

# Leichhardt House Student Hostel

Chinchilla QLD

## Application for Enrolment

Surname		First Name	
Date of Birth		Male/Female?	
Current School & Year		Intended Hostel start date	
Boarder Home Address		Boarder Home Tel. No.	
Parent/Carer 1 Name		Parent/Carer 2 email	
Parent/Carer 1: Best Contact numbers/email address		Parent/Carer 2: Best Contact numbers/email address	
Emergency Contact 1		Emergency contact 1: Best Contact details	
Emergency Contact 2		Emergency contact 2: Best Contact details	
Any other family background information that is applicable to this application?			

- 1) *I declare that the information provided in this Application for Enrolment is, to the best of my knowledge and belief, accurate and complete;*
- 2) *I have read and agree to the terms and conditions outlined in the Boarding Handbook and confirm this by signing a copy of the Hostel Boarding Agreement.*

\_\_\_\_\_/\_\_\_\_\_/2017  
Parent/Carer Name                      Parent/Carer Signature

\_\_\_\_\_/\_\_\_\_\_/2017  
Hostel Manager Name                      Hostel Manager Signature

- 3) *I understand that four (4) weeks written notice is required should we choose to withdraw our enrolment and that Leichhardt House is required to return any outstanding Centrelink funding to the relevant Centrelink department immediately.*

\_\_\_\_\_/\_\_\_\_\_/2017  
Parent/Carer Name                      Parent/Carer Signature

\_\_\_\_\_/\_\_\_\_\_/2017  
Hostel Manager Name                      Hostel Manager Signature