

ENROLMENT APPLICATION FORM

Parents/Guardians need to complete and sign this Enrolment Application Form and submit it to the School Office with payment of an Application Fee of \$100.00. The Enrolment Officer will contact parents regarding possible vacancies after the information in this form has been processed.

1. Student Details

Name:

Age: Date of Birth: Gender:

Proposed entry year: Year Level of entry (P-6):

Country of Birth: Australian Citizen?

Nationality: Aboriginal/Torres Strait Islander?

If the child is not an Australian by birth or descent, please provide the following as well as copy of current Visa:

Visa subclass number: Date of Entry into Australia:

Student Address:

Student Email (if applicable):

Student Mobile Number (if applicable):

1. Student Details (cont)

Other children in the Family: **(please note, a separate application form is required for each child enrolling)**

Child's name: Age:

Current school year level: Applying for admission?

Child's name: Age:

Current school year level: Applying for admission?

Child's name: Age:

Current school year level: Applying for admission?

Child's name: Age:

Current school year level: Applying for admission?

2. Parent/Guardian Information

Parent/Guardian 1

Name: *Title:* *First Name:* *Surname:*

Phone: *Home:* *Work:* *Mobile:*

Email:

Residing at the same address as the student?

Address (if different): *Street:*

Suburb: *State:* *Postcode:*

Date of Birth: Country of Birth:

Nationality: Aboriginal/Torres Strait Islander:

2. Parent/Guardian Information (cont)

Do you identify with a non-English speaking culture? If so, please give details:

Do you speak another language at home? If so, please state which:

Highest Level of Secondary Schooling:

Year 9 or below: Year 10: Year 11: Year 12:

Highest Level of qualification completed:

Bachelor degree: Diploma: Certificate: No post-school qualification:

Occupation:

Employer:

Position:

Concession Card

Type:

Number:

Religion:

Church:

Involvement in Church:

Active:

Passive:

Not Involved:

Other Church involvement:

Parent/Guardian 2

Name:

Title:

First Name:

Surname:

Phone:

Home:

Work:

Mobile:

Email:

Residing at the same address as the student?

Yes

No

Address (if different):

Street:

Suburb:

State:

Postcode:

Date of Birth:

Country of Birth:

2. Parent/Guardian Family Information (cont)

Nationality:

Aboriginal/Torres Strait Islander:

Yes

No

Do you identify with a non-English speaking culture? If so, please give details:

Do you speak another language at home? If so, please state which:

Highest Level of Secondary Schooling:

Year 9 or below:

Year 10:

Year 11:

Year 12:

Highest Level of qualification completed:

Bachelor degree:

Diploma:

Certificate:

No post-school qualification:

Occupation:

Employer:

Position:

Concession/
Health Care Card

Type:

Number:

Religion:

Church:

Involvement in Church:

Active:

Passive:

Not Involved:

Other Church involvement:

What is your marital status?

Married:

Single:

Separated:

Divorced:

Widowed:

Defacto:

If parents are separated/divorced, student/s reside with:

N/A:

Mother:

Father:

Shared:

Other:

Are there any court orders in place which affect the student/s?:

No:

Yes:

(Please supply copy of order)

3. Communication and Contact Information

With whom should HCTB communicate regarding day to day matters?

Both parents together: Both parents individually: Other (step parent/guardian:
(please complete section below)

Who should receive copies of school reports?

Both parents together: Both parents individually: Other (step parent/guardian:
(please complete section below)

Who should receive the fee account?

Both parents together: Both parents individually: Other (step parent/guardian:
(please complete section below)

Do you have any fees outstanding to a previous education provider?

Yes

No

If yes, please provide details:

Other Contact: *(if required)*

Name Title: First Name: Surname:

Relationship to student:

Phone: Home: Work: Mobile:

4. Emergency Contact Information

Emergency Contact 1: *(someone other than a parent/guardian)*

Name Title: First Name: Surname:

Relationship to student:

Phone: Home: Work: Mobile:

Emergency Contact 2: *(someone other than a parent)*

Name Title: First Name: Surname:

Relationship to student:

Phone: Home: Work: Mobile:

5. Student Information

(for Students being enrolled in Prep, please only fill out as applicable)

Current
School/Kinder:

(if applicable)

Class Teacher/Year Advisor:

Contact Phone Number:

Describe any special academic achievements, gifts or strengths:

Describe any difficulties your child may have that could impact on their academic process:

Describe any special personal characteristics, interests, hobbies or achievements:

Please note any commitments to sport or music:

Has your child received funding to support special needs?

Yes

No

If yes, please describe this support:

Does your child require ESL support?

