



TAS
THE ARMIDALE
SCHOOL

EXPLORE
EXPERIENCE
EXCEL

Registration Form

ENROLMENT REGISTRATION

The Armidale School
Locked Bag 3003,
Armidale NSW 2350

Phone: +61 2 6776 5800
Fax: +61 2 6776 5830
Email: info@as.edu.au

CRICOS N° 02285K

www.as.edu.au

Privacy Statement

The information supplied on this form is required by the School to manage your enrolment application. No personal information will be disclosed outside the School without your consent except as required by law. The School's Privacy Policy is available at www.as.edu.au

Student Details

Surname

Given Names

Preferred Name/Known As

Date of Birth (DD/MM/YY)

Male or Female

Is the student of Aboriginal or Torres Strait Island Origin?

Yes

No

Country of Birth

Languages Spoken (other than English)

Proposed Attendance at TAS

Year of entry
(ie 2016)

Class or School Year
at entry (ie Year 7)

Day Student

Boarder

Current School

Date Commenced

Current Year/Class

Previous School/s

Years of Attendance

Student Profile

Cultural Interests & Achievements

Sporting Interests & Achievements

Special Interests/Other

Special Circumstances

It is imperative that full disclosure is made of any special circumstances of which the School should be aware to enable it to cater for the Student's needs. This would include any medical, physical, cognitive, social/emotional or sensory conditions or disabilities, special gifts or talents, special psychological test results, specialised educational support etc.

**Please attach further documentation if required.*

Parent/Guardian 1 Details

Title: _____ Surname: _____ Given Names: _____
Known As: _____ Occupation: _____
Mobile: _____ Email: _____
Residential Address: _____
Postal Address: (if different) _____
Phone (H): _____ Phone (W): _____
Relationship to Student _____ Lives with Student Y/N

Parent/Guardian 2 Details

Title: _____ Surname: _____ Given Names: _____
Known As: _____ Occupation: _____
Mobile: _____ Email: _____
Residential Address: _____
Postal Address: (if different) _____
Phone (H): _____ Phone (W): _____
Relationship to Student _____ Lives with Student Y/N

Family Circumstances

Please advise the enrolments office of any custody or guardianship arrangements currently in place for the student _____

TAS Relationships

Has any other family member attended TAS? Yes No

If Yes:

Full Name	Relationship to Student	Year(s) at TAS	House (if known)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures (both parents or guardians to sign)

We wish to register our child for future enrolment at TAS. We acknowledge that registration does not constitute enrolment of the student and our child will be placed on a registration list for enrolment in the year we have selected.

Parent/Guardian 1: _____ Name: _____ Date: _____

Parent/Guardian 2: _____ Name: _____ Date _____

Final Checklist - Items to include when returning the signed Registration Form:

- Registration Fee of \$220 (incl GST) - non refundable (see payment options below)
- Copy of Birth Certificate

If proposed enrolment is in the next two years:

- Copies of the student's two most recent school reports
- Results of any statewide testing ie: NAPLAN (Scores and Additional Student Reports) AGAT, PAT etc
- Any other information, such as assessments, testing results, reports that would be relevant to your child's enrolment and progress at TAS, these include, (but are not limited to) reports from paediatricians, counsellors, psychologists etc
- A recent photograph

Payment Options

Payment can be made by cash, credit card, cheque or via direct credit to the School's bank account as below. If you choose to pay via direct credit, please email us at accounts@as.edu.au with your payment reference information.

Bank:	Westpac Bank, Armidale	Account Name:	The Armidale School Working Account
BSB:	032 607	Account Number:	89 0309
Reference:	Please use your child's surname		