

# Frederick Irwin Anglican School

A School of the Anglican Schools Commission (Inc)



## APPLICATION FOR ADMISSION

Meadow Springs Campus  
Gordon Road, Mandurah, Western Australia  
Telephone (08) 9537 0000 Facsimile (08) 9537 0099

Halls Head Campus  
Cnr Karon Vista and Waxflower Vista, Halls Head, Western Australia  
Telephone (08) 6558 1207 Facsimile (08) 9537 0099

Postal Address: P.O. Box 687, Mandurah, Western Australia 6210  
ABN 18 708 185 908

**OFFICE USE ONLY:**

Receipt No. \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_  
Date application received \_\_\_\_\_  
Year \_\_\_\_\_  
First Name \_\_\_\_\_  
Surname \_\_\_\_\_

Frederick Irwin Anglican School is committed to child safety and protection, and expects all staff, volunteers, visitors and contractors to the School to respect and abide by all policies and practices, developed and put in place by the Anglican Schools Commission (ASC) and/or the School in this regard.

The School's Enrolment Process complies with the Australian discrimination laws and the requirements of the Disability Standards for Education 2005.

The collection and storage of personal information supplied in this Application Form will comply with the National Privacy Principles.

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**STUDENT INFORMATION** (Block letters please)

Surname .....  
Given Name(s) .....  
Any Previous Name(s).....  
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 .....  
Preferred Campus  Meadow Springs (Primary and Secondary)  Halls Head (Primary)  Either

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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 .....  
Religion ..... Email address.....  
Telephone numbers (home).....(Work).....(Mobile).....  
Occupation ..... Employer .....  
Full name of **Mother/Parent/Legal Guardian** .....  
Home address (if different from the child) .....  
.....  
..... Postcode .....  
Religion ..... 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 (physical, cognitive, learning etc) 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.
- Copy of your child’s birth certificate and visa (if applicable).
- Copy of parenting or restraining orders that apply.
- Copy of current and up-to-date immunisation records (mygov).  
(NB please provide a doctor’s note if unable to provide up-to-date immunisation records)
- 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: .....