

Surname..... Given Names.....
Application for admission into Academic Year..... commencing in the year
Family Key (Office Use Only)



APPLICATION FOR ENROLMENT FOR INTERNATIONAL STUDENTS CARMEL SCHOOL

A Modern Orthodox Jewish School

G Korsunski Carmel School & Seeligson Kindergarten Inc
Cresswell Road, Dianella, Western Australia 6059

Telephone: +61 (08) 9276 1644 Fax +61 (08) 9276 3933
email development@carmel.wa.edu.au

incorporating J.J. & N Krasnostein Senior High School
& J.N. Shohet Junior High School

CRICOS Provider 02715D

PART A
STUDENT DETAILS

Surname Gender: Male / Female
Given names.....Hebrew name.....
Date of birth/...../..... (dd/mm/yy) Country of Birth.....
Language spoken at home
Level of English Competency Elementary Intermediate Advanced
Current School
Level of Education Completed
Student's Address (home country)
.....

PART B.1
FAMILY DETAILS

FATHER : Title Surname
Given Name(s)
Address (home country) if different from student's
.....
Religion
Telephone (Home) (Business)
(Mobile)Email:

MOTHER : Title Surname
Given Name(s)
Address (home country) if different from student's
.....
Religion

Telephone (Home) (Business)
(Mobile)Email:

**PART B.2
GUARDIAN DETAILS**

Guardian's Title..... Surname

Given Names

Address in Western Australia:

.....

Telephone (Home) (Business)

(Mobile)Email:

Contact Details of HomeStay in WA *

.....

.....

(*If you wish the School to arrange HomeStay please write "Homestay required" here)

**PART C
RELIGION DETAILS - *For Jewish applicants only***

Was the child born of a Jewish mother? Yes / No

For some religious purposes the following documentation is required:

- a copy of marriage documents (Ketubah) of either the enrolling student's parents *or* the maternal grandparents.
- Name of Synagogue in which parents or maternal grandparents were married
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- Name of Officiating Rabbi
- Conversion documentation if the enrolling student's mother is converted

Note: If the enrolling student is not your natural child, please consult the Halachic Authority regarding possible Halachic requirements

**PART D
FEES**

Please refer to "FEES & CHARGES – INTERNATIONAL STUDENTS" brochure for fee details

Person responsible for payment of fees (full name)

Address to which accounts and other school information is to be sent

.....
.....
.....

I agree to pay school fees as levied in advance

Signature of parent/guardian **Date**.....

I confirm that I have read and understand these documents. I confirm that the terms and conditions of this offer have been explained to me in my own language, and/or that copies of the documents were available to me, in my own language. Information provided about the student may be made available to State and Commonwealth government agencies.

Signature of parent/guardian **Date**.....

AN ENROLMENT FEE OF \$200 PER STUDENT TO BE ENCLOSED

| | |
|------------------------------------|---------------------------------------|
| OFFICE USE ONLY | CATEGORY: <input type="text"/> |
| DOCUMENTATION SUPPLIED: | YES / NO |
| HALACHIC AUTHORITY: | |
| PRINCIPAL: | |
| DIRECTOR OF JEWISH STUDIES: | |
| ADMINISTRATOR: | |
| RECEIPT NO: | DATE: |