## **Application Form**



| Student                                     |  |   |   |                      |
|---|--|---|---|----------------------|
| Family Name:                                | Giv  | en Name:  | Preferred Name:   |                      |
| Date of Birth:                              | Live   | es with Mother / Father                             | / Both /Other:  |                      |
| Gender: Male Fema. Home Address:            |  | •   | Second Ethnicity:   |                      |
| Home Phone:                                 | Pres   | sent School:  |   | •••••                |
| Present Year Level:                         | Year   | of Entry to Wentworth:                              | Class (eg. Y1, Y2, etc):  |                      |
| Bus User: No Ye                             | es Pick up & Drop                              | Off Point:  |   |                      |
| New Entrants Only: P                        | lease advise type of F                         | Early Childhood Educati                             | on attended:  |                      |
| Kohanga Reo                                 | Kindy/Playcentre                               | Pacific Island EC Group                             | Yes, but type unknown   | Not attended         |
| Mother/Guardian                             |  |   |   |                      |
| Family Name:                                | Giv  | ven Name:   | Title: Mrs/Ms/other:.   |                      |
| Home Phone:                                 |  | bile:   |   |                      |
| Business Phone:                             |  | cupation:   |   |                      |
|   |  |   |   |                      |
| Father/Guardian                             |  |   |   |                      |
| Family Name:                                | Giv  | ren Name:   | Title: Mr/other:  |                      |
| Home Phone:                                 | Mol  | bile:   | Email:  |                      |
| Business Phone:                             | Occ  | cupation:   |   |                      |
| Alternative Emergency C                     | Contact (if narents una                        | ovailable·)   |   |                      |
| - '   | -  |   |   |                      |
|   |  |   |   |                      |
|   | •  | e with and accept the fo                            | •   |                      |
|   |  |   | health and learning assessments tision regarding this application.  | and challenges)      |
| 2. I/We authorise Went                      | tworth to collect any a                        | additional information i                            | t may require during the enrolme  | ent process and      |
|   |  | enrolled at Wentworth Se                            | •   | try of the applicant |
|   |  |   | ection with assessing the suitabili<br>their time at Wentworth School   |                      |
| information as necess<br>Wentworth School & | sary to achieve this<br>College, and any of    | purpose. The informati                              | al education of students and shalion collected may be used by a oup that functions under the auby these bodies. | ny of the staff at   |
| 5. Applicants have the School & College.    | right to access and re                         | quest correction of any p                           | personal information collected by   | Wentworth            |
| I/We understand that ac                     | ormation provided in<br>eceptance of this form | support of this applicat<br>does not constitute adm | tion for admission is true, comple<br>nission of the student.<br>To of entry at the time an offer is ma         |                      |

Signature of Parent/Legal Guardian: ...... Date: .......