



Experience the Community | Live the Values | Achieve the Success

## APPLICATION FOR STUDENT ENROLMENT

This *Application for Student Enrolment* is to be completed in conjunction with the *Enrolment Notes Booklet*. Submission of this application does not guarantee enrolment or placement on any reserve list in any particular order or at all.

A PDF fillable version is available on the school's website.

### 1. STUDENT PERSONAL DETAILS

SURNAME

MALE  FEMALE

FIRST NAME

MIDDLE NAME/S

PREFERRED NAME

If you believe there is a good reason for the student to be known by some other name in day-to-day college life, inform the principal/delegate of this at time of enrolment interview.

DATE OF BIRTH

PLACE OF BIRTH

STUDENT'S RESIDENTIAL ADDRESS

POSTCODE

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

POSTCODE

CALENDAR YEAR OF EXPECTED ENTRY

YEAR LEVEL IN WHICH THE STUDENT IS TO BE ENROLLED

7  8  9  10  11  12

IS STUDENT REPEATING THIS YEAR? YES  NO

HAS THE STUDENT EVER BEEN EXCLUDED FROM ANOTHER SCHOOL? YES  NO

## 2. STUDENT CULTURAL BACKGROUND

WHAT IS THE STUDENT'S CITIZENSHIP OR RESIDENCY STATUS?

Australian Citizen  Citizen of Another Country  State country of citizenship   
Permanent Resident  Temporary Visa Holder

IF BORN OVERSEAS, WHAT DATE DID THE STUDENT ARRIVE IN AUSTRALIA?

STUDENT'S FIRST LANGUAGE

(What was the language/s used most by the student when learning to talk?)

English  other, please specify

DOES THE STUDENT SPEAK A LANGUAGE/DIALECT OTHER THAN ENGLISH AT HOME? YES  NO

If Yes, please specify

IN WHICH COUNTRY WAS THE STUDENTS PLACE OF BIRTH?

Australia  other, please specify

IS THE STUDENT CURRENTLY ENROLLED AT ANOTHER SCHOOL?

No  Yes, other, please specify

STUDENT'S INDIGENOUS STATUS – IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

No  Yes, Torres Strait Islander  
 Yes, Aboriginal  Yes, both Aboriginal & Torres Strait Islander

IF YES, STUDENT'S INDIGENOUS TRIBAL GROUPING / CLAN NAME / OTHER (IF APPLICABLE)

Are there any cultural beliefs/requirements of which the college should be aware? (e.g. festivals, dietary, language requirements)

No  Yes, please specify

## 3. INTERNATIONAL STUDENTS

IF THE STUDENT IS A PERMANENT OR TEMPORARY VISA HOLDER PLEASE PROVIDE THE FOLLOWING INFORMATION:

CURRENT VISA CLASS

*For principal holders write "P" in the box, for subordinate holders write "S"*

CURRENT VISA SUB-CLASS

VISA EXPIRY DATE

IS THE STUDENT AN INTERNATIONAL FULL FEE-PAYING STUDENT ON VISA SUB-CLASS 571?

YES  NO

#### 4. STUDENT RELIGIOUS BACKGROUND

STUDENT RELIGIOUS BACKGROUND <i>(Please tick one only below)</i>			
Roman Catholic <input type="checkbox"/>	Name branch of Orthodoxy (Greek, Russian) <input type="checkbox"/>		
Orthodox <input type="checkbox"/>			
Anglican <input type="checkbox"/>	Jewish <input type="checkbox"/>		
Methodist <input type="checkbox"/>	Muslim <input type="checkbox"/>		
Uniting <input type="checkbox"/>	Hindu <input type="checkbox"/>		
Apostolic <input type="checkbox"/>	Sikh <input type="checkbox"/>		
Presbyterian <input type="checkbox"/>	Buddhist <input type="checkbox"/>		
Church of Christ <input type="checkbox"/>	Australian Indigenous Traditional <input type="checkbox"/>		
Baptist <input type="checkbox"/>	Other Religion, please specify		
Lutheran <input type="checkbox"/>			
Other Christian, please specify <input type="text"/>	No Religion <input type="checkbox"/>		
PARISH OR OTHER LOCAL RELIGIOUS COMMUNITY <input type="text"/>			
SACRAMENTS <input type="text"/> If no sacraments celebrated, tick this box <input type="checkbox"/>			
	Date	Church	Town/Suburb
Baptism	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reconciliation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eucharist	<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirmation	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 5. DETAILS OF STUDENT'S PREVIOUS SCHOOL/S

