

## Sibling Rights Claim

To be completed by ALL applicants outside the DNS boundaries

THIS FORM MUST BE RETURNED TO HAZEL GLEN COLLEGE BY:

**FRIDAY 12 MAY, 2017**

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)

#### 1<sup>st</sup> Contact

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Home No: \_\_\_\_\_

Email: \_\_\_\_\_

#### 2<sup>nd</sup> Contact

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Home No: \_\_\_\_\_

Email: \_\_\_\_\_