

APPLICATION PAYMENT FORM

STUDENT NAME

Surname:

Given Names:

Preferred Name:

PREFERRED YEAR & LEVEL ENTRY

Preferred Year of Entry: _____

Preferred Year Level: _____

APPLICATION FEE (\$75.00)

Amount: \$ _____

Credit Card: MasterCard Visa

Cheque *(Please make cheques payable to Saint Ignatius' College)*

Card No: _____ - _____ - _____ - _____

CCV No: _____ *(Last three digits located on back of card)*

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

Finance Office Checked

Signature:

Date: