

# Registration of Interest for Enrolment



Doctrina Vitae

Bacchus Marsh  
Grammar



Bacchus Marsh Grammar  
South Maddingley Road, Victoria

PO Box 214  
Bacchus Marsh, Vic 3340

*CRICOS No:* 02911M  
*Reg. No:* 1919  
*ABN:* 24 128 531 078  
*Email:* [school@bmg.vic.edu.au](mailto:school@bmg.vic.edu.au)  
*Website:* [www.bmg.vic.edu.au](http://www.bmg.vic.edu.au)

# Enrolment Expression of Interest: Registration Form

This application and information collected is solely for the purpose of registering interest in a position at Bacchus Marsh Grammar, and the opportunity to progress through the enrolment process to determine eligibility for a position.

## Registration to express an interest to enrol incurs a \$150 Fee

GST inclusive, non refundable

### Entry Level

**Please tick desired entry level and entry year at which you wish to proceed within the enrolment process at Bacchus Marsh Grammar**

Primary  Prep/ Reception  Prep  Yr1  Yr2  Yr3  Yr4  Yr5  Yr6

Secondary  Yr7  Yr8  Yr9  Yr10  Yr11  Yr12

Entry Year  2016  2017  2018  2019  2020  2021  2022  2023  2024

2025  2026  2027  2028  2029  2030  2031  2032  2033

**Please tick campus for enrolment:**

Woodlea [Prep to Year 6 from 2019]

Maddingley [Prep Reception to Year 12]

### Student Details

Student Surname

Student Given Name (s)

Preferred Name

Gender  Male  Female

Date of Birth

Country of Birth

Nationality

Religion

Is the student of aboriginal or Torres Strait Islander origin

Yes  No

Student special needs (i.e. Physical, Emotional, Intellectual)

Position in Family  1  2  3  4  5

Are there any custody restrictions applicable to this student

Yes  No (If so please provide details)

Please tick who the student resides mostly with

Both Parents  Mother  Father  Guardian

Other

Home Phone

School or Kindergarten currently attending

Main Language spoken at home

Language other than English spoken at home

Names of siblings previously attended Bacchus Marsh Grammar

Names of siblings currently attending Bacchus Marsh Grammar

**\*Please include a photo copy of your child's birth certificate with this application.**

Please tick the house that siblings belonged to whilst attending Bacchus Marsh Grammar

Hilton  Bacchus  Pentland  Braeside

## Father/Parent or Guardian 1

Preferred Title  Dr  Mrs  Ms  Miss  Mr

Surname \_\_\_\_\_

First Name \_\_\_\_\_

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

Residential Address \_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

Post code \_\_\_\_\_

Postal Address *(if different to residential)* \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Personal Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Work Email \_\_\_\_\_

Work Contact No. \_\_\_\_\_

Employer's Name/Company \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Nature of Employers Business \_\_\_\_\_

Past Student  Yes  No

Year Finished \_\_\_\_\_

Maiden Name \_\_\_\_\_

## Mother/Parent or Guardian 2

Preferred Title  Dr  Mrs  Ms  Miss  Mr

Surname \_\_\_\_\_

First Name \_\_\_\_\_

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

Residential Address \_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

Post code \_\_\_\_\_

Postal Address *(if different to residential)* \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Personal Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Work Email \_\_\_\_\_

Work Contact No. \_\_\_\_\_

Employer's Name/Company \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Nature of Employers Business \_\_\_\_\_

Past Student  Yes  No

Year Finished \_\_\_\_\_

Maiden Name \_\_\_\_\_

### Privacy Collection Notice

Under the Privacy Act (the Act) Bacchus Marsh Grammar is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Act and the 13 Australian Privacy Principles (APP's). This information is set out in our Privacy Policy which is available on the Bacchus Marsh Grammar public website ([www.bmg.vic.edu.au](http://www.bmg.vic.edu.au)) and also available upon request in hard copy from the Bacchus Marsh Grammar Administration office:

Information on this form is true and correct at the time of submission:

Parent/Guardian(please sign): \_\_\_\_\_ Date: \_\_\_\_\_

## For Commonwealth funding purposes please answer the following:

### What is the highest year of Primary or Secondary School the parents/guardians have completed?

For persons who have never attended school, mark Year 9 or equivalent or below. Mark one box only in each column

Surname	Father/Parent 1 Guardian 1	Mother/Parent 2 Guardian 2
Year 12 or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>

### What is the level of the Highest qualification the parents / guardians have completed? Mark one box only in each column

Surname	Father/Parent 1 Guardian 1	Mother/Parent 2 Guardian 2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

Please return this application to  
register an interest for enrolment to:

For Further Information

Bacchus Marsh Grammar  
P.O.Box 214  
Bacchus Marsh VIC 3340

Bacchus Marsh Grammar T 5366 4800  
South Maddingley Road F 5366 4850  
Bacchus Marsh VIC 3340 E school@bmg.vic.edu.au  
W www.bmg.vic.edu.au

## Office Use Only

Interview Held \_\_\_\_\_

Principal \_\_\_\_\_

Head of Junior Sch \_\_\_\_\_

Head of Senior Sch \_\_\_\_\_

Date of Offer \_\_\_\_\_

Student Number \_\_\_\_\_

Membership Number \_\_\_\_\_

Application Paid Date \_\_\_\_\_

Receipt Number \_\_\_\_\_

Membership Paid Date \_\_\_\_\_

Receipt Number \_\_\_\_\_

## Payment for Enrolment: Expression of Interest

Payment for Expression of Interest Enrolment fee \$150

Please Debit My Credit Card \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's No. \_\_\_\_\_

Mastercard  Visa Card

Signature \_\_\_\_\_

Expiry Date \_\_\_\_\_ C C V

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\*once processed and payment verified this section will be destroyed.