

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



APPLICATION FOR ENROLMENT

CARMEL 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

**PART A
STUDENT DETAILS**

Surname

Given names.....Hebrew name.....

Date of birth/...../..... Gender: Male / Female

Place of Birth..... Country of Birth.....

Australian Citizenship Yes / No

Language spoken at home: English Hebrew Other:.....

Year of proposed entry into Carmel School into Academic Year.....

Current School (if applicable) Year Level.....

Attending: Full time / Part time

Please indicate if the child has any special needs/ disabilities:

.....
.....

**PART B
FAMILY DETAILS**

FATHER / MALE GUARDIAN

Title Surname

Given Name(s)

Home Address

.....

Postal Address

.....

Occupation

Father's Religion Jewish Other (specify)

Telephone (H) Silent Number YES / NO

(W) (Mob)

Email:

MOTHER / FEMALE GUARDIAN

Title Surname

Given Name(s)

Home Address

Postal Address

Occupation

Mother's Religion Jewish Other (specify)

Telephone (H) Silent Number YES / NO

(W) (Mob)

Email:

Does the enrolling student live permanently with both parents? YES / NO

If no, please indicate which address is the child's principal place of residence

SIBLINGS

NAME	M/F	DATE OF BIRTH	CURRENT SCHOOL

PART C

RELIGION DETAILS - *Note: 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

.....

Name of Officiating Rabbi

- Conversion documentation if the enrolling student's mother is converted

PLEASE TICK HERE if you have previously supplied these documents to Carmel School. If so, there is no need to supply them with this application.

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" brochure for fee details

Fee assistance may be available in certain circumstances. Please contact the School Administrator

Person responsible for payment of fees (full name)

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

.....

.....Postcode.....

I/WE AGREE TO PAY SCHOOL FEES AS LEVIED IN ADVANCE

SIGNED: FATHER DATE.....

SIGNED: MOTHER DATE.....

PLEASE NOTE:

One term's notice must be given in writing if withdrawing a child from the school

ENROLMENT FEE OF \$200 FOR EACH CHILD TO BE ENCLOSED

OFFICE USE ONLY

CATEGORY:

DOCUMENTATION SUPPLIED: YES / NO

HALACHIC AUTHORITY:

PRINCIPAL:

DIRECTOR OF JEWISH STUDIES:

ADMINISTRATOR:

RECEIPT NO: DATE: