

Student resides with:	
Both Parents Mother Father Other (specify)	
FATUED	AND THER
FATHER	MO THER
Title (Mr, Dr, Revd etc)	Title (Mrs, Ms, Miss, Dr, Revd etc)
Family Name	Family Name
Given Names	Given Names
Address	Address
Home Telephone	Home Telephone
Country Code ( ) Area Code ( )	Country Code ( ) Area Code ( )
Mobile	Mobile
Country Code ( ) Area Code ( )	Country Code ( ) Area Code ( )
Work Telephone	Work Telephone
Country Code ( ) Area Code ( )	Country Code ( ) Area Code ( )
Email	Email
Occupation	Occupation

## Declaration by Parents/Guardians

I/we request that the above-named child be registered for admission to Yarra Valley Grammar.

I/we jointly and severally agree to pay all fees, charges and other monies falling due to the School in respect of the student enrolled.

I/we have read and understood the Privacy Policy available on the School website and, in making this application for enrolment, consent to the collection and disclosure of personal information and sensitive information as provided for by the Privacy Policy.

I/we will advise the School in writing of any changes to contact details or information in this application.

I/we understand that submitting this Application for Enrolment does not guarantee the above-named child enrolment at Yarra Valley Grammar.

This application requires the signatures of both parents/guardians.

Please advise of circumstances if only one of the parents or guardians is signing. Signatories should be aware that by signing this form they agree to be jointly responsible for all of the School fees and charges.

PARENT/GUARDIAN
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Name

Signature
Date
/ /
PARENT/GUARDIAN 2
Name
Signature
Date
/ /

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Payment details		Payment options	
Please complete the following details:		Please tick preferred option:	
Payment for:		☐ Credit card	
Application (inclusive of GST)		Credit Card details:	
One child: \$200.00 Multiple children: \$300.00 (if applying at same time)		Card type:	
Name of student		Card number	
YEAR LEVEL APPLIED FOR	YEAR OFENTRY1 TmAp)w \$1 gaft/2/5 \$203 te8	Expiry date	
Name of student			
Name of Student		Name on card	
		Signature	
Name of student			
		Date	
		Contact phone number	
		☐ EFT	
		Account name Yarra Valley Grammar Account number 664566082	
O FFICE USE O NLY		BSB: 083 004	
		If you have any questions, please contact us on: +61 3 9262 7700.	
Passport No.		ii you have any questions, piease contact us on. +or 3 7202 7700.	
- despertitor			
Application process	/checklist		
Please return with the following:		SEND ALL OF THE ABOV E TO:	
This Application for Enrolment (completed in full and signed)	Form		
Proof of Visa (if applicable)		Phone: +613 9262 7700	
Copies of recent school report	s – two years	Or scan and email the form to: international@yvg.vic.edu.au  Website: www.yvg.vic.edu.au	
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		and up to date, please notify the Marketing and Admissions Office	