



Application for Admission to Innes House

Proposed entry to Innes House: Year _____ Year Level _____

STUDENT DETAILS

Family name _____

Given names _____ Preferred name _____

Date of Birth _____

Nationality _____

Home Address _____

Street/Road _____

Suburb _____

City/Town _____

Postcode _____

Country _____

List any schools presently or previously attended, with years of attendance:

FAMILY INFORMATION

Mother / Step Mother / Guardian

Father / Step Father / Guardian

Name in full _____

Maiden name _____ *not applicable*

Occupation/position _____

Religious affiliation _____

Secondary school attended _____

If Diocesan School, years of attendance _____

Home Address _____

Street/Road _____

Suburb _____

City/Town _____

Postcode _____

Country _____

Phone (Home) _____

Fax (Home) _____

Mobile (Home) _____

Email (Home)

Business Address *(if different from above)*

Street/Road

Suburb

City/Town

Postcode

Country

Phone (Business)

Fax (Business)

Mobile (Business)

Email (Business)

Person to contact if parents are separated or divorced

Name in full

Home Address

Street/Road

Suburb

City/Town

Postcode

Country

Business Address *(if different from above)*

Street/Road

Suburb

City/Town

Postcode

Country

Phone (Home)

Fax (Home)

Mobile (Home)

Email (Home)

Other Children: Names(s), age(s), school(s)

Family Connections with this School not already specified, or information relevant to this application:

PERSON(S) RESPONSIBLE FOR PAYMENT OF FEES

Name in full

Home Address

Street/Road

Suburb

City/Town
Postcode
Country
Business Address *(if different from above)*
Street/Road
Suburb
City/Town
Postcode
Country
Phone (Home)
Fax (Home)
Mobile (Home)
Email (Home)

REFEREES

List the names, addresses and telephone numbers of two persons (not relatives) who will act as referees for this application.

1.

2.

Please note: Admission to Innes House can only be considered AFTER your daughter has successfully been admitted to Diocesan School for Girls.

HEALTH

Does your daughter suffer from any health problems/allergies? YES / NO

If Yes, please specify:

Any special dietary needs:

DECLARATION

I have read the regulations herewith and as a condition of the acceptance of the above child, agree to abide by them.

Signature(s) of Parent(s) / Guardian(s)

Date: _____ Date: _____