



Registration Form

Student Details

Surname		Given Names	
Name of Student			
Date of Birth	Citizenship	Religion	
Year of Entry	Day Student	Boarder	Australian Permanent Resident
Entry Level	JK	K	PP 5 7 8 (Boarding Only)
Temporary Resident	Y	N	Passport No.
Current School	Current Year	Visa Subclass	Visa Start / /20 Expiry / /20
		Alternate Entry Year (if available)	

Parent/s or Guardian/s Details

Surname		Given Names	
Name of father/guardian			
Title	Citizenship	Occupation	
Home Address			
Telephone (h)	Telephone (w)	Mobile	
Email			
Name of mother/guardian			
Title	Citizenship	Occupation	
Home Address			
Telephone (h)	Telephone (w)	Mobile	
Email			

If parents live at different addresses, with whom does the applicant mainly reside: Father Mother or 50/50

Parents responsibility Shared Sole Court orders (please include with application)

Names of siblings who do/will attend St Hilda's

Name/s and Maiden Name/s and Relationships of Old Scholars

House B DeG F G

How did you hear about St Hilda's?

What is your reason for choosing St Hilda's?

DISCLOSURE: Does the student have any special needs or educational requirements? Y N

If 'Yes' please enclose details and supporting documentation with this application.

I/we understand that this application does not guarantee that a place will be offered to the applicant and that places are offered pending availability and a successful interview with the Principal or her representative. I/we declare that all information provided herein is true and correct.

Signature	Date
Signature	Date

Please return this form with an application fee of \$100 including GST to PO Box 34, Mosman Park 6912. A copy of the student's birth certificate MUST accompany this application. Please attach a copy of the student's last two school reports/NAPLAN tests if applicable.

PLEASE RETAIN A COPY FOR YOUR OWN RECORDS

Bay View Terrace, Mosman Park WA 6012 McCabe Street, Mosman Park WA 6012
Telephone 61 (08) 9285 4100 Facsimile (08) 9285 4124 www.sthildas.wa.edu.au enrol@sthildas.wa.edu.au CRICOS 00452E

Payment Options

Credit Card:

Cardholder's Name Visa Mastercard Amex

Credit Card Number Expiry Date

Funds Transfer: BSB 086-164 Account No. 50818 3194
Please include your child's surname and entry year as a reference.

Office use only:

Application fee paid \$ Date