



St George  
College

# APPLICATION FOR ENROLMENT

## WORLD READY

ELC to Year 12 | Faith. Family. Forever Excelling

Junior Campus (ELC – Year 4) | 54 Rose Street, Mile End SA 5031

Senior Campus (Year 5 – Year 12) | 75 Rose Street, Mile End SA 5031

Mailing Address | PO Box 29, Torrensville Plaza, SA 5031

CRICOS 02799F | 08 8159 8100 | [www.sgc.sa.edu.au](http://www.sgc.sa.edu.au) | [registrar@sgc.sa.edu.au](mailto:registrar@sgc.sa.edu.au)

**Please send your completed form & attachments to:**

The Registrar, St George College via email [registrar@sgc.sa.edu.au](mailto:registrar@sgc.sa.edu.au) or post to PO Box 29, Torrensville Plaza SA 5031

### OFFICE USE ONLY

Name of Student :

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Year Level :

Status :

Registrar :

Home Group :

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## Section 1 : Student Information

### > PART 1A STUDENT PERSONAL INFORMATION

Surname:		First Name:	
Middle Name(s) :		Preferred Name :	
Date of Birth : / / (Please attach a copy of Baptismal and Birth Certificate)		Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Year Level Requested :		Commencing in the year :	
Country of Birth : <input type="checkbox"/> Australia <input type="checkbox"/> Other (please state) :		Place of Birth :	
If <b>NOT</b> an Australian Citizen, please show the student's VISA Class and Number :			
If <b>NOT</b> born in Australia, please state date of arrival in Australia :			
Does the student speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify :			
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander			

### > PART 1B STUDENT'S CURRENT SCHOOL/KINDERGARTEN/CHILD CARE INFORMATION

Current School/Kindergarten :	School/Kindergarten Contact Number :
<input type="checkbox"/> I give permission for St George College to contact the previous School/Kindergarten/Child Care regarding my child's progress	

### > PART 1C STUDENT'S PRIMARY ADDRESS DETAILS

Please complete the details below for the Student's Primary Address  
(i.e. the address where the student lives for more than 50% of the time)

Student's Primary Residential Address :		
		Suburb :
Phone Number :	Mobile :	Post Code :

### > PART 1D STUDENT'S MEDICAL DETAILS

I give St George College permission to apply first aid to my child or contact an ambulance if required : <input type="checkbox"/> Yes <input type="checkbox"/> No		
We have Ambulance Cover : <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Hospital :	
GP Name :	Dentist Name :	
GP Contact Numbers :	Dentist Contact Numbers :	
We have Private Health Cover : <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider :	Provider Number :
We have a Medicare Card : <input type="checkbox"/> Yes <input type="checkbox"/> No	Number :	Expiry Date : / /
Please indicate whether your child suffers from any of the following conditions:		
<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Blackouts <input type="checkbox"/> Convulsions <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Epilepsy <input type="checkbox"/> Headaches <input type="checkbox"/> Heart Condition <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Diabetes <input type="checkbox"/> Stomach Aches <input type="checkbox"/> Travel Sickness		
If you selected <b>yes</b> to any of these conditions, please provide a copies of any reports / medical action plan / treatment plan or medication details		
Are any of the ticked conditions critical? <input type="checkbox"/> Yes <input type="checkbox"/> No		**Alert Set <input type="checkbox"/> (Admin Use Only)
Has your child been immunised? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of your child's immunisation record.		

### > PART 1E LEARNING SUPPORT

Does your child require additional support with their learning, or have they been diagnosed with a learning disability?	
<input type="checkbox"/> Yes – Provide details below <input type="checkbox"/> No	

## Section 2 : Family Information

> PART 2A	PARENT / GUARDIAN 1	> PART 2B	PARENT / GUARDIAN 2
Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
First Name (s) :		First Name (s) :	
Surname :		Surname :	
Please indicate your relationship to the student		Please indicate your relationship to the student	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other :		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other :	
Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an Old Scholar of the College? <input type="checkbox"/> Yes, Graduating Year _____ <input type="checkbox"/> No		Are you an Old Scholar of the College? <input type="checkbox"/> Yes, Graduating Year _____ <input type="checkbox"/> No	
Maiden Name (if applicable) _____ DOB _____/_____/_____		Maiden Name (if applicable) _____ DOB _____/_____/_____	
Parent / Guardian 1 will automatically receive student reports		Do you require a student report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential Address :		Residential Address :	
Suburb :		Suburb :	
Post Code :		Post Code :	
Phone (H) :		Phone (H) :	
Phone (W) :		Phone (W) :	
Mobile :		Mobile :	
Email :		Email :	
Occupation :		Occupation :	
Employer :		Employer :	
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto		Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto	
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nationality :		Nationality :	
Country of Birth :		Country of Birth :	
Language Spoken :		Language Spoken :	
If <b>NO</b> , VISA Class and Number: (provide a copy)		If <b>NO</b> , VISA Class and Number: (provide a copy)	
If <b>NO</b> , date of arrival in Australia :		If <b>NO</b> , date of arrival in Australia :	
Parent Identification Type: <input type="checkbox"/> Drivers Licence <input type="checkbox"/> other		Parent Identification Type : <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Other	
Identification Number :		Identification Number :	
Identification Expiry Date :		Identification Expiry Date :	
> PART 2C	EMERGENCY CONTACTS (OTHER THAN PARENT / GUARDIAN)		
Name :	Relationship to Student :	Mobile :	
Name :	Relationship to Student :	Mobile :	

