

APPLICATION FOR ADMISSION

YEAR ENTRY

☐ 2024 ☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028 ☐ 2029 ☐ 2030 ☐ 2031 ☐ 2032 ☐ 2033 ☐ 2034 ☐ 2035

IEY & RECEPTION

☐ Ignatius Early Years (3-Year-Old) ☐ Child turns 3 before Term 1 ☐ Child turns 3 before Term 2 ☐ Child turns 3 before Term 3
☐ Ignatius Early Years (4-Year-Old) ☐ Term 1 ☐ Term 3
☐ Reception ☐ Term 1 (Child turns 5 between 1 September & 1 March inclusive) ☐ Term 3 (Child turns 5 between 2 March & 31 August inclusive)

YEAR 1 - YEAR 12

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12

STUDENT DETAILS

Surname:		Given Names:	
Preferred Name:		Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			Postcode:
Country of Birth:	Nationality:	Religion:	
School/Centre Currently Attending:			

PARENT/GUARDIAN 1

Title:	Surname:	Given Names:	
Address:			Postcode:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Previous Name(s):	
Email:	Mobile:	Work Phone:	
Residency (if not Australian):	Nationality:	Country of Birth:	Religion:
Are you an Old Ignatian? Yes <input type="checkbox"/> House (if known):			Cohort Year:

PARENT/GUARDIAN 2

Title:	Surname:	Given Names:	
Address:			Postcode:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Previous Name(s):	
Email:	Mobile:	Work Phone:	
Residency (if not Australian):	Nationality:	Country of Birth:	Religion:
Are you an Old Ignatian? Yes <input type="checkbox"/> House (if known):			Cohort Year:

OTHER INFORMATION

Name(s) of your other child(ren) at the College.	Name:	Year:
Name(s) of family members who are Old Ignatians.	Name:	

SIGNATURES

I/we understand that this is an application form only, not an assurance of admission to the College, and that the \$75.00 fee is non-refundable.

Parent/Guardian 1: Parent/Guardian 2: Date:

APPLICATION FOR ADMISSION PAYMENT FORM

STUDENT NAME

Surname:

Given Names:

Preferred Name:

PREFERRED CALENDAR YEAR ENTRY / ACADEMIC YEAR LEVEL

Preferred Calendar Year of Entry: _____

Preferred Academic Year Level: _____

APPLICATION FEE (\$75.00)

Credit Card: ☐ MasterCard ☐ Visa

Amount: \$ _____

Card No: _____ - _____ - _____ - _____

Expiry Date: ____ - ____ - ____ - ____

Cardholder Name:

Signature:

☐ Cheque (*Please make cheques payable to Saint Ignatius' College*)

Please return this Application for Admission Form together with payment to:

**College Registrar
Saint Ignatius' College
2 Manresa Court
Athelstone SA 5076
or
registrar@ignatius.sa.edu.au**

OFFICE USE ONLY

☐ Finance Office Checked

Signature:

Date:

Last Updated: 8/12/2022 2:58 PM

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