



## Enrolment Application

Lodgement of Form requires payment of non-refundable  
Enrolment Application Fee of \$250

### STUDENT INFORMATION

Student Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Calendar Year of Entry \_\_\_\_\_ Year Level of Entry \_\_\_\_\_ Gender \_\_\_\_\_  
*eg 2029* *eg Year 7*  
Current School \_\_\_\_\_ Current Year Level \_\_\_\_\_  
The student lives with  Mother and Father  Mother  Father  Other \_\_\_\_\_  
Does the student have any learning, behavioural or physical difficulty/disability?  Yes  No  
If Yes, please provide details and attach any relevant assessments or reports \_\_\_\_\_  
\_\_\_\_\_  
Sibling currently attending Newhaven College?  No  Yes - Name \_\_\_\_\_ Year Level \_\_\_\_\_

### PARENT INFORMATION

#### PARENT or GUARDIAN 1

Title \_\_\_\_ Surname \_\_\_\_\_  
Given Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Email \_\_\_\_\_  
Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
Mobile \_\_\_\_\_  
Past student at Newhaven College?  Yes  No  
If yes: Surname whilst attending Newhaven College  
(if different from above) \_\_\_\_\_  
Years Attended \_\_\_\_\_ to \_\_\_\_\_  
House (circle) Bass Clarke McHaffie Sambell

#### PARENT or GUARDIAN 2

Title \_\_\_\_ Surname \_\_\_\_\_  
Given Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Email \_\_\_\_\_  
Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
Mobile \_\_\_\_\_  
Past student at Newhaven College?  Yes  No  
If yes: Surname whilst attending Newhaven College  
(if different from above) \_\_\_\_\_  
Years Attended \_\_\_\_\_ to \_\_\_\_\_  
House (circle) Bass Clarke McHaffie Sambell

PLEASE ATTACH:  A copy of the child's birth certificate  
RETURN TO: Enrolments - Newhaven College, 1770 Phillip Island Road, Phillip Island 3923.  
or scan and email to [belinda.manning@newhavencol.vic.edu.au](mailto:belinda.manning@newhavencol.vic.edu.au)

Please note all information collected by Newhaven College will be handled in accordance with our Privacy Policy. For a copy of our policy please visit <http://www.newhavencol.vic.edu.au/info/our-policies>

PTO for Payment Details for the non-refundable Application Fee of \$250. NB: this fee is waived for Staff and past College students.



## TERMS AND CONDITIONS OF ENROLMENT

It is understood that, unless you contact the College regarding the Terms and Conditions of Enrolment, you have read and understood the Terms and Conditions of Enrolment and agree to accept them. Any future amendments will be advised to you as they occur. The Terms and Conditions of enrolment can be found on our website under Enrolments.

By signing below, I/we acknowledge and accept the Terms and Conditions of Enrolment.

Parent or Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>I am paying the Enrolment Application Fee of \$250 by:</b>		<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card
Name on Card _____		Signature _____		
Card Number    _____		Expiry Date    __ / __	CCV    ___	
<b>OFFICE USE ONLY</b>				
Amount _____	Receipt # _____	Date Received _____	Initials _____	