Yes

No

Please indicate your child's level of social interaction with peers:

Excellent:

Above Average:

Average:

Below Average:

Please indicate your child's general level of past conduct in social settings:

Excellent:

Above Average:

Average:

Below Average:

Has your child ever been suspended or expelled from another school?

Yes

No

I would like to discuss this further with the Principal, in private:

Yes

No

If yes, please provide details or if preferred feel free to discuss with the Principal in private.

5. Student Information (cont)

Has your child ever been subject to special disciplinary problems?

Yes

No

If yes, please provide details:

6. Medical Information

Health Care Card:

Yes

No

Card Number:

Medicare Number:

Position on
Card:

Expiry
Date:

Are you a member of a Private Health Fund?

Yes

No

Ambulance Cover?

Yes

No

Name of Health Fund:

Membership Number:

Doctor's Name:

Phone Number:

Dentist's Name:

Phone Number:

Does your child have a medical diagnosis/allergy?

Yes

No

Asthma

Diabetes

Epilepsy

Other

If yes please provide details:

6. Medical Information (cont)

Does your child have a disability or special needs?

Yes

No

ADD ADHD Aspergers Other

If yes please give details:

Does your child require administration of regular medication?

Yes

No

If yes please give details:

Do you consent for your child to be given Paracetamol or Ibuprofen?

Yes

No

Do you consent for your child to be given antihistamine if required?

Yes

No

Does your child wear glasses or contact lenses?

Yes

No

Does your child wear a hearing aid?

Yes

No

Does your child have any dietary restrictions?

Yes

No

If yes please give details:

Are your child's immunisations up to date? (a certificate must be provided)

Yes

No

Does your child suffer from any psychological conditions?

Yes

No

If yes please give details:

Psychologist Name:

Phone Number:

Psychiatrist Name:

Phone Number:

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical attention to be administered to my child/children, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anaesthesia and/or surgery, under the recommendation of qualified medical personnel.

7. Legal Documentation

Supporting Documentation

In order for this enrolment to be processed in a timely manner, please ensure you provide the following to support the enrolment:

It is a legal requirement that the College has the documents listed below on record. It is the parents'/guardians' responsibility to provide these documents to the school.

1) Proof of Date of Birth and Residency

Original documents must be sighted and will be copied by the school.

There are several ways you can provide us with this documentation:

- Child's passport
- Child's birth certificate
- If your child was not born in Australia, we will also need to copy the visa documentation that allows your child to remain in the country and enrol at our College

2) Immunisation History Statement

An Immunisation History Statement, directly from Australian Immunisation Register must be presented on enrolment, **whether a child is immunised or not** (this is a legal requirement). If a child transfers primary schools, it is the **parents'/guardians'** responsibility to ensure that the immunisation statement is transferred from one school to the other. A new school entry immunisation certificate is not required to be issued; the existing certificate should be transferred to the new school the child will be attending.

Ways you can provide us with this documentation include:

- A Child History Statement from the Australian Immunisation Registrar - Phone: 1800 653 809
- If your child has transferred from a previous primary school and you provided them with an immunisation statement, please contact the school and request it be sent to our College

Please tick the appropriate statements:

Yes

Proof of Date of Birth and Residency attached for copy, **OR**

Yes

Proof of Date of Birth and Residency not attached but has been requested. I/we will forward the documentation to the school as soon as it is received.

Yes

Immunisation History Statement attached, **OR**

Yes

Immunisation History Statement not attached but has been requested. I will forward the documentation to the school as soon as it is received.

8. Declaration

Supporting Documentation

In order for this enrolment to be processed in a timely manner, please ensure you provide the following to support the enrolment:

1. Payment of the Enrolment Application Fee (\$100.00). This fee is non-refundable.
2. A copy of the student's last two school reports (if applicable).
3. NAPLAN reports (for students who have been in grade 3, 5, 7 or 9 in Australia).
4. A copy of the child's birth certificate.
5. Any documentation relevant to medical/psychological conditions.
6. Any documentation related to family court matters (eg court orders).
7. Immunisation History Certificate.
8. Medical Action Plans from doctor if required.

Please submit this complete Enrolment Application Form, with supporting documentation, to the office at Heritage College. Payment of the \$100.00 Enrolment Application fee can be made by cash or credit card at Reception. Direct Deposit facilities are available as follows:

Christadelphian Heritage College Melbourne Inc, ANZ Bank Ringwood
BSB: 013 414, Account Number: 4786 47612

Please use your surname as the reference

I/We declare, to the best of my/our knowledge, that all the information presented above is true and correct.
I/We agree to medical treatment for our child should it be required.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Please note that completion of this Enrolment Application Form does not guarantee enrolment. An Enrolment Officer will contact you about possible vacancies and will make arrangements for the next steps in the enrolment process to be taken. Please supply the documents listed above to the Enrolment Officer via College Reception.