

# Frederick Irwin Anglican School

A School of the Anglican Schools Commission (Inc)



## APPLICATION FOR ADMISSION

**OFFICE USE ONLY:**

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Year \_\_\_\_\_

Date application received \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Gordon Road, Mandurah, Western Australia. Postal Address: P.O. Box 687, Mandurah, Western Australia 6210  
Telephone (08) 9537 0000 Facsimile (08) 9537 0099  
ABN 18 708 185 908

**STUDENT INFORMATION** (Block letters please)

Surname .....

First Name .....

Second Name ..... Male [ ] Female [ ]

Date of Birth ..... Religion .....

Country of Birth ..... Permanent Resident? Yes [ ] No [ ]

If NO, Visa Sub-Class number ..... Date enter Australia ...../...../.....

*(The school is not registered to accept students who do not have permanent residency or an appropriate visa status)*

Residential Address.....

.....

..... Postcode .....

Present School ..... Present Year .....

Proposed Entry into Frederick Irwin Academic Year ..... Calendar Year .....

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**PARENTS/LEGAL GUARDIANS DETAILS** (Block letters please)

Child lives with: Both Parents [ ] Mother only [ ] Father only [ ] Other [ ] Please provide

.....

Full name of **Father/Parent/Legal Guardian** .....

Home address (if different from the child) .....

.....

..... Postcode .....

Email address .....

Telephone numbers (home).....(Work).....(Mobile).....

Occupation ..... Employer .....

Full name of **Mother/Parent/Legal Guardian** .....

Home address (if different from the child) .....

.....

..... Postcode .....

Email address .....

Telephone numbers (home).....(Work).....(Mobile).....

Occupation ..... Employer .....

**ASSOCIATION WITH FREDERICK IRWIN ANGLICAN SCHOOL**

Is the mother, father or other relative a past student of the School? [ ] Yes [ ] No

If Yes, Name..... Relationship..... Years..... House.....  
Name..... Relationship..... Years..... House.....

Name of brother(s)/sister(s) who have attended, are current students at the school, or who are enrolled to attend in future years:

Name..... Academic Year.....  
Name..... Academic Year.....  
Name..... Academic Year.....

**ADDITIONAL INFORMATION**

To assist the School in preparing for your child’s enrolment, please complete the following:

Are you aware of any special needs your child may have? [ ] Yes [ ] No

If yes, please provide details .....  
.....

Does your child have any medical conditions? [ ] Yes [ ] No

If yes, please provide details .....  
.....

**APPLICATION AGREEMENT**

To the best of my/our knowledge the information contained within this application is complete and correct.

Should my/our child’s education or health circumstances change, or my/our contact details change between date of application for admission and entry to the School, I/we will inform the School.

I/we understand that the acceptance by the School of this Application for Admission form and the non-refundable processing fee, does not guarantee an interview for enrolment or an offer of enrolment.

Parent/Legal Guardian Signature(s) .....  
.....

Date .....

Please forward the following to the School:

- Completed Application Form.
- Copies of your child’s birth certificate and visa (if applicable).
- Copies of your child’s previous two school reports (from Year 3) and each report thereafter.
- Application Fee of \$65 inclusive of GST (non-refundable).

Visa / Mastercard (Please circle) Name on the card \_\_\_\_\_

Card number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

Amount: **\$65.00** Signature of cardholder \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_





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## TESTIMONIAL FORM

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The School's admission policy allows preference to be given to children of families who are able to demonstrate an affiliation with a Christian Church. Completion of Parts A and B is desirable but not essential.

### PART A

Student's Surname: .....

Christian Name(s): .....

Religion Affiliation: .....

### CHURCH MEMBERSHIP STATUS: (Please tick)

Baptised [ ] Date .....

Welcomed to Communion [ ] Date .....

Confirmed [ ] Date .....

Other: (please detail) .....

### PART B

To be completed by the Priest or Minister in all cases where a student and/or the family has a Church affiliation.

Is known personally to me [ ] Yes

[ ] No

Participates in Worship [ ] Frequently

[ ] From time to time

[ ] Not at all

Participates in other Church Activities (please specify)

.....

Name: .....

Address: .....

.....

Name of Priest/Minister: .....

Signature of Priest/Minister: .....

Date: .....