



# APPLICATION FOR REGISTRATION

## As a Student Boarder

**PLEASE COMPLETE THIS FORM AND RETURN WITH \$50 REGISTRATION FEE**

Name of student (Surname) \_\_\_\_\_

(First Given Name) \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender Male / Female (please circle)

Current school attending \_\_\_\_\_

Future school to attend \_\_\_\_\_

Calendar year for entry into Residential College (e.g. 2005) \_\_\_\_\_

School year for entry into Residential College (e.g. year 8) \_\_\_\_\_

Eligible for Government assistance (e.g. AIC / Abstudy) \_\_\_\_\_

### PARENT / GUARDIAN DETAILS

Name of Parent / Guardian (Surname) \_\_\_\_\_

Given first names of Parent(s) / Guardian \_\_\_\_\_ Mr / Mrs / Miss / Ms

\_\_\_\_\_ Mr / Mrs / Miss / Ms

Relationship to student \_\_\_\_\_

Mailing address \_\_\_\_\_ P/code \_\_\_\_\_

Residential address \_\_\_\_\_ P/code \_\_\_\_\_

Telephone Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Fax Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: A non-refundable registration fee of \$50.00 must be lodged with this form before the Application can be registered.**

<b>Office Use Only</b>		
Registration Fee	Yes / No	Receipt number _____
Date received	_____	
Certifying officer	_____	



If you have any questions regarding Registration, please contact  
Geraldton Residential College on (08) 9965 6000.  
Locked Bag 80, Geraldton, Western Australia 6531  
Telephone: (08) 9965 6000 Facsimile: (08) 9921 4016

Email: [admin@geraldtonresidential.com.au](mailto:admin@geraldtonresidential.com.au) Web: [www.geraldtonresidential.com.au](http://www.geraldtonresidential.com.au)