

APPLICATION FOR ADMISSION

INDICATE PREFERRED YEAR OF ENTRY, YEAR LEVEL & COMMENCEMENT TERM

2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026
 2027
 2028
 2029
 2030

Ignatius Early Years:
 3 Year Old
 4 Year Old
 Reception
 Year 1
 Year 2
 Year 3
 Year 4
 Year 5
 Year 6
 Year 7
 Year 8
 Year 9
 Year 10
 Year 11
 Year 12

Commencement Term:
 Term 1
 Term 3 (mid-year intake)

STUDENT DETAILS

Surname:		Given Names:		Preferred Name:	
Address:					Postcode:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:		Country of Birth:	
Nationality:		Religion:		Parish:	
Present School:				Present Year Level:	

FATHER/GUARDIAN

Title:	Surname:		Given Names:		
Address:					Postcode:
Home Phone:		Work Phone:		Mobile:	
Email:					
Old Scholar: Yes <input type="checkbox"/> House Name (if known):					
Residency Status if not Australian:			Country of Birth:		Nationality:
Religion:			Parish:		

MOTHER/GUARDIAN

Title:	Surname:		Given Names:		
Address:					Postcode:
Home Phone:		Work Phone:		Mobile:	
Email:					
Old Scholar: Yes <input type="checkbox"/> Surname at School: _____ House Name (if known): _____					
Residency Status if not Australian:			Country of Birth:		Nationality:
Religion:			Parish:		

OTHER INFORMATION

Do you have other children at the College?	Name:	Year:	Name:	Year:
Are other family members Old Ignatians?				

SIGNATURES

I/we understand that this is an application form only, not an assurance of admission to the College, and that the \$75.00 fee is non-refundable.

Father/Guardian:	Mother/Guardian:	Date:
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APPLICATION PAYMENT FORM

STUDENT NAME

Surname:	Given Names:	Preferred Name:
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PREFERRED YEAR & LEVEL ENTRY

Preferred Year of Entry: _____	Preferred Year Level: _____
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APPLICATION FEE (\$75.00)

Amount: \$ _____	Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	<input type="checkbox"/> Cheque <i>(Please make cheques payable to Saint Ignatius' College)</i>
Card No: _____ - _____ - _____ - _____		
CCV No: _____ <i>(Last three digits located on back of card)</i>	Expiry Date: _____ - _____	
Cardholder Name:	Signature:	

Please return this Application for Admission Form together with payment to:

College Registrar
Saint Ignatius' College
2 Manresa Court
Athelstone SA 5076
or
registrar@ignatius.sa.edu.au

OFFICE USE ONLY

<input type="checkbox"/> Finance Office Checked	Signature:	Date:
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