



**GALSTAUN
COLLEGE**
INGLESIDE

5 CHILTERN ROAD INGLESIDE NSW 2101
T: (02) 9998 3200 F: (02) 9998 3299
E: admin@galstaun.nsw.edu.au
www.galstaun.nsw.edu.au

APPLICATION FOR ENROLMENT

FAMILY DETAILS

Family Surname:		
Address:		
Suburb:	State:	Postcode:
Phone Home:		
Mother's Name:	Mobile:	
Father's Name:	Mobile:	
Mother's Email:		
Father's Email:		

STUDENT DETAILS

First Name:		
Middle Name:		
Surname:		
Preferred Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)		
Country of Birth:		
Date of Birth:		
Enrolment Year (eg: Reception, Transition, Year 7 etc)		
Commencement Year or Date:		
1 st Australian School Year (eg: 2010):		
Previous School:	Class Completed <input type="checkbox"/> Year Departed <input type="checkbox"/>	
Religion:		
Nationality:		
Does the student speak a language other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below:		
1:	2:	
Armenian Dialect: Western <input type="checkbox"/> Eastern <input type="checkbox"/>		

\$100 Enrolment Deposit payable with lodgement of Form

1. Bank: Hamazkaine Arshak & Sophie Galstaun College
BSB 332-051 ACC NO 552-164943

2. Payable by Credit Card at the Office

Deposit refunded on School Fee Invoice