



TUDOR HOUSE STUDENT ENROLMENT REGISTRATION

**PLEASE RETURN THIS COMPLETED
FORM TOGETHER WITH THE
REGISTRATION FEE* TO:**

Enrolments
Tudor House
6480 Illawarra Hwy
Moss Vale NSW 2577
Ph: 4868 0000
Email: enrol@tudorhouse.nsw.edu.au

*Registration Fee - AU\$250 (Non-refundable)



The Council Of The King's School
The King's School
PO Box 1 Parramatta NSW 2124
The King's School Preparatory School
Tudor House School
Phone: (02) 9683 8405
Fax: (02) 9683 8415
Email: enrol@kings.edu.au
CRICOS NO 02326F

www.kings.edu.au

REGISTRATION FOR ENROLMENT PLEASE PRINT

PREFERRED ENTRY STATUS (if applicable)

Have any other family members attended Tudor House previously, or are any other family members presently attending or enrolled to attend:
YES / NO

IF YES:

Full Name:	Relationship to Enrolling Student	Year(s) at Tudor House	House
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIBLINGS:

The student has: _____ sisters and: _____ brothers.

Oldest Youngest

Please circle the student's place among siblings:

1 2 3 4 5 6

STUDENT PROFILE (please attach copies of supporting documentation where appropriate)

Please enclose a copy of your child's / ward's latest school reports if this registration is for entry within the next two years.

CURRENT SCHOOL: _____ **Date commenced:** ____/____/____

SCHOOLING HISTORY: (both primary and secondary where applicable)

School	Academic years	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

CULTURAL INTERESTS AND ACHIEVEMENTS: _____

SPORTING INTERESTS AND ACHIEVEMENTS: _____

SPECIAL NEEDS:

It is important that we are informed of any special needs the applicant has, such as medical or physical conditions which may require medication, specialised educational support or other attention. _____

Please attach further documentation if required. If this section is not completed we will assume the applicant has no special needs about which we should be aware.

YOUR EXPECTATIONS: (what expectations do you have for your child's / ward's education at Tudor House?)

REFEREES (Not required if the applicant's father is an Old Student of the School)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____

Student's Surname: _____

Given Names: _____

Preferred Name: _____

Date of Birth: ___/___/___ Gender: Male Female

Full Boarder: Weekly Boarder: Day Student: Please Tick one

Please attach copy of birth certificate or passport

To commence Year: In Term: Year:
eg Year 5 eg 1 eg 2019

Applicant's Nationality: _____ Country of Birth: _____ Religion _____

FAMILY DETAILS

01 Residential Address: _____ Suburb/Town: _____ State: _____ Postcode _____
Postal Address: _____ Suburb/Town: _____ State: _____ Postcode _____
Home Phone No.: _____ Home Fax No.: _____ Mobile No.: _____
Email: _____ Relationship to Child: _____

02 Residential Address: _____ Suburb/Town: _____ State: _____ Postcode _____
Postal Address: _____ Suburb/Town: _____ State: _____ Postcode _____
Home Phone No.: _____ Home Fax No.: _____ Mobile No.: _____
Email: _____ Relationship to Child: _____

FAMILY RELATIONSHIPS Applicant currently resides with:

Father and Mother: Mother only: Father only: Grandparents: Guardian: Other: _____

Where the parents are separated, or both parents named below are not the natural parents of the student, please give details (eg custody, guardianship arrangements, step-parents etc): _____

This information, which is kept strictly confidential, is necessary to help ensure that correspondence pertaining to the registration is sent to the appropriate person.

PLEASE COMPLETE IF PARENTS OF STUDENT ARE NOT RESIDENTS OF AUSTRALIA:

Guardian's Name: _____
Guardian's Address: _____ Postcode: _____
Home Phone Number: () _____ Business Phone Number () _____
Mobile phone No: _____ Email address: _____

OFFICE USE ONLY

DOB	
P/E?	
Registration Fee Receipt	
Interview	
Test	
Wait List	

Offer	
Handbook	
House/Class placement	
Dir of Studies	
Housemaster	
Yr Co-ordinator	

(Non-refundable)	(Refundable)
Registration Fee:	Family Deposit:
\$	\$
Date:	Date:
Register # :	

FATHER'S DETAILS:

Title: _____ Surname: _____ Full Given Names: _____
 Preferred Given Name: _____ Date of Birth: ___/___/___
 Occupation: _____ Position: _____
 Employer's Name: _____ Mobile No.: _____ Business No.: _____
 Religious Denomination: _____ Email Address: _____
 School Attended: _____ Facsimile No.: _____
 Educational and Professional qualifications: _____

MOTHER'S DETAILS:

Title: _____ Surname: _____ Full Given Names: _____
 Preferred Given Name: _____ Date of Birth: ___/___/___ Maiden Name: _____
 Occupation: _____ Position: _____
 Employer's Name: _____ Mobile No.: _____ Business No.: _____
 Religious Denomination: _____ Email Address: _____
 School Attended: _____ Facsimile No.: _____
 Educational and Professional qualifications: _____

STUDENT'S SCHOOL FEES STATUS

PLEASE TICK THE APPROPRIATE BOXES FROM THE FOLLOWING LIST:

- Australian Citizen Yes No
- Permanent Resident of Australia
but not an Australian Citizen Yes No
- Aboriginal Yes No
- Torres Strait Islander Yes No
- Aust South Sea Islander Yes No

• If a language other than English is spoken in the student's home please list:

OVERSEAS STUDENTS:

- In which country was the student born? _____
- What year did the student arrive in Australia? _____
- Passport No.: _____ Visa Class: _____

PAYMENT METHODS:

- Credit Card – Secure Online Payment via the School's website:
http://www.tudorhouse.nsw.edu.au/for-parents/online_payments (Please note that a 1% surcharge will apply to payments made via credit card)
- EFT – The King's School BSB 032 078 Account no. 214400 (Ensure you include your surname and TH as a reference)
- Cheque payable to The King's School

SIGNATURES (both parents or guardians to sign)

- We hereby apply to Tudor House for the enrolment of the above student.
- We understand that acceptance of this form by the School does not constitute admission of the student, and that we will be required to agree to the Conditions of Entry which apply at the time our child / ward is offered a place at the School.
- We enclose our registration fee. This fee is to cover administration costs and is non-refundable.

Signature of **FATHER** / Guardian _____ Name _____ Date _____Signature of **MOTHER** / Guardian _____ Name _____ Date _____