

ENROLMENT APPLICATION

Please forward to enrol@oxley.nsw.edu.au and pay the Enrolment Application Fee of \$220 (payment link via website). To pay via credit card, please call our Accounts Department on (02) 4861 1366. Submission of this form does not constitute acceptance of the student.

Student's Surname:	Gender:	
Student's Firstname:	DOB:	//
Student's Middle Name:	Proposed Date of Entry:	Term: Year:
Preferred Name:	Academic Year of Entry:	
Name of Current School/Preschool:	Current Year (e.g. Yr 6):	

PARENT/CARER 1 : Mother □ Father □ Guardian □

Title: Full Name: Address:				Occupation:	
				Postcode:	
Contact:	M:	W:		H:	
Email:					
Country of Birth: Signature:	. <u> </u>			Nationality: Date:	
Signature.					
PARENT/CARER 2 :	I	Mother 🛛 Father 🗖 Guardian 🗖			
This					
Title: Full Name:				Occupation:	
Address:					
Add(C35.				Postcode:	
Contact:	M:	W:		H:	
Email:					
Country of Birth:				Nationality:	
Signature:				Date:	
Please identify the n	ames and	d year of enrolment of siblings reg	istered as na	st current or future stude	ante
Name:		year of enrollinent of sixings reg	Year:	House:	
Name:			Year:	House:	
Name:			Year:	House:	
		us how you first learnt of Oxley Co	Dilege (tick th	e most appropriate)	,
		lege (Name during attendance:		/)
•	•	ts CREferred by past student	•	•	
•		dvertisement (indicate the publicat	-		
U Other source (ple	ase indic	ate)			
OXLEY CO		11-29 RAILWAY ROAD BURRA		BOX 552 BOWRAL NSV	√ 2576
	PH	ONE: 02 4861 1366 www.oxley.nsw.	edu.au office	@oxley.nsw.edu.au	

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