HAWKESBURY
INDEPENDENT SCHOOL
A community school for active learning

316 Comleroy Rd
Kurrajong NSW 2758
Postal PO Box 3115
Grose Vale NSW 2753
Tel 02 4573 2218
Email office@his.nsw.edu.au
www.his.nsw.edu.au

Enrolment Application Form

Date.....

Student surname.....

Student given names.....

Date of birth..... **Place of birth**..... **Gender** .....

Previous School/Pre-school .....

Relevant medical information No ☐ Yes ☐ (If yes please specify)

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Other relevant information (behavioural and educational) No ☐ Yes ☐ (If yes please specify)

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Student Address.....

Suburb.....**State**.....**Postcode**.....

Name of Parent /Guardian 1.....

Telephone: Home..... Mobile.....

Email address .....

Name of Parent /Guardian 2.....

Telephone: Home..... Mobile.....

Email address: .....

Other children in family:

Name..... Date of birth.....

Name..... Date of birth.....

Name..... Date of birth.....

Migrant status of student: Australian citizen / resident..... Visitor.....

Expected date of commencement at Hawkesbury Independent School.....

Expected year level of child at commencement .....

Signature of Parent/Guardian.....**Print Name**.. .....

Attached is a non-refundable $55.00 administration fee

Account Name: Hawkesbury Independent School BSB: 062-595 Account: 10106545