*(Attach an additional sheet if necessary)*

School and Address	Date of Leaving	Year, Grade or Level attained	State or Territory	Country (if not Australia)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6. SPECIAL ASSESSMENT

HAS THE STUDENT BEEN ASSESSED OR TREATED BY ANY OF THE FOLLOWING SPECIALIST SERVICES?

Service	Yes	No	Name of Centre / Practitioner	Date of First Visit	Is Your Child Attending Now?
Child Guidance	<input type="checkbox"/>	<input type="checkbox"/>			
Speech Pathologist	<input type="checkbox"/>	<input type="checkbox"/>			
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>			
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>			
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>			
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>			
Specialist Clinic	<input type="checkbox"/>	<input type="checkbox"/>			
Audiology Clinic	<input type="checkbox"/>	<input type="checkbox"/>			
Learning Support/ Enrichment Teacher	<input type="checkbox"/>	<input type="checkbox"/>			
Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>			
Optometrist	<input type="checkbox"/>	<input type="checkbox"/>			
Education Guidance Officer	<input type="checkbox"/>	<input type="checkbox"/>			
Other, please specify					

## 7. MEDICAL DETAILS FOR STUDENT

INDICATE IF THE STUDENT HAS BEEN AFFECTED BY OR SUFFERS FROM ANY OF THE FOLLOWING?  
(Please select Yes or No)

	Yes	No		Yes	No		Yes	No
Prenatal concerns	<input type="checkbox"/>	<input type="checkbox"/>	Asthma *	<input type="checkbox"/>	<input type="checkbox"/>	Stomach complaints	<input type="checkbox"/>	<input type="checkbox"/>
Birth concerns	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Very high temperatures	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal concerns	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Glandular fever	<input type="checkbox"/>	<input type="checkbox"/>
Vision concerns	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	Ross River virus	<input type="checkbox"/>	<input type="checkbox"/>
Hearing concerns	<input type="checkbox"/>	<input type="checkbox"/>	Ear infections	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Speech concerns	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/convulsions *	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>
Allergies *	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylaxis *	<input type="checkbox"/>	<input type="checkbox"/>	Specific learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition/ Concerns	<input type="checkbox"/>	<input type="checkbox"/>
Knocked unconscious	<input type="checkbox"/>	<input type="checkbox"/>	A.D.D. / A.D.H.D. / O.D.D. / A.S.D. / O.C.D.	<input type="checkbox"/>	<input type="checkbox"/>	Other (please state below)	<input type="checkbox"/>	<input type="checkbox"/>
Details as necessary (Attach a separate sheet if required)								

\* Medication Action Plan Required (please attach)

DOES THE STUDENT SUFFER FROM ANY SIGNIFICANT ALLERGY?

Yes  No  If yes, please specify

LIST ANY MEDICAL ALERTS, DISEASES, SURGERY OR DISORDERS, OR RECURRING ILLNESSES:

ARE THERE ANY SPORTS OR OTHER PHYSICAL ACTIVITIES IN WHICH THE STUDENT SHOULD NOT PARTICIPATE?

Yes  No  If yes, please specify

IS THE STUDENT TAKING ANY MEDICATION REGULARLY?

Yes  No

If Yes, please specify, and request the *Medication Consent Form* at interview.

IS THERE ANY OTHER MEDICAL INFORMATION OF WHICH THE COLLEGE SHOULD BE AWARE?