<b>&gt; PART 2D</b>	<b>ORDER OF CONTACT IN CASE OF EMERGENCY</b>
Please place contacts in order of contact (1 = first, 2 = second and 3 = third contact)	
<input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Emergency Contact <i>(any of the two listed can be contacted)</i>	

### Section 3 : Access / Religion / Privacy

<b>&gt; PART 3A</b>	<b>ACCESS AND CUSTODY</b>
<b>*Please attach any legal documentation or Court Orders regarding family arrangements pertaining to the student</b>	
Is there an access restriction in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>** Access Alert Set</b> <input type="checkbox"/> (Admin Use Only)
Is there a custody order in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Parent with custody :

<b>&gt; PART 3B</b>	<b>RELIGION</b>	
Denomination :	Baptismal Church (if applicable) :	Baptism Date :    /    /
Father's Denomination :	Mother's Denomination :	
Name of Church currently attending :		

<b>&gt; PART 3C</b>	<b>PRIVACY</b>
Do you give permission for your child's photos/images/videos taken during College activities and/or work samples to be published in St George College publications, promotional activities and on the College website/social media. In most circumstances the images will not include any personal information regarding the student's identity.	
If the answer is yes please be advised that the photos will become the property of the College and may be used after the student has left or graduated. <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Section 4 : General Information

<b>&gt; PART 4A</b>	<b>REASONS FOR CHOOSING ST GEORGE COLLEGE</b>
Please tell us why you would like your child to attend St George College	

<b>&gt; PART 4B</b>	<b>PAST SCHOOLING INFORMATION</b>
Has your child been suspended or expelled from any previous schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>YES</b> , please explain :	
Student SACE Number (for Senior School Students only) :	
How is your child currently managing at School / Kindergarten	
Academically :	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly
Socially :	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly
Does your child have any special gifts or talents? (Please provide details)	

## Section 5 : School Fee Agreement and Billing Details

Please provide details of the Parent(s)/Guardian(s) who will be paying the student's Tuition Fees and other fees required as outlined in the St George College Fee Schedule

### > PART 5A SCHOOL FEE AGREEMENT

- The School Fees are set by the Board of Governors and the Fee Schedule published annually
- The School Fees are promptly paid in accordance with the due dates as set out in the Fee Schedule. Alternatively, a Periodic Payment Plan can be arranged prior to the due date in conjunction with the Bursar. Any payment plan must be strictly adhered to once approved by the Bursar
- Parents agree to notify the Bursar immediately should there be a change in circumstances which will affect their ability to fulfil their financial obligations to the school
- Parents will give at least one School Term's notice in writing to the Registrar if withdrawing enrolment of their child. Failure to do so will render them liable for one Term's fees
- Accounts that are in arrears by more than fourteen (14) days will be issued with a twenty one (21) day 'Letter Before Action', which incurs a late fee of \$200.00
- Accounts in default by more than 21 days may also be referred, at the account holder(s) own expense, to an external firm of collection agents or solicitors
- Accounts in serious default (three or more consecutive and unauthorised defaults) may be terminated by the College on fourteen (14) days written notice by the Finance Sub-Committee
- Lack of commitment on the parent's part toward any accrued late fees will ultimately affect the level of education that St George College can offer.

### > PART 5B BILLING DETAILS | PERSON 1

Title :  Mr  Mrs  Miss  Ms  Dr

First Name (s) :

Surname :

Please indicate your relationship to the student

Father  Mother  Stepfather  Stepmother

Other :

Billing Address :

Suburb:

Suburb :

Post Code :

Phone (H) :

Mobile :

#### Percentage of Fees to be paid by Person 1

100% of School Fees (or) % of School Fees

I have read and accept the School Fee Agreement above

Signature :

Date signed : / / (dd/mm/yyyy)

### > PART 5C BILLING DETAILS | PERSON 2

Title :  Mr  Mrs  Miss  Ms  Dr

First Name (s) :

Surname :

Please indicate your relationship to the student

Father  Mother  Stepfather  Stepmother

Other :

Billing Address :

Suburb :

Post Code :

Phone (H) :

Mobile :

#### Percentage of Fees to be paid by Person 2

100% of School Fees (or) % of School Fees

I have read and accept the School Fee Agreement above

Signature :

Date signed : / / (dd/mm/yyyy)

Do either of the parties listed above have any outstanding debts from a previous school?  Yes  No

I/We request that St George College bill the Tuition Fees for the student named in this Application Form as outlined above.

