

## other information

### Privacy

The Hamilton and Alexandra College collects personal information, including sensitive information about students and their parents/guardians before and during the course of a student’s enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your child. This includes satisfying the needs of parents/guardians and the needs of the student throughout their time at the College.

### Please Return

#### Australian Resident

1. This completed application form (one per child)
2. A copy of each child’s birth certificate
3. Application fee of \$100\* (per child) by cheque or credit card
4. Most recent school reports
5. Most recent NAPLAN results

\* non-refundable

#### Overseas Resident

1. This completed application form (one per child)
2. A copy of each child’s birth certificate and passport
3. Application Fee of AUD \$100\* and AUD \$4,000 on acceptance of enrolment
4. Most recent school reports
5. A copy of the AEAS English Report (if applicable)

### Payment

<input type="checkbox"/> Cheque (payable to The Hamilton and Alexandra College)	
OR	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card No. <input type="text"/>	Expiry Date <input type="text"/> / <input type="text"/>
Name on Card <input type="text"/>	
Amount \$ <input type="text"/>	(\$100 per child)
Signature <input type="text"/>	



Gain a place at  
**The Hamilton and  
 Alexandra College**

**we are**  
*taking enrolments*



**Send to ...**  
 The Registrar  
 The Hamilton and Alexandra College  
 PO Box 286  
 Hamilton Vic 3300

**T** +61 3 5572 1355  
**F** +61 3 5572 4998  
**E** [admissions@hamiltoncollege.vic.edu.au](mailto:admissions@hamiltoncollege.vic.edu.au)  
**www.hamiltoncollege.vic.edu.au**  
 ABN 87 006 456 266

# application for enrolment

## Student Details

Surname

Given Name(s)

Preferred Name

Address

Telephone

Gender  Female  Male

Date of Birth / /

Country of Birth

Language Spoken at Home

Aboriginal or Torres Strait Islander descent  Yes  No

Student Lives with  Both Parents  Mother  Father

Other (please specify)

Applying to Enter  ELC  Junior  Senior

In Year level  Term  In Calender Year

As a  Day Student  Boarder

Student's Nationality

Current School

Current Year Level

Does the student have a Victorian Student Number (VSN)?  Yes  No

VSN Number (if known)

## Billing Information

School Fee Accounts and Statements should be addressed to:

Title (Mr, Mrs, Ms, Dr) Family Name

Given Name(s)

Address

Suburb Postcode

Country

## Family Information

Names of Siblings and Current School

Are any family members current or past students of The Hamilton and Alexandra

College? (If past student, please state maiden name, House and year they left school)

**How did you hear about the College?**

College Student/Family/Employee

College Alumni

Word of Mouth

Advertisement

Other (please specify)

## Parent Information

**Father (or Guardian)**

Title (Mr, Dr)

Family Name

Given Names

Address (if different from student's address)

Preferred Phone (1)

Preferred Phone (2)

Mobile

Preferred Email

Industry

Occupation

**Mother (or Guardian)**

Title (Mrs, Ms)

Family Name

Given Names

Address (if different from student's address)

Preferred Phone (1)

Preferred Phone (2)

Mobile

Preferred Email

Industry

Occupation

## Conditions of Enrolment

I/We wish to enrol my/our child as a student at The Hamilton and Alexandra College. I/We undertake to abide by the rules and regulations of the school.

If I/We cannot be contacted in the event of illness or accident, I/We authorise the College to take any action considered necessary and I/We agree to pay all associated costs.

I/We acknowledge that fees must be paid in advance on receipt of account and that if I/We do not pay on time, interest will be charged.

Before removing my/our child from the school I/We agree to give in writing one terms notice or pay half a terms fee in lieu thereof.

We, the undersigned, agree to be jointly liable for the payment of all accounts rendered by The College in respect of our child's tuition and other expenses in accordance with The College's terms of payment.

## Signatures of Both Parents/Guardians\*

Full Name Full Name

(please print) (please print)

Signature Signature

Date / / Date / /

\*This application is a legally binding agreement and requires the signature of both parents. If only one parent is the signatory, please outline the reason for this below:

In these circumstances the sole signatory will be responsible for paying all school accounts.