FAMILY DOCTOR:

PHONE NUMBER:

## 8. IMMUNISATIONS

To support the management of potential outbreaks of contagious conditions, the immunisation status of your child is requested.

Is your child's immunisation status up-to-date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A copy of your child's Immunisation History Statement (IHS) is required. Please attach a copy	Yes <input type="checkbox"/> Copy provided	No <input type="checkbox"/>

## 9. DISABILITY VERIFICATION INFORMATION

HAS THE STUDENT BEEN DIAGNOSED WITH A DISABILITY AS DEFINED IN THE DISABILITY DISCRIMINATION ACT 1992?

Yes  No

If Yes, please indicate below the student's current ascertained/verified diagnosis.  
(Please supply documentation)

Category	Tick if applicable	Further Details (if applicable)
Intellectual Impairment	<input type="checkbox"/>	
Vision Impairment	<input type="checkbox"/>	
Speech Language Impairment	<input type="checkbox"/>	
Hearing Impairment	<input type="checkbox"/>	
Physical Impairment	<input type="checkbox"/>	
Social Emotional Disorder	<input type="checkbox"/>	
Autism Spectrum Disorder	<input type="checkbox"/>	
Multiple	<input type="checkbox"/>	

**10. DETAILS OF PERSONS RESPONSIBLE FOR THE DAY TO DAY CARE OF THE STUDENT AND WITH WHOM THE STUDENT LIVES**

PARENT / GUARDIAN / CARER	PARENT / GUARDIAN / CARER
Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>
Dr <input type="checkbox"/> Other <input type="checkbox"/>	Dr <input type="checkbox"/> Other <input type="checkbox"/>
Surname	Surname
Given Names	Given Names
Middle Name/s	Middle Name/s
Religion	Religion
Parish	Parish
<b>RELATIONSHIP TO STUDENT</b>	<b>RELATIONSHIP TO STUDENT</b>
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/>
Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/>	Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/>
Other <input type="checkbox"/> Please specify	Other <input type="checkbox"/> Please specify
<b>RESIDENTIAL ADDRESS</b>	<b>RESIDENTIAL ADDRESS</b>
City	City
State Post Code	State Post Code
<b>POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):</b>	<b>POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):</b>
City	City
State Post Code	State Post Code
<b>OCCUPATION</b>	<b>OCCUPATION</b>
<b>EMPLOYER</b>	<b>EMPLOYER</b>
<b>HOME PHONE</b>	<b>HOME PHONE</b>
<b>WORK PHONE</b>	<b>WORK PHONE</b>
<b>MOBILE PHONE</b>	<b>MOBILE PHONE</b>
<b>E-MAIL ADDRESS</b>	<b>E-MAIL ADDRESS</b>

Preferred e-mail address for College Newsletter (if different from above)	
Past student of this school? Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Past student of this school? Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Defence Force family? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Aboriginal/Torres Strait Islander?	Aboriginal/Torres Strait Islander?
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes, Aboriginal <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>
Yes, Torres Strait Islander <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>
Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/>
DOES THE PARENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? No, English only <input type="checkbox"/>	DOES THE PARENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? No, English only <input type="checkbox"/>
Other/s, please specify	Other/s, please specify
IN WHICH COUNTRY WAS THE PARENT BORN? Australia <input type="checkbox"/> Other, please specify	IN WHICH COUNTRY WAS THE PARENT BORN? Australia <input type="checkbox"/> Other, please specify

## 11. SIBLING INFORMATION

LIST ALL CHILDREN IN THE FAMILY FROM ELDEST TO YOUNGEST – INCLUDING THE ENROLLING STUDENT.

Given names	Surname	DOB	School	House or Home group (If applicable)	Current Year Level

## 12. COLLECTION OF DATA ON PARENT BACKGROUNDS

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL THE PARENTS/GUARDIANS HAVE COMPLETED?

(For persons who have never attended school, mark box *Year 9 or equivalent or below*). Please tick the appropriate box.

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2	NON RESIDING PARENT
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION THE PARENTS/GUARDIANS HAVE COMPLETED?

