

## APPLICATION FOR ADMISSION

### INDICATE PREFERRED YEAR OF ENTRY, YEAR LEVEL & COMMENCEMENT TERM

<input type="checkbox"/> 2017	<input type="checkbox"/> 2018	<input type="checkbox"/> 2019	<input type="checkbox"/> 2020	<input type="checkbox"/> 2021	<input type="checkbox"/> 2022	<input type="checkbox"/> 2023	<input type="checkbox"/> 2024	<input type="checkbox"/> 2025	<input type="checkbox"/> 2026	<input type="checkbox"/> 2027	<input type="checkbox"/> 2028	<input type="checkbox"/> 2029
Ignatius Early Years: <input type="checkbox"/> 3 Year Old <input type="checkbox"/> 4 Year Old <input type="checkbox"/> Reception <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12												
Commencement Term: <input type="checkbox"/> Term 1 <input type="checkbox"/> 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:

The 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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