



Bishop Tyrrell Anglican College

Application for Enrolment



Student Details:

Student's Surname:

Student's Christian Names:

Known as: Male / Female (Circle one) DOB: (Please attach evidence of DOB)

Student's Current Address:

..... Postcode:

Current School: Current Year/Class:

Year of Desired Entry into BTAC: at Year/Class Level:

Names of siblings currently attending BTAC:

Religious Affiliation: Date Baptised: Date Confirmed:

Parent/Guardian Details:

Mother

Father

..... (Full name, including title, eg Mrs/Ms/Dr/etc)

..... (Full name, including title, eg Mrs/Ms/Dr/etc)

..... (Address)

..... (Address)

..... (Suburb) (P'code)

..... (Suburb) (P'code)

..... (Home Phone - tick box if silent)

..... (Home Phone - tick box if silent)

..... (Business Phone)

..... (Business Phone)

..... (Mobile Phone)

..... (Mobile Phone)

..... (email)

..... (email)

..... (Occupation)

..... (Occupation)

..... (Employer)

..... (Employer)

..... (Religious Affiliation)

..... (Religious Affiliation)

..... (School attended)

..... (School attended)

Referees: (Names and addresses of at least 2 persons for reference - including your Parish Priest/Minister if possible)

1. Phone:

2. Phone:

I/We request that the abovenamed student be admitted to the College. I/We undertake to conform to the Rules and Regulations of the College as made from time to time by the College Council. I/We enclosed the required deposit. I/We understand this Application will not take effect until there has been an interview with the Principal.

..... (Mother's Signature) (Date) (Father's Signature) (Date)

Office Use only:

Date App Rcvd: Amt Rcvd: Rcpt #: Rcvd by:

Bishop Tyrrell Anglican College Credit Card Authority



Card Number

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Expiry			-		
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CVV			
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Amount: \$ _____

Plus 1%: \$ _____

Total: \$ _____

Name on Card: _____

Signature: _____

Payment for: _____

Please Note: All credit transactions incur a 1% processing fee. Minimum payment: \$10