## Section 6 : Enrolment Agreement

### > PART 6A

#### STATEMENTS OF ACCEPTANCE

**By signing this application form you are agreeing to the following statements, should the student be enrolled at St George College.**

(Please tick each box below to indicate your acceptance)

- I/We accept that all children will be presented with the religious teachings of the Orthodox Faith
- I/We accept that prayer times are incorporated into the daily routine and compulsory for all students
- I/We will support St George College's Christian ethos
- I/We will support the Aims of the College
- I/We will support the College Policies and Statements on uniforms, student conduct, behaviour management and curriculum
- I/We understand that Volunteers are an important part of the College Community and would be willing to help where practical

### > PART 6B

#### GENERAL

1. The parent/s will support and encourage the students to take pride in the School Uniform and ensure that the student is always sent to school neatly and modestly dressed
2. The parent/s accept the right of the College to employ such behaviour management as it deems wise and expedient for the student and agree to uphold in every way possible, the College's authority and right to administer appropriate behaviour management in accordance with the policies of the College
3. The parent/s will support extra-curricular activities such as camps, excursions, sports carnivals, music lessons etc. If a student is unable to participate for medical reasons, a written letter must be sent to the College excusing the child from the activity
4. The parent/s will support the College, in the event of a student suffering from sickness or injury, to take such action as it deems fit to obtain medical and/or hospital care and attention. All costs incurred will be the responsibility of the parent. All students are covered by ambulance protection Australia-wide for all school related activities
5. Parents are financially responsible for any damage a student incurs to buildings, furniture and equipment, caused through a deliberate act, carelessness or neglect
6. Students may not leave the College grounds without permission from the appropriate College authorities or written permission from parents
7. St George College is not required to automatically accept an enrolment application. Should your child not be accepted, it is the policy of St George College not to disclose the basis for the decision made. All information will remain confidential to all parties.

### > PART 6C

#### LIMITATION OF LIABILITY

1. The College will not be liable to the parent(s) for any loss or damage to personal property of the parent(s) or student.

### > PART 6D

#### CANCELLATION OF ENROLMENT

1. At the discretion of the Principal and College Board of Governors, the College reserves the right to suspend a student temporarily or permanently for behaviour management purposes, for any breach of College Policy. Payment of the current Term's fees will not be refunded
2. The parent may cancel the enrolment of a student but must give the College one Term's notice in writing. In default of such notice, a full Term's fees will be charged.

### > PART 6E

#### PRIVACY

1. St George College collects personal information about students, school employees and others that interact with the College. The primary purpose of collecting this information is to enable the College to provide services to students, schools or others
2. St George College may also from time to time, disclose personal information to others for advisory, administrative health or educational purposes. Such disclosures will only be in relation to the primary purpose of collection or for secondary purpose, related to the primary purpose and which the individual would reasonably expect

3. If the College does not receive the information referred to as above, it may not be able to provide the relevant service to the school, student, school employee or others
4. Any questions in relation to this collection, use and disclosure and retention of personal information collected, should be directed to the College.

## Section 7 : Signatures and Checklist

Please complete this Application Form by reading through the following information and signing below. Verify that you have completed all items on the checklist and return the completed Form and attachments to the Registrar.

### > PART 7A AGREEMENT CONFIRMATION

**By signing this Enrolment Application Form, I/We confirm the following:**

(Please tick each box below to indicate your acceptance)

- I/We have read and fully understand and accept the Enrolment Agreement of St George College, and have received and understand the Schedule of School Fees
- I/We hereby declare that the information and record(s) submitted with and contained within this document are true and correct to the best of my/our knowledge. Should any information found to be incorrect or false, I/We understand that this application may be revoked

### > PART 7B PARENT/GUARDIAN 1

Signature :

Name (print) :

Date signed :        /        /        (dd/mm/yyyy)

### > PART 7C PARENT/GUARDIAN 2

Signature :

Name (print) :

Date signed :        /        /        (dd/mm/yyyy)

### > PART 7D CHECKLIST

**BEFORE returning this form to St George College, please ensure you have completed and enclosed the following:**

- Filled in all relevant information and signed this Application Form
- Enclosed Pre-School or detailed School Reports (if your child is transferring from another School)
- Enclosed any relevant Medical Reports, Psychological Reports or Educational Assessments
- Attach a photocopy of your child's Birth Certificate
- Attach a photocopy of your child's Baptismal Certificate (if applicable)
- (If not an Australian Resident)** Attach a photocopy of your child's Passport
- Attach a photocopy of Parent's Drivers Licence

**Please send your completed Application Form & attachments to:**

The Registrar  
 St George College  
 Via email registrar@sgc.sa.edu.au OR by mail to PO Box 29, TORRENSVILLE PLAZA, SA 5031

St George College admits students of any race, national and ethnic origin to all the rights, privileges, programmes and activities generally accorded or made available to the students at the College. It does not discriminate on the basis of race, national and ethnic origin in administration of its educational policies, admission policies, scholarship programmes and athletic and other College administered programmes.



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St George College Inc. | Reg A0018909J  
CRICOS 02799F | ABN 92 984 346 200

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