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Hamazkaine Arshak & Sophie Galstaun School
 5 Chiltern Road, Ingleside, 2101 Telephone: 9970-6984 Fax: 9970-6778
 E-mail: admin@hasg.nsw.edu.au

APPLICATION FORM

Surname:..... Name:.....

Date of Birth:..... Applying for entrance into year:

Kindly Tick the appropriate box

Male Female
 Eastern Armenian Dialect Western Armenian Dialect

Rank in the family 1st born
 2nd born
 3rd born

School Previously Attended

Name of School	Class	Start Date	End Date

Home Address:

.....

Parent/Guardian Details

Father's Name Contact Number/s.....(W)
(Mobile)

Mother's Name Contact Number/s.....(W)
(Mobile)

Family residing in Australia since (Year)

Are you citizen or permanent resident of Australia?
 Do you have children already in our school?
 If YES, which class are they currently in?(K-12)

I, the undersigned, authorize the school to seek all information regarding this student, which it considers necessary to have.

Signed _____ Date ____/____/____

Kindly ensure that the school office is notified of any changes in the above mentioned details A.S.A.P.