



# TRINITY GRAMMAR SCHOOL ENROLMENT APPLICATION FORM

AN APPLICATION FOR REGISTRATION ON THE SCHOOL'S WAITING LIST

## SENIOR & MIDDLE SCHOOL

YEARS 7 → 12  
119 PROSPECT RD  
SUMMER HILL NSW 2130

## PREPARATORY SCHOOL

PRE-KINDERGARTEN → 6  
115 THE BOULEVARDE  
STRATHFIELD NSW 2135

## JUNIOR SCHOOL

KINDERGARTEN → 6  
119 PROSPECT ROAD  
SUMMER HILL NSW 2130

## APPLICATION PROCEDURE

# 1

### APPLICATION

Make application online or by using this form. Send the completed form to the address shown, next to the Application Checklist, overleaf. You will receive a letter or email of receipt confirming your application, payment and that your son is on a waiting list for the chosen year of entry.

# 2

### ASSESSMENT

The School will contact you to arrange for your son's assessment. Please note that this is not selective academic testing but purely to enable us to understand your son's specific needs.

# 3

### INTERVIEW

Following the assessment, you will be contacted to arrange a formal interview with the Registrar or a Senior Staff member.

# 4

### OFFER

Following the interview, the Head Master will write to notify you of the result of your enrolment application.

# 5

### ACCEPTANCE

If successful, your letter of offer will be accompanied by an Acceptance of Place Form. Your son's place is secured once the Acceptance of Place Form is completed and returned to the School together with the enrolment fee.

# 6

### COMMENCEMENT

At the appropriate time, during the term prior to commencement, you will be notified of commencement dates, orientation days and any other pertinent details which will assist your son's transition into the Trinity Community.

### MORE INFORMATION >

Mr James Leckie | Registrar (Secondary)  
Mr Richard Bishop | Registrar (Primary)  
Mrs Mandy Treweek | Enrolment Officer

p. 02 9581 6001

enrol@trinity.nsw.edu.au

or refer to our website:  
[www.trinity.nsw.edu.au](http://www.trinity.nsw.edu.au)

office use only	
parent code:	
student code:	



### YOUR SON'S DETAILS

SURNAME

GIVEN NAMES

PREFERRED NAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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RELIGIOUS  
DENOMINATION

#### PLEASE INDICATE WHICH ACADEMIC AND CALENDAR YEAR OF ENTRY YOU ARE PROPOSING

(PLEASE TICK THE APPROPRIATE ACADEMIC YEAR BOX AND WRITE IN THE CALENDAR YEAR OF ENTRY)

INFANTS

PRE-K

K

1

2

YEAR

2

0

Y

Y

PRIMARY

3

4

5

6

YEAR

2

0

Y

Y

MIDDLE SCHOOL

7

8

9

YEAR

2

0

Y

Y

SENIOR SCHOOL

10

11

12

YEAR

2

0

Y

Y

#### PLEASE INDICATE WHICH INFANTS OR PRIMARY CAMPUS YOU ARE PROPOSING (PLEASE TICK)

INFANTS >

☐

STRATHFIELD  
(PRE-KINDERGARTEN CENTRE)

PRIMARY >

☐

STRATHFIELD (3 - 6)

☐

STRATHFIELD (K - 2)

☐

SUMMER HILL (3 - 6)

☐

SUMMER HILL (K - 2)

☐

TYPE OF PLACE

☐

DAY BOY

☐

BOARDING

#### IF YOUR SON IS RELATED TO A TRINITY BOY PLEASE INDICATE THE RELATIONSHIP (PLEASE TICK)

☐

SON

☐

GRANDSON

☐

BROTHER >

BROTHER'S NAME

☐

OTHER >

PLEASE SPECIFY

IF RELATED TO A TRINITY OLD BOY THEN YOUR PREFERRED HOUSE

CURRENT SCHOOL

CURRENT ACADEMIC YEAR

COMMENCEMENT YEAR

Y

Y

Y

Y

IS YOUR SON OF ABORIGINAL | TORRES STRAIT ISLANDER DESCENT?

☐

NO

☐

YES

IS YOUR SON AN INTERNATIONAL STUDENT? (PLEASE PROVIDE COPY OF VISA)

☐

NO

☐

YES

## FAMILY DETAILS

### FATHER | MALE GUARDIAN

TITLE											
SURNAME											
GIVEN NAMES											
OCCUPATION											
HOME ADDRESS											
BUSINESS ADDRESS											
PHONE (HM)	<table><tr><td>AREA CODE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	AREA CODE									
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MOBILE	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
EMAIL											

### MOTHER | FEMALE GUARDIAN

TITLE											
SURNAME											
GIVEN NAMES											
OCCUPATION											
HOME ADDRESS											
BUSINESS ADDRESS											
PHONE (HM)	<table><tr><td>AREA CODE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	AREA CODE									
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EMAIL											

### BROTHERS AND SISTERS

GIVEN NAMES	CURRENT AGE	CURRENT SCHOOL IF APPLICABLE

## MEDICAL AND OTHER SPECIAL CONSIDERATIONS

PLEASE DETAIL ANY MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS OF WHICH THE SCHOOL SHOULD BE MADE AWARE.

