edu.au

or refer to our website:

www.trinity.nsw.edu.au

office use only	
parent code:	
student code:	



YOUR SON'S DETAILS

SURNAME

GIVEN NAMES

PREFERRED NAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

RELIGIOUS DENOMINATION

PLEASE INDICATE WHICH ACADEMIC AND CALENDAR YEAR OF ENTRY YOU ARE PROPOSING
(PLEASE TICK THE APPROPRIATE ACADEMIC YEAR BOX AND WRITE IN THE CALENDAR YEAR OF ENTRY)

INFANTS	PRE-K	K	1	2	YEAR	2	0	Y	Y
PRIMARY	3	4	5	6	YEAR	2	0	Y	Y
MIDDLE SCHOOL	7	8	9		YEAR	2	0	Y	Y
SENIOR SCHOOL	10	11	12		YEAR	2	0	Y	Y

PLEASE INDICATE WHICH INFANTS OR PRIMARY CAMPUS YOU ARE PROPOSING (PLEASE TICK)

INFANTS >	<input type="checkbox"/>	STRATHFIELD	PRIMARY >	<input type="checkbox"/>	STRATHFIELD
	<input type="checkbox"/>	LEWISHAM		<input type="checkbox"/>	SUMMER HILL

TYPE OF PLACE DAY BOY BOARDING

IF YOUR SON IS RELATED TO A TRINITY BOY PLEASE INDICATE THE RELATIONSHIP (PLEASE TICK)

<input type="checkbox"/>	SON	
<input type="checkbox"/>	GRANDSON	
<input type="checkbox"/>	BROTHER >	BROTHER'S NAME <input type="text"/>
<input type="checkbox"/>	OTHER >	PLEASE SPECIFY <input type="text"/>

IF RELATED TO A TRINITY OLD BOY THEN YOUR PREFERRED HOUSE

CURRENT SCHOOL

CURRENT ACADEMIC YEAR COMMENCEMENT YEAR

IS YOUR SON OF ABORIGINAL | TORRES STRAIT ISLANDER DESCENT? NO YES

IS YOUR SON AN INTERNATIONAL STUDENT? NO YES

FAMILY DETAILS

FATHER | MALE GUARDIAN

SURNAME	<input type="text"/>
GIVEN NAMES	<input type="text"/>
OCCUPATION	<input type="text"/>
HOME ADDRESS	<input type="text"/> <input type="text"/>
BUSINESS ADDRESS	<input type="text"/> <input type="text"/>
PHONE (HM)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PHONE (BUS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOBILE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EMAIL	<input type="text"/>

MOTHER | FEMALE GUARDIAN

SURNAME	<input type="text"/>
GIVEN NAMES	<input type="text"/>
OCCUPATION	<input type="text"/>
HOME ADDRESS	<input type="text"/> <input type="text"/>
BUSINESS ADDRESS	<input type="text"/> <input type="text"/>
PHONE (HM)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PHONE (BUS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOBILE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EMAIL	<input type="text"/>

BROTHERS AND SISTERS

GIVEN NAMES	CURRENT AGE	CURRENT SCHOOL IF APPLICABLE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL AND OTHER SPECIAL CONSIDERATIONS

PLEASE DETAIL ANY MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS OF WHICH THE SCHOOL SHOULD BE MADE AWARE.

(EG: ASTHMA, ALLERGIES, ADHD, CHRONIC FATIGUE, DIABETES, EPILEPSY, MIGRAINE | SPECIAL GIFTS OR TALENTS)

ABOUT YOUR APPLICATION

WHY HAVE YOU CHOSEN TO ENROL YOUR SON AT TRINITY?

PLEASE TICK THE APPROPRIATE BOXES

<input type="checkbox"/>	BREADTH OF EDUCATIONAL OPPORTUNITY
<input type="checkbox"/>	ACADEMIC EXCELLENCE
<input type="checkbox"/>	INTERNATIONAL BACCALAUREATE PROGRAMME
<input type="checkbox"/>	REPUTATION OF THE SCHOOL
<input type="checkbox"/>	SCHOOL'S RESOURCES AND FACILITIES
<input type="checkbox"/>	CONTINUING YOUR FAMILY TRADITION
<input type="checkbox"/>	MUSIC PROGRAMME
<input type="checkbox"/>	SPORTING PROGRAMME
<input type="checkbox"/>	CHRISTIAN PHILOSOPHY
<input type="checkbox"/>	CLOSE TO HOME
<input type="checkbox"/>	OTHER (SPECIFY) <input type="text"/>

WHAT PROMPTED YOU TO DISCOVER MORE ABOUT A TRINITY EDUCATION?