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2	NON RESIDING PARENT
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR THE NEXT QUESTIONS, PLEASE SELECT THE APPROPRIATE PARENTAL OCCUPATION GROUP FROM THE LIST BELOW (CONT. ON PAGE 9).

If you are not currently in **paid** work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.

If you have **not** been in **paid** work in the last **12 months**, enter '8' in the box below.

	CODE	OCCUPATION
What is the occupation group of the parent/guardian 1?		
What is the occupation group of the parent/guardian 2?		
What is the occupation group of non-residing parent?		

#### PARENTAL OCCUPATION GROUPS

##### GROUP 1: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION AND DEFENCE, AND QUALIFIED PROFESSIONALS

- Senior executive/manager/department head in industry, commerce, media or other large organisation.
- Public service manager (Section head or above), regional director, health/education/police/fire services administrator
- Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- Defence Forces Commissioned Officer
- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
  - Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
  - Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
  - Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

##### GROUP 2: OTHER BUSINESS MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
- Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
- Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
- Associate professionals generally have diploma/technical qualifications and support managers and professionals.
  - Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
  - Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
  - Defence Forces Senior Non-Commissioned Officer

##### GROUP 3: TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

- Tradesmen/women generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
- Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]



- Skilled office, sales and service staff.
  - Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
  - Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
  - Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

**GROUP 4: MACHINE OPERATORS, HOSPITALITY STAFF, ASSISTANTS, LABOURERS AND RELATED WORKERS**

- Drivers, mobile plant, production/processing machinery and other machinery operators.
- Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
- Office assistants, sales assistants and other assistants.
  - Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
  - Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
  - Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- Labourers and related workers
  - Defence Forces ranks below senior NCO not included above
  - Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
  - Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

**13. DETAILS OF PARENTS NOT LIVING WITH STUDENT (NON-CUSTODIAL)**

If you complete this section then you must also have completed Section 14 (Special Circumstances)

NON-CUSTODIAL PARENT NO 1	NON-CUSTODIAL PARENT NO 2
Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>
Dr <input type="checkbox"/> Other <input type="checkbox"/>	Dr <input type="checkbox"/> Other <input type="checkbox"/>
Given Names	Given Names
Middle Name/s	Middle Name/s
Surname	Surname
Religion	Religion
Parish	Parish
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
RESIDENTIAL ADDRESS	RESIDENTIAL ADDRESS
City	City
State Post Code	State Post Code
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):	POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):
City	City
State Post Code	State Post Code
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
HOME PHONE	HOME PHONE

WORK PHONE		WORK PHONE	
MOBILE PHONE		MOBILE PHONE	
Past student of this school? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Past student of this school? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Aboriginal/Torres Strait Islander Culture?		Aboriginal/Torres Strait Islander Culture?	
No <input type="checkbox"/>		No <input type="checkbox"/>	
Yes, Aboriginal <input type="checkbox"/>		Yes, Aboriginal <input type="checkbox"/>	
Yes, Torres Strait Islander <input type="checkbox"/>		Yes, Torres Strait Islander <input type="checkbox"/>	
Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/>		Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/>	
E-MAIL ADDRESS		E-MAIL ADDRESS	
Is this person to receive any of the following:		Is this person to receive any of the following:	
College Report/Progress Reports Yes <input type="checkbox"/> No <input type="checkbox"/>		College Report/Progress Reports Yes <input type="checkbox"/> No <input type="checkbox"/>	
College newsletter Yes <input type="checkbox"/> No <input type="checkbox"/>		College newsletter Yes <input type="checkbox"/> No <input type="checkbox"/>	
College portal access Yes <input type="checkbox"/> No <input type="checkbox"/>		College portal access Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent invitation to college events Yes <input type="checkbox"/> No <input type="checkbox"/>		Parent invitation to college events Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### 14. SPECIAL CIRCUMSTANCES

Is the Student in the Care of the State?

