

Sibling Rights Claim

To be completed by ALL applicants outside the DNS boundaries
THIS FORM MUST BE RETURNED TO HAZEL GLEN COLLEGE

Please post or deliver in an envelope addressed to:

Sibling Rights Claim Forms, Hazel Glen College, 115 Eminence Boulevard, Doreen, 3754

Privacy Notice: Hazel Glen College is collecting your personal information to establish that you reside within the College's Department of Education and Training approved Designated Neighbourhood School boundaries. Your information will not be disclosed to any other organisation without your consent, or unless authorised or required by law. You can access your personal information held by the College by contacting Darryl Furze, Principal. If you choose not to provide some or all of the information asked for we may be unable to enrol your child at Hazel Glen College. Note: Actual monetary values are not required – please black these out for your privacy.

Application date: _____

Current School: _____

Enrolment commencement: _____

Student Information (Please print clearly in capital letters)

Family Name: _____ Given Name: _____

D.O.B. ____ / ____ / ____ Sex: M / F

Address: _____

Post Code _____

Sibling Information (Please print clearly in capital letters)

Full Name: _____ Full Name: _____

Year level: _____ Year level: _____

Address: _____ Address: _____

Parent/Guardian Information (Please print clearly in capital letters)

1st Contact

Full Name: _____

Signature: _____

Mobile No: _____

Home No: _____

Email: _____

2nd Contact

Full Name: _____

Signature: _____

Mobile No: _____

Home No: _____

Email: _____