

# SCHOLARSHIP APPLICATION FORM



## Student Details PLEASE COMPLETE IN BLOCK LETTERS

Given Name	<input type="text"/>	Surname	<input type="text"/>
Preferred Name <small>IF DIFFERENT</small>	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER <small>PLEASE SPECIFY</small>	Country of Birth	<input type="text"/>
Current Year Level	<input type="text"/>	Nationality	<input type="text"/>
Current School <small>OR CHILDCARE CENTRE</small>	<input type="text"/>		
Are you aware of any additional learning needs your child might have? <small>IF YES, PLEASE DESCRIBE BELOW</small>			
<input type="text"/>			

## Entry Preference (15 Months to Year 12)

Entry Level <small>FOR EXAMPLE, YEAR 7</small>	<input type="text"/>	Entry Year <small>FOR EXAMPLE, 2032</small>	<input type="text"/>
<input type="checkbox"/>	Creativity and Innovation Scholarship (Year 7 and 12 for 2024)		

## Parent and Guardian Details PLEASE COMPLETE IN BLOCK LETTERS

PARENT 1 / GUARDIAN 1		PARENT 2 / GUARDIAN 2	
Title <small>MR / MRS / ETC.</small>	<input type="text"/>	Title <small>MR / MRS / ETC.</small>	<input type="text"/>
Given	<input type="text"/>	Given	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
Preferred Name <small>IF DIFFERENT</small>	<input type="text"/>	Preferred Name <small>IF DIFFERENT</small>	<input type="text"/>
Gender	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER <small>PLEASE SPECIFY</small>	Gender	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER <small>PLEASE SPECIFY</small>
Relationship to Student:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Student will reside with:			
<input type="checkbox"/>	BOTH PARENTS	<input type="checkbox"/>	BOTH PARENTS <small>(Shared Custody)</small>
<input type="checkbox"/>	MOTHER ONLY	<input type="checkbox"/>	FATHER ONLY
<input type="checkbox"/>	OTHER <small>(Please Specify)</small>	<input type="text"/>	

## Parent Declaration and Signatures

We accept and agree to be bound by the Terms and Conditions of Scholarship and Enrolment. My signature below indicates that I have read and understood the Terms of Business and Tuition Fee Schedule, and agree to abide by these and any regulations in force at the School. I agree to pay promptly all fees and other money due to the School. If there is more than one Applicant, each is bound by the Terms and Conditions of Scholarship and Enrolment, including joint and several liability for payment of fees.

**This Application requires the signature of both parents.** Where both signatures are not appended, the circumstances should be indicated to Admissions staff. If parents are divorced or separated, only one signature is required along with evidence of sole custodianship or Court Order.

Parent 1	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Parent 2	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Guardian <small>IF APPLICABLE</small>	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Supporting Documents

Please ensure copies of the following documents are included with your application submission:

<input type="checkbox"/>	PORTFOLIO (PLEASE INDICATE FORMAT)	<input type="checkbox"/>	HANDWRITTEN RESPONSE TO IB LEARNER PROFILE
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