



Office Use Only

## Expression Of Interest For Enrolment

### ENTRY DETAILS

Desired Level of Entry      Year      7      8      9      10      11      12

Desired Year of Entry     

### STUDENT DETAILS

Family Name

Given Names

Date of Birth   /   /

Present School

Country of Birth

Citizenship

Religion       Parish

Student resides with     Both Parents      Parent 1      Parent 2      Guardian      Carer

### CORRESPONDENCE ADDRESS FOR THIS EXPRESSION OF INTEREST

Full Name

Street Address

Suburb or Town       Post Code

## FAMILY DETAILS

### PARENT 1 / GUARDIAN 1 / CARER 1

Family Name

Given Names

Title (Mrs, Miss, Ms, Mr etc)

Country of Birth  Religion

Home Address

Suburb or Town  Post Code

Postal address same as home address

Postal Address

Suburb or Town  Post Code

Phone (Home)  Phone (Work)

Phone (Mobile)

Email

### PARENT 2 / GUARDIAN 2 / CARER 2

Family Name

Given Names

Title (Mrs, Miss, Ms, Mr etc)

Country of Birth  Religion

Home address same as Parent 1 / Guardian 1 / Carer 1 home address

Home Address

Suburb or Town  Post Code

Postal address same as home address

Postal Address

Suburb or Town  Post Code

Phone (Home)  Phone (Work)

Phone (Mobile)

Email

### ASSOCIATION WITH OAKHILL COLLEGE

Please provide details of any relations (sibling or parent) who are current or past students of Oakhill College.

Name  Relationship  House

Current Student  Past Student  Class of (year)

Name  Relationship  House

Current Student  Past Student  Class of (year)

Name  Relationship  House

Current Student  Past Student  Class of (year)

### PAYMENT DETAILS

To process this Expression of Interest, a non-refundable fee of \$165 is payable.

Payment can be made by:

**Paying by Post**

Send a cheque or money order payable to Oakhill College along with this completed form to:

Oakhill College  
Locked Bag 9001  
Castle Hill NSW 1765

**Paying by Fax**

Complete the credit card authorisation details on page 4 and fax this completed form to:  
(02) 9899 3076

**Paying Online**

Complete the credit card authorisation details on page 4 and click "submit" once you have completed the form to lodge your Expression of Interest.

### AUTHORISATION FOR PAYMENT BY CREDIT CARD

Student's Name

Card Type  Visa  Mastercard

Card No

Name on Card

Expiry Date  /  Three Digit Verification Number   
(See back of credit card)

I authorise Oakhill College to draw my Mastercard/Visa for the amount of \$165.  
(please check box)

## CONDITIONS

1. This Expression of Interest does not guarantee your child’s enrolment at Oakhill College. Offers of enrolment will be made at the discretion of the Principal, in the year prior to enrolment.
2. Expressions of Interest will only be accepted for children who are Australian Citizens or Permanent Residents of Australia.
3. Expressions of Interest not accompanied by payment will **NOT** be processed.
4. Payment must accompany the completed form. For example, if you pay by post then the completed form must also be mailed.

## DECLARATION

**Please check box or sign and date below, before submitting form.**

I certify that I have read and understood all information documented in this form.

Parent 1     Parent 2     Guardian     Carer

I Agree     Date   /   /

Name

Signature  (Sign only if submitting printed form)

For further information contact the College Registrar at registrar@oakhill.nsw.edu.au

SAVE FORM

PRINT FORM

SUBMIT FORM

**Office Use Only:**

Application Fee

Registrar Acknowledgement