(EG: ASTHMA, ALLERGIES, ADHD, CHRONIC FATIGUE, DIABETES, EPILEPSY, MIGRAINE | SPECIAL GIFTS OR TALENTS)


## ABOUT YOUR APPLICATION

WHY HAVE YOU CHOSEN TO ENROL YOUR SON AT TRINITY?

PLEASE TICK THE APPROPRIATE BOXES

<input type="checkbox"/>	BREADTH OF EDUCATIONAL OPPORTUNITY
<input type="checkbox"/>	ACADEMIC EXCELLENCE
<input type="checkbox"/>	INTERNATIONAL BACCALAUREATE PROGRAMME
<input type="checkbox"/>	REPUTATION OF THE SCHOOL
<input type="checkbox"/>	SCHOOL'S RESOURCES AND FACILITIES
<input type="checkbox"/>	CONTINUING YOUR FAMILY TRADITION
<input type="checkbox"/>	MUSIC PROGRAMME
<input type="checkbox"/>	SPORTING PROGRAMME
<input type="checkbox"/>	CHRISTIAN PHILOSOPHY
<input type="checkbox"/>	CLOSE TO HOME
<input type="checkbox"/>	OTHER (SPECIFY) <input type="text"/>

WHAT PROMPTED YOU TO DISCOVER MORE ABOUT A TRINITY EDUCATION?

PLEASE TICK THE APPROPRIATE BOXES

<input type="checkbox"/>	RECOMMENDATION FROM FAMILY, FRIENDS OR COLLEAGUES
<input type="checkbox"/>	SYDNEY MORNING HERALD   ADVERTISING
<input type="checkbox"/>	INNER WEST COURIER   ADVERTISING
<input type="checkbox"/>	ST GEORGE AND SUTHERLAND SHIRE LEADER   ADVERTISING
<input type="checkbox"/>	REGIONAL NEWSPAPER   ADVERTISING
<input type="checkbox"/>	NEWSPAPER EDITORIAL
<input type="checkbox"/>	CHOOSING A SCHOOL   GUIDE BOOK
<input type="checkbox"/>	SCHOOL'S WEBSITE
<input type="checkbox"/>	SCHOOL'S PUBLICATIONS   TRINITY NEWS   TRINITY PRESSINGS   THE TRIANGLE
<input type="checkbox"/>	FAMILY TRADITION
<input type="checkbox"/>	OTHER (SPECIFY) <input type="text"/>

## DECLARATION

- We apply to have  SON'S NAME registered on the School's waiting list. We understand that the School will assess our application and may offer our son a place at the School at its discretion. We understand that to accept the offer we will be required to agree to the enrolment conditions as applicable at the time.
- I/We understand that failure to provide all required information may result in the School declining to enter the boy's name on the appropriate waiting list or delaying such entry, and may also result in the School declining or delaying the boy's enrolment.

MOTHER | GUARDIAN

SIGNATURE

DATE

FATHER | GUARDIAN

SIGNATURE

DATE

## PAYMENT OF APPLICATION FEE

☐

CHEQUE

MADE PAYABLE TO TRINITY GRAMMAR SCHOOL AND IN THE SUM OF \$200

☐

MONEY ORDER

MADE PAYABLE TO TRINITY GRAMMAR SCHOOL AND IN THE SUM OF \$200

☐

CREDIT CARD

IN THE SUM OF \$200

PLEASE TICK  
APPROPRIATE BOX >

☐

VISA

☐

MASTERCARD

☐

AMERICAN EXPRESS

CARD NUMBER

NAME ON CARD

EXPIRY DATE

  |  

PAYER'S ADDRESS




CARDHOLDER'S SIGNATURE

DATE

     

office use only

parent code:

boys name:

year group:

calendar year:

campus:

## APPLICATION CHECKLIST

WE HAVE ENCLOSED:

☐

A COPY OF OUR SON'S BIRTH CERTIFICATE OR EXTRACT OF BIRTH

☐

A COPY OF OUR SON'S LAST THREE SCHOOL REPORTS - IF APPLICABLE  
PLEASE INCLUDE NAPLAN TEST RESULTS

☐

A WRITTEN FAMILY CHARACTER REFERENCE

☐

A REFERENCE FROM A MINISTER OF RELIGION OR A SECOND  
FAMILY CHARACTER REFERENCE

☐

COPIES OF ALL MEDICAL, PSYCHOLOGICAL OR EDUCATIONAL  
REPORTS - IF APPLICABLE

☐

THE NON-REFUNDABLE APPLICATION FEE OF \$200 WHICH INCLUDES  
ASSESSMENT

## PRIVACY

The information you supply on this form is required by Trinity Grammar School to manage your enrolment application. No personal information will be disclosed outside the School without your express consent, except where required by law. The School will notify you of future activities and events. If you do not wish to receive such notifications please tick this box. ☐

PLEASE SEND THIS COMPLETED APPLICATION AND ITS  
REQUIRED ATTACHMENTS TO:

THE ENROLMENT OFFICER  
TRINITY GRAMMAR SCHOOL  
PO BOX 174  
SUMMER HILL NSW 2130

