

# ST HILDA'S REGISTRATION FORM



Senior School: Bay View Terrace, Mosman Park, WA, 6012  
Junior School: McCabe Street, Mosman Park, WA, 6012

TEL: +61 (08) 9285 4100  
EMAIL: enrol@sthildas.wa.edu.au

St Hilda's  
ANGELICAN SCHOOL FOR GIRLS

## STUDENT DETAILS

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

## PARENT(S) OR GUARDIAN(S) DETAILS

Father/Guardian Surname \_\_\_\_\_ Father/Guardian Given Names \_\_\_\_\_  
Title \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone (h) \_\_\_\_\_ Telephone (w) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_

Mother/Guardian Surname \_\_\_\_\_ Mother/Guardian Given Names \_\_\_\_\_  
Title \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone (h) \_\_\_\_\_ Telephone (w) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_

If parents live at different addresses, with whom does the applicant mainly reside? Father Mother 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 Blackwood DeGrey Fitzroy Gascoyne

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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

PAYMENT OPTIONS

OFFICE USE ONLY Application Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_