PLEASE TICK THE APPROPRIATE BOXES

<input type="checkbox"/>	RECOMMENDATION FROM FAMILY, FRIENDS OR COLLEAGUES
<input type="checkbox"/>	SYDNEY MORNING HERALD ADVERTISING
<input type="checkbox"/>	INNER WEST COURIER ADVERTISING
<input type="checkbox"/>	ST GEORGE AND SUTHERLAND SHIRE LEADER ADVERTISING
<input type="checkbox"/>	REGIONAL NEWSPAPER ADVERTISING
<input type="checkbox"/>	NEWSPAPER EDITORIAL
<input type="checkbox"/>	CHOOSING A SCHOOL GUIDE BOOK
<input type="checkbox"/>	SCHOOL'S WEBSITE
<input type="checkbox"/>	SCHOOL'S PUBLICATIONS TRINITY NEWS TRINITY PRESSINGS THE TRIANGLE
<input type="checkbox"/>	FAMILY TRADITION
<input type="checkbox"/>	OTHER (SPECIFY) <input type="text"/>

DECLARATION

- I/We hereby apply to have SON'S NAME enrolled at the School, and, should he be accepted, I/we undertake to conform to the rules and regulations of the School and to be responsible for the payment of fees and charges including penalties charged by the School from time to time on unpaid fees and charges. I/We accept that if the School charges penalties it is not to be taken as an agreement by the School to defer the payment of fees and charges.
- I/We undertake that a full Term's notice, in writing to the Head Master, is required of intention to withdraw a boy from the School, or of intention to change a boy from boarder to day boy. A full Term's fee is charged for withdrawal without such notice.
- I/We request that SON'S NAME be admitted as a student to Trinity Grammar School. I/We have noted the Fees, read and endorsed the School as a Community and Christian Education, and other contents of the Handbook. I/We agree to be bound by these, or any regulation of the School which may, from time to time, be in force. I/We are fully in accord with the aims of the School, and will support the School as it seeks to commend my/our son a lifestyle that issues from the Christian Faith. I/We realise that this will involve Saturday games. I/We understand that the acceptance of this application implies that my/our son will complete his School life at Trinity unless unforeseen circumstances arise.
- I/We understand that failure to provide all required information may result in the School declining to enter the boy's name on the appropriate waiting list or delaying such entry, and may also result in the School declining or delaying the boy's enrolment.

MOTHER | FEMALE GUARDIAN

 SIGNATURE

DATE

FATHER | MALE GUARDIAN

 SIGNATURE

DATE

PAYMENT OF APPLICATION FEE

CHEQUE MADE PAYABLE TO TRINITY GRAMMAR SCHOOL AND IN THE SUM OF \$200

MONEY ORDER MADE PAYABLE TO TRINITY GRAMMAR SCHOOL AND IN THE SUM OF \$200

CREDIT CARD IN THE SUM OF \$200

PLEASE TICK
APPROPRIATE BOX >

VISA
 MASTERCARD
 AMERICAN EXPRESS

CARD NUMBER

NAME ON CARD

EXPIRY DATE |

PAYER'S ADDRESS

CARDHOLDER'S SIGNATURE

DATE

office use only

parent code:	<input type="text"/>
boys name:	<input type="text"/>
year group:	<input type="text"/>
calendar year:	<input type="text"/>
campus:	<input type="text"/>

APPLICATION CHECKLIST

WE HAVE ENCLOSED:

- A COPY OF OUR SON'S BIRTH CERTIFICATE OR EXTRACT OF BIRTH
- A COPY OF OUR SON'S LAST THREE SCHOOL REPORTS - IF APPLICABLE PLEASE INCLUDE NAPLAN AND BASIC SKILLS TEST RESULTS
- A WRITTEN FAMILY CHARACTER REFERENCE
- NAME, ADDRESS AND TELEPHONE NUMBER OF A MINISTER OF RELIGION WHOM THE SCHOOL MAY CONTACT
- COPIES OF ALL MEDICAL, PSYCHOLOGICAL OR EDUCATIONAL REPORTS
- THE NON-REFUNDABLE APPLICATION FEE OF \$200 WHICH INCLUDES ASSESSMENT

PRIVACY

The information you supply on this form is required by Trinity Grammar School to manage your enrolment application. No personal information will be disclosed outside the School without your express consent, except where required by law. The School will notify you of future activities and events. If you do not wish to receive such notifications please tick this box.

PLEASE SEND THIS COMPLETED APPLICATION AND ITS REQUIRED ATTACHMENTS TO:

THE ENROLMENT OFFICER
TRINITY GRAMMAR SCHOOL
PO BOX 174
SUMMER HILL NSW 2130