Yes  No

Please advise any special family circumstances e.g. single parent, the student's special living arrangements, legal guardian, foster care, access restrictions (give details). If not applicable, please tick the box below. Parents must provide any updated court orders, undertakings or agreements as soon as possible to the college Principal.

Yes  No

Supporting current legal documents (e.g. Court orders, undertakings, agreements (like parenting plans) access restrictions).

Attached Yes  No

## 15. ADDITIONAL INFORMATION

Indicate any other physical, social/emotional or intellectual conditions which may affect learning or other College activities or which may require additional or emergency attention at College.

I have completed this *Application for Student Enrolment* in conjunction with the *Enrolment Notes Booklet*.

- I have read and understood the Townsville Catholic Education Information Collection Notice, Enrolment Agreement Terms and Financial Terms in the *Enrolment Notes Booklet*.
- The information I have stated in this *Application for Student Enrolment* is a complete, full and frank disclosure of information pertinent to the student seeking enrolment.
- I understand that:
  - I have an obligation to inform the College of any change to the information provided in this *Application for Student Enrolment*. I can do this by contacting the College in writing before I receive a letter of offer from the College.
  - Completion and submission of this *Application for Student Enrolment* does not guarantee that the student will receive an offer of enrolment from the College or placement on any reserve list in any particular order, or at all.
  - The completion and submission of this *Application for Student Enrolment* is not an offer (for enrolment of the student) by me capable of acceptance by the College.
  - If, after consideration of this *Application for Student Enrolment* and student interview, the College makes an offer to enrol the student at the College, that offer will be made on the terms of a separate *Student Enrolment Agreement*, which will include the Enrolment Agreement Terms and the Financial Terms as set out in the *Enrolment Notes Booklet*.
  - If the student is enrolled at the college, I have an ongoing obligation and will provide to the College current information about the student that is relevant to the education, wellbeing and safety of the student, for the entire period of enrolment at the College.

**Please print out – sign this form, and return to the college.**

Mother/Guardian/Carer's name <i>Please print in full</i>	Signature	Date
Father/Guardian/Carer's name <i>Please print in full</i>	Signature	Date
Independent Student <i>Please print in full</i>	Signature	Date

# DOCUMENT CHECKLIST

WHEN APPLYING TO ENROL THE STUDENT AT THIS SCHOOL, PLEASE CHECK THAT YOU HAVE PROVIDED COPIES OF:

- Birth Certificate or extract or identity documents
- Australian Citizenship documentation (if required)
- Sacramental Certificates
- Transfer documents from previous school (if applicable)
- Year 3, 5, 7 or 9 NAPLAN Results as applicable
- Latest school report and/or reference from previous school
- Documentation relating to student support (any reports, action plans, assessments, etc.)
- Medical Action Plan and Medication Consent Form (if applicable)
- Immunisation History Statement
- Court orders or undertakings, agreement and parenting plans (if applicable)

IF THE STUDENT IS **NOT** AN AUSTRALIAN CITIZEN, YOU WILL NEED TO PROVIDE

- Passport or travel documents and current visa and previous visas (if applicable)

IN ADDITION, IF THE STUDENT IS A TEMPORARY VISA HOLDER YOU WILL ALSO NEED TO PROVIDE

- Authority to enrol or evidence of permission to transfer provided by the International Student Centre (if holding an International full fee student visa, sub-class 571P)
- Authority to enrol for visitor and temporary resident holders may be required (other than sub-class 571P referred to above) issued by the Temporary Visa Holders Program Unit
- Evidence of the visa the student has applied for (if the student holds a bridging visa)

OFFICE USE ONLY	
Date Received:	Interview Date:
Interviewed By:	Enrolment Accepted:
Birth Certificate Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Date:
Sacramental Certificate Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deposit Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunisation History Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	

CNR MARY & CAMOOWEAL ST, MOUNT ISA QLD

**P** (07) 4743 2509

**E** [enquiries@goodshepherd.catholic.edu.au](mailto:enquiries@goodshepherd.catholic.edu.au)

**www.goodshepherd.catholic.edu.au**