

Scholarship & Open Day Registration Form 2022

Student Details:

FAMILY NAME:			
FIRST AND OTHER NAMES:			
PREFERRED NAME (if applicable):			
DATE OF BIRTH:			
COUNTRY OF BIRTH:			
RELIGIOUS AFFILIATION:			
REGISTERING AS A:	BOARDER <input type="checkbox"/>	WEEKLY BOARDER <input type="checkbox"/>	DAY STUDENT <input type="checkbox"/>
PROPOSED START DATE:	___/___/20___	YEAR LEVEL AT ENTRY:	
ABORIGINAL OR TORRES STRAIT ISLANDER:	NO <input type="checkbox"/>		YES <input type="checkbox"/>

Parent/Carer 1 Details:

FAMILY NAME:			
FIRST NAME:		TITLE: (MR / MRS / MS / MISS / DR / REV)	
ADDRESS:			
PHONE:	(H):	(W):	(M):
EMAIL:			
OCCUPATION:			

Parent/Carer 2 Details:

FAMILY NAME:			
FIRST NAME:		TITLE: (MR / MRS / MS / MISS / DR / REV)	
ADDRESS:			
PHONE:	(H):	(W):	(M):
EMAIL:			
OCCUPATION:			

Correspondence:

PARENT/CARER 1 ONLY <input type="checkbox"/>	PARENT CARER 2 ONLY <input type="checkbox"/>	BOTH <input type="checkbox"/>
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Scholarship & Open Day - 18 March 2022:

I would like to have an experience day at PLC Armidale Yes No

I would like to apply for a scholarship Yes No

Scholarship type/s: Academic Music Creative Arts

Future Leader All Rounder Boarding

I/We would like to attend the parent information afternoon Yes No

Does the student have special needs that may require support or adjustments? Yes No

If you answered yes, please attach copies of all supporting information such as related medical reports, test results or other.

I ENCLOSE THE REGISTRATION FEE (\$220.00) WHICH I UNDERSTAND IS NON-REFUNDABLE

Payment by cheque made out to PLC Armidale

OR

Payment has been directly deposited to PLC Armidale at Commonwealth Bank Burwood BSB 062-128 Account 1034 5355 (please quote child's name as reference)

OR

Please debit my credit card:

CREDIT CARD NUMBER:	
EXPIRY DATE:	
NAME ON CARD:	
SIGNED:	

Thank you for registering for the PLC Armidale Scholarship & Open Day.

Please email form to enrolments@plcarmidale.nsw.edu.au

For any other enquires call (02) 6770 1700