



Application for Enrolment as a Weekly Boarder

Students' Name:

Year Level:

Arrival Day: and Time: am / pm

Departure Day: and Time: am / pm

Number of boarding nights per week:

Please indicate which term: Term One Term Two Term Three Term Four

Other relevant information:

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This application forms part of the student's original Application for Enrolment.

We agree to all the conditions of that enrolment. We agree to pay all casual boarding fees, to meet all interest charged on overdue accounts, and to discharge, with the terminal account, all necessary payments.

NB: The signature of the parent/guardian responsible for the payment of fees MUST appear on this form.

Signature: (Father/Male Guardian) Date:

Signature: (Mother/Female Guardian) Date:

Approved by Principal: Yes No Signature:

Copy to: Head of Boarding Head of House Student File
 Health Centre Student Accounts Parent

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