

# APPLICATION FOR REGISTRATION

(PLEASE PRINT OR TYPE)



CANBERRA GIRLS  
GRAMMAR SCHOOL

## STUDENT DETAILS

Surname		Given Names		
Preferred Name	Sex (M or F)	Date of Birth	Religious Denomination	
Residential Address				
Mailing Address (if the same as residential address write 'as above')				
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander				
Country of birth	Nationality	Languages most spoken at home (most frequent used language first)		

## PROPOSED LEVEL OF ENTRY (PLEASE CIRCLE PREFERENCE)

Early Learning Centre

Reception (3 years entry)	Pre-Prep (4 years entry)
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Junior School

Preparatory	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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Senior School

Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
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Seeking entry into CGGS in Calendar Year	Term (1, 2, 3, or 4)	Day or Boarding
Current School (include suburb and state or country)		Current Year Level

## CONNECTION WITH CGGS

IF YES PLEASE GIVE DETAILS	YES	NO	COMMENTS
Sibling registered at CGGS (on a waiting list)			
Sibling attending or attended CGGS			
Sibling registered at CGS (on a waiting list)			
Sibling attending or attended CGS			
A parent is a Grammarian (please give House and Alumni Year)			
A parent is a staff member (please state full or part-time)			
Past or present connection to the Anglican Church			
Other			

### FATHER/GUARDIAN – 1 DETAILS

Title	Surname	Given Names	
Residential Address (if the same as Student write 'as above')			
Mailing Address (if the same as residential address write 'as above')			
Occupation			
Home Telephone	Work Telephone		Mobile Phone
Email			
Relationship to Student		Relationship to Parent/Guardian – 2 (eg husband)	

### MOTHER/GUARDIAN – 2 DETAILS

Title	Surname	Given Names	
Residential Address (if the same as Student write 'as above')			
Mailing Address (if the same as residential address write 'as above')			
Occupation			
Home Telephone	Work Telephone		Mobile Phone
Email			
Relationship to Student		Relationship to Parent/Guardian – 1 (eg wife)	

### PLEASE TICK STATEMENTS WHICH ARE CORRECT

Student lives with Parents/Guardians – 1 & 2	<input type="checkbox"/>	Correspondence should be addressed to Parents/Guardians – 1 & 2	<input type="checkbox"/>
Parent/Guardian – 1 has primary residency	<input type="checkbox"/>	Correspondence should be addressed to Parent/Guardian – 1 only	<input type="checkbox"/>
Parent/Guardian – 2 has primary residency	<input type="checkbox"/>	Correspondence should be addressed to Parent/Guardian – 2 only	<input type="checkbox"/>

## OVERSEAS STUDENTS ONLY

Will this student be a full-fee paying overseas student?	No	Yes	If yes, country of residency	Nationality
Local Guardian/Contact				
Title	Surname		Given Names	
Residential Address (if the same as Student write 'as above')				
Mailing Address (if the same as residential address write 'as above')				
Home Telephone	Work Telephone		Mobile Phone	
Email				
Should correspondence regarding this application be addressed to this person?	Yes	No	Relationship to Student (eg. uncle, guardian etc)	

## HOW DID YOU HEAR ABOUT CGGS?

IF YES PLEASE GIVE DETAILS	YES	NO	COMMENTS
Visit to the School			
Open Day			
Internet			
Newspaper (please specify)			
Magazine (please specify)			
School Directory (please specify)			
School's Prospectus			
General Reputation of the School			
Word of Mouth Recommendation			
Other			

**DECLARATION BY PARENTS/GUARDIANS**

We hereby:

- 1. Apply to have the above named student register with Canberra Girls Grammar School for future enrolment.
- 2. Agree to provide, when requested, any information concerning the student’s education and medical history.
- 3. Agree to provide details of special circumstances of the student that may need to be taken into account by the School (such as medical conditions, special gifts or talents, special needs, psychological test results, English as a second language).
- 4. Agree to provide, when requested, the names of referees from whom the School may seek advice.
- 5. Agree that if and when the student is enrolled at the School, we will abide by the conditions.
- 6. Declare that the information provided is true and correct.
- 7. Declare that I/we have read the School’s Privacy Policy located on the website.

**FATHER/GUARDIAN SIGNATURE – 1** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MOTHER/GUARDIAN SIGNATURE – 2** \_\_\_\_\_ **DATE** \_\_\_\_\_

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Registration Cost (non-refundable): **\$150.00**. Payment option (please indicate)

- Cash    Cheque (payable to Canberra Girls Grammar School)    Money Order  
 Debit card transaction    Credit Card

Name on card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card No. \_\_\_\_\_

MasterCard    Visa   Signature \_\_\_\_\_

**Please return the completed form to:**

Director of Admissions,  
Canberra Girls Grammar School,  
Melbourne Avenue, Deakin ACT 2600

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**OFFICE USE ONLY**

Date received by Registrar	Synergetic ID number	Date Received by Fees Clerk	Receipt Number
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