



T:
ABN:

E:

W:

Applicant Details

Given Names: _____ Surname: _____

Address: _____

Date of Birth: _____ Gender: Male Female Other

Residency Status: Australian Citizen Permanent Resident

Current School: _____ Current Year Level: _____

Year of Entry Sought: _____

Do you have siblings who are currently or were previously at AGS?: Yes No

If yes, their name/s: _____

Parent/Guardian Details

Parent/Guardian 1

Title: _____ Given Names: _____ Surname: _____

Relationship to applicant: _____

Address: _____

Candidate Response

Candidates are to complete the following portions of the form in their best handwriting. Should the candidate require more space to respond, please attach additional pages to

T:
ABN:

E:

W:



T:
ABN:

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References

Please provide contact details for two referees should The School require more information. Please note that referees must not be direct family members.

Referee 1

Given Names: _____ Surname: _____

Relationship to applicant: _____

Contact Number: _____ Email: _____

Referee 2

Given Names: _____ Surname: _____

Relationship to applicant: _____

Contact Number: _____ Email: _____ 8()1(.702792(863(4)1(7.(h)