



International Student Application for Admission

Please forward this completed Application to The Registrar
The Rockhampton Grammar School, Archer Street, Rockhampton QLD 4700
or Email: registrar@rgs.qld.edu.au
or Fax: 07 4936 0701

Student Details

Surname

..

Given Name/s (will appear on formal certificates, reports
etc)

Preferred Name (to be used in School classes, media
etc)

What grade/level do you want your child to commence at RGS? .. Calendar Year of
Entry

Date of Birth Country of
Birth

Citizenship Religion

Gender

(Please attach a copy of documentary evidence of citizenship.)

Enrolment Status Day Student / Boarder (Please circle)

Previous School
attended

Student lives with Parents / Father / Mother / Guardian (Please circle)

Do you have other children who attend or have attended the School or are you related to past students? If so, please
provide details below or on a separate sheet as required.

Name	Relationship to applicant	Enrolment Dates	Year Level

Sporting House

You may request placement in a sporting House only if your child has a sibling in or is a direct descendent of
a past Grammarian who was in one of these Houses; otherwise your child will be allocated to a House by the
School.

Kellow Jardine Wheatcroft Wheatley (Please circle)

Parent/Guardian Details

Married / De Facto / Single parent / Divorced / Separated (Please circle)

Please advise us, in an attachment, of matters such as custody or legal agreements concerning your child of which the School should be aware. Separated parents should refer to the School's Separated Parents Protocol and Family Law Policy which can be found at www.rgs.qld.edu.au/school-policies

For each person below, please place an asterisk (*) next to the preferred choice of telephone/email contact.

Father/Legal Guardian

Title Surname

Given Names Preferred Name

Mailing Address

Residential Address

Telephone Home Email Home

Work Work

Mobile

Fax

Occupation Employer

Employer Address

Mother/Legal Guardian

Title Surname

Given Names Preferred Name

Mailing Address

Residential Address

Telephone Home Email Home

Work Work

Mobile

Fax

Occupation Employer

Employer Address

Other Legal Guardian

Title Surname

Given Names Preferred Name

Mailing Address

Residential Address

Telephone Home Email Home

Work Work

Mobile

Fax

Occupation Employer

Both parents One parent... Legal Guardian Other (Please complete below)

Employer Address

Person/s responsible for payment of fees

Title Surname

Given Names Preferred Name

Mailing Address

Residential Address

Telephone Home Email Home

Work Work

Mobile Fax

Occupation Employer

Employer Address

Special Needs

It is crucial that The Rockhampton Grammar School is notified of students' special needs (medical, physical, learning or psychological) which require special medication and/or attention, so that appropriate preparation and planning can take place. If the question below is not ticked 'yes', the School will assume the applicant has no special needs and any offer of enrolment will be contingent upon this assumption.

Does the applicant have special needs of which the School should be informed? Yes / No (Please circle)

If yes, please explain (Please attach more details if required)

Speech Pathologist	Counselling Service	Other specialist	Have your child's needs been assessed by any of the
Paediatrician	Psychologist	(Please attach more details and/or specialist reports)	
Occupational Therapist following Specialist services?	Audiologist		

Declaration: *Please read the Admission Procedures, General Conditions, Fees and Special Circumstances on the reverse side.*

I/We, the parent(s) or guardian(s), declare as follows:

- I/We acknowledge the above mentioned admission procedures and accept that our application is made subject to and on the basis of these.
- I/We understand that this application is an application only and does not confirm a place at the School.
- In accordance with the School's current privacy policy, I/we consent to the collection by the School of the information contained in this form and its use and disclosure by the School for purposes connected with the School's consideration and determination of the application. I/We further consent to the School retaining any information about the student or us for such period of time as the School may consider reasonable.
- I/We consent to the School publishing our child's images and name for promotion purposes upon enrolment.
- I/We will be jointly and separately responsible for all fees and charges.

Father/Legal Guardian Signature

Date

Mother/Legal Guardian Signature

Date

Other Legal Guardian Signature

Date

Person Responsible for Fee Payment Signature

Date

Checklist

Have you included/attached

- a copy of the student's birth certificate?
- some form of Application Fee payment (p.3)?
- Parents/Guardians signature (p.3)?
- a copy of most recent school report

Where applicable, have you included/attached

- recent NAPLAN (Year 3, 5, 7, 9 testing) results?
- confidential legal documents (p.2)?
- additional Special Needs information (p.3)?
- additional past/related students' details (p.1)?
- a copy of proof of residency status for families with children born in countries other than Australia or New Zealand

Office use only

Student Code:

Receipt No.:

Parent Code:

Date: