

STUDENT INFORMATION

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth: _____ Gender: Male Female Country of Birth: Australia Other: _____

Citizenship: Australian Citizen Aboriginal origin Torrest Strait Islander

Other Nationality: _____ Permanent Visa Temporary Visa Visa Number: _____

Address: _____ Suburb: _____ Post Code: _____

Who does the student reside with? Both parents Mother only Father only Other:

Are there any custody restrictions i.e. Intervention Orders? No Yes

Is the student an EAL (English as an Additional Language) student? No Yes → If Yes, specify arrival date to Australia: _____

Current School: _____ Current year level: _____

Proposed Entry Level to My College: _____ Proposed Year of Entry: 20____

*Main language spoken at home: _____

FAMILY INFORMATION

Do you have any other children who is currently enrolled in My College? No Yes

If yes, please tell us their name and year level: _____

CONTACT 1

Primary contact for SMS alerts

Parent Guardian *Relation to Student: _____

Title: ____ Family Name: _____ Given Name: _____

* Country of Birth: _____ * Language/s spoken at home: _____

* Nationality: _____ Religion: Islam Other: _____

Residential Address: _____ Postcode: _____

Postal Address (as above)

Telephone: (H): _____ (W): _____ (M): _____

*Email: _____ *Occupation: _____

*Highest level of school education completed including overseas: Year 12 Year 11 Year 10 Year 9 No School

*Highest level of qualification post school completed including overseas: Bachelors Degree/Above Diploma/ Advanced Diploma
 Certificate I to IV inc. Trade Cert No Post- School Qualification

CONTACT 2

Primary contact for SMS alerts

Parent Guardian *Relation to Student: _____

Title: _____ Family Name: _____ Given Name: _____

* Country of Birth: _____ * Language/s spoken at home: _____

* Nationality: _____ Religion: Islam Other: _____

Residential Address: _____ Postcode: _____

Postal Address (as above)

Telephone: (H): _____ (W): _____ (M): _____

*Email: _____ *Occupation: _____

*Highest level of school education completed including overseas: Year 12 Year 11 Year 10 Year 9 No School

*Highest level of qualification post school completed including overseas: Bachelors Degree/Above Diploma/ Advanced Diploma
 Certificate I to IV inc. Trade Cert No Post- School Qualification

BILLING DETAILS

School fees will be paid by: Contact 1 & 2 Contact 1 Contact 2 Other (please list below)

Title: _____ Given Name: _____ Family Name: _____ Relation: _____

Address: _____ Postcode: _____

Contact Number: _____ Email: _____ Signature: _____

EMERGENCY CONTACT DETAILS

Please provide three emergency contact details other than the mother, father and guardian.

Full Name: _____ Contact Number: _____ Relation: _____

Full Name: _____ Contact Number: _____ Relation: _____

Full Name: _____ Contact Number: _____ Relation: _____

MEDICAL INFORMATION

Medicare Number: _____ Name on Card: _____ Expiry: _____

Health Care/Pension Card Number: _____ Name on Card: _____ Expiry: _____

Family Doctor's Name: _____ Name of Clinic: _____

Address: _____ Postcode: _____ Contact Number: _____

Do you have Ambulance Cover for any Emergency? No Yes → Ambulance Cover Number: _____ Expiry: _____

Does the child suffer from any of the following (*If YES to any, please make sure to provide an updated Action Plan*)

Asthma Allergies Diabetes Anaphylaxis Epilepsy Other:

Does the child have any disabilities/impairments? No Yes → Details: _____

Is the child on any long-term medications? No Yes → Details: _____

Has the child previously attended Counselling? No Yes

Do you feel your child may need to be referred to a School Counsellor? No Yes

Does your child attend any Specialist Services i.e. Speech Therapy, Behaviour Management? No Yes → *If YES, please list below...*

Type of service: _____ Name of Service _____ Contact Person _____

Address: _____ Postcode: _____ Contact Number _____

DATABASE PHOTOGRAPHS

School database photographs are used internally within the school's student management system, therefore it is compulsory for enrolment and security purposes.

PHOTOGRAPH AND VIDEO CONSENT

Do you consent to your child's photos/videos being used for internal school publications (ie. internal school displays and school yearbook)?

Yes No

Do you consent to your child's photos/videos being used for external school publications (ie. newspapers), school social media, school newsletter and promotional material (ie. advertising, promotional documents/magazines, etc.)?

Yes No

DECLARATION

By signing this Application for Enrolment Form, you agree to the Enrolment Terms and Conditions.

Full Name: _____ Relation to child: _____

Signature: _____ Date: _____

Full Name: _____ Relation to child: _____

Signature: _____ Date: _____

KINDERGATEN/ SCHOOL CONTACT PARENT CONSENT

I give permission for My College to contact the current Childcare, Kindergarten or School of my child to obtain information related to his/her learning, development and behaviour.

Student Name: _____

Kindergarten/School Name _____

Kindergarten/School Address: _____

_____ Postcode: _____

Kindergarten/School Number _____

Kindergarten/School Teacher: _____

<p>Kindergarten Only</p> <p>Days attending: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Session times: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Other: _____</p>
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Parent/Guardian Full Name: _____

Signature: _____ Date: _____

COMMENTS AND NOTES

OFFICE USE ONLY

STUDENT ID: _____

ENROLMENT OFFICER: _____

DOCUMENTATION

- | | |
|--|--|
| <input type="checkbox"/> COMPLETE APPLICATION FOR ENROLMENT FORM | <input type="checkbox"/> MOTHER/GUARDIAN PHOTO ID (PASSPORT / LICENCE) |
| <input type="checkbox"/> RECENT SCHOOL REPORT | <input type="checkbox"/> FATHER/GUARDIAN PHOTO ID (PASSPORT / LICENCE) |
| <input type="checkbox"/> STUDENT AUSTRALIAN BIRTH CERTIFICATE / PASSPORT | <input type="checkbox"/> CUSTODY RESTRICTIONS <i>(IF APPLICABLE)</i> |
| <input type="checkbox"/> 2 X PASSPORT PHOTOS | <input type="checkbox"/> VISA DOCUMENTATION <i>(IF APPLICABLE)</i> |
| <input type="checkbox"/> IMMUNISATION CERTIFICATE | |

FEES AND LEVIES

- | | | |
|---|---------------------|-------------------|
| <input type="checkbox"/> APPLICATION FEE | DATE ENTERED: _____ | RECEIPT NO: _____ |
| <input type="checkbox"/> ACCEPTANCE FEE | DATE ENTERED: _____ | RECEIPT NO: _____ |
| <input type="checkbox"/> SCHOOL FEES DEBTOR ACCOUNT CREATED | | |

COMMENTS/NOTES



