

# Application for Enrolment



MELBOURNE  
GRAMMAR SCHOOL  
AN ANGLICAN SCHOOL

Please use block letters throughout.

Surname: \_\_\_\_\_ VSN (Victorian Student Number) \_\_\_\_\_

Given name/s: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Female  Male

Day student or  Boarder  International student

Date of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_  Indigenous/Torres Strait Islander

Year level applied for: \_\_\_\_\_ Year of entry: \_\_\_\_\_

Present school (where applicable): \_\_\_\_\_ Current Year level: \_\_\_\_\_

The student lives with:  Both parents  Mother  Father  Guardian

Student's address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Email: \_\_\_\_\_

## Family Information

Is either parent an Old Melburnian?  Yes  No If yes, year left: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

House details – Grimwade House: \_\_\_\_\_ Wadhurst: \_\_\_\_\_ Senior School: \_\_\_\_\_

Does your child have direct family ties with the School? **Note:** Please advise any person listed, that their name is being used on this form.

### Details of brother or sister

Name of sibling: \_\_\_\_\_

Previously attended MGS  Currently attending MGS  Applied for MGS  Attending another school

Name of sibling: \_\_\_\_\_

Previously attended MGS  Currently attending MGS  Applied for MGS  Attending another school

Name of sibling: \_\_\_\_\_

Previously attended MGS  Currently attending MGS  Applied for MGS  Attending another school

### Office use only

Fee 1 \$ \_\_\_\_\_ Paid \_\_\_\_\_ Synergy \_\_\_\_\_ Year level \_\_\_\_\_

Fee 2 \$ \_\_\_\_\_ Paid \_\_\_\_\_ Student code \_\_\_\_\_ Year \_\_\_\_\_

# Parents' Details

Please attach a separate sheet with Guardian or Step-parent details if applicable.

## Parent 1

Title (Mr, Dr, Prof, Revd etc.): \_\_\_\_\_

Surname: \_\_\_\_\_

Previous Surname (if applicable): \_\_\_\_\_

Given name/s: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address (complete only if different from child): \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Field & industry (e.g. legal, education etc.): \_\_\_\_\_

Business name & address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Business phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

## Parent 2

Title (Mrs, Dr, Prof, Ms, Revd etc.): \_\_\_\_\_

Surname: \_\_\_\_\_

Previous Surname (if applicable): \_\_\_\_\_

Given name/s: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address (complete only if different from child): \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Field & industry (e.g. legal, education etc.): \_\_\_\_\_

Business name & address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Business phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

## Acceptance of Terms

I/we acknowledge that I/we have read the Student Admission form and the Conditions of Entry to the School, and accept the terms and conditions set out therein.

I/we understand that completion of this application and payment of the non-refundable Application Fee does not guarantee enrolment at the School.

**Both parents to sign:**

Signature: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Date: \_\_\_\_\_

## Please Return

- (i) Completed Application Form
- (ii) Photocopy of Birth Certificate, Extract of Entry or Passport
- (iii) Application fee of \$150 (non-refundable)

**To**

Head of Admissions  
Community Relations Office  
Melbourne Grammar School  
355 St Kilda Road Melbourne  
Victoria 3004 Australia

Telephone: +61 3 9865 7555  
Email: [enrol@mgs.vic.edu.au](mailto:enrol@mgs.vic.edu.au)

[www.mgs.vic.edu.au](http://www.mgs.vic.edu.au)

ABN 61 004 453 829

CRICOS No. 00977J

*Note: To ensure our records on your child's enrolment are correct and up to date, please notify the School of any changes of address or contact information.*

*Melbourne Grammar School respects the privacy of its community members and is bound by the National Privacy Principles under the Commonwealth Privacy Act. All information collected on this form will be used and stored in accordance with the School's Privacy Policy. For a copy of the School's Privacy Policy and/or its Collection of Information notices please visit the School's website at [www.mgs.vic.edu.au](http://www.mgs.vic.edu.au) or contact the School by telephone on +61 3 9865 7555.*



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# Application Fee Payment Slip



MELBOURNE  
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Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Office use only:

Paid    Date    /    /    Signed: \_\_\_\_\_

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## Payment details

I enclose my cheque for \$ 150.00

Account holder's Name: \_\_\_\_\_

**OR**

Please charge \$150.00 to my     Mastercard     Visa

          

Expiry Date \_\_\_\_ / \_\_\_\_

Credit Card Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

ABN 61 004 453 829