



APPLICATION FOR ENROLMENT (CONFIDENTIAL)

Entry for 20__ School Year / Year Group__ Residential : Day:

1. Personal Details <i>(Please print all details below)</i>			
Child's Surname	Given names	Date of Birth	Sex (M/F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)		Postcode	
Postal Address (if different from residential address)		Postcode	
Telephone – Home	Work (if convenient)	Mobile Phone No	
Are there any family court orders regarding the day to day or long term care, welfare and development of the child? If Yes, a copy of the court order will need to be provided to the school. Please indicate (✓) YES NO			
Year level child currently enrolled in (eg, Year 7)			
Name of school (if any) at which the child is currently or was last enrolled:			
Schooling	Years Attended (eg 2007)	School Attended (eg Albany SHS)	
Year 8			
Year 9			
Year 10			
Year 11			
2. Permanent resident of Australia? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
3. Swimming Ability (Please state)			
4. Health & Well Being Information In order for the college to plan for the educational and pastoral needs of your child and to ensure they are able to safely operate farm equipment we are requesting the information listed below. Please answer the questions to the best of your knowledge, providing additional information where appropriate. Please also, sign the consent form so information can be accessed/transferred to the college. <i>All information remains confidential and will be accessed by those staff directly involved with your child.</i>			
5. Behaviour and emotional well being			
Do you have any concerns about your child's behaviour and/or emotional wellbeing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details. _____ _____			
Has your child been suspended/currently under suspension?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been excluded from school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have attention problems? eg. ADD		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child currently seeing/has seen a school psychologist?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child currently/or in the past been treated for depression/anxiety/stress?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details. _____ _____			

Do you have any concerns about your child's adjustment to living in a residential college? Yes No
Please specify.

Do you have any concerns about your child's behaviour that you wish to discuss with college staff?
If yes, please detail below. Yes No

6. Disabilities

Does your child have any disabilities? If yes, please give details. Yes No

Has your child ever been diagnosed as having Attention Deficit Disorder or Hyperactivity Disorder?
If yes, please give details. Yes No

Is your child under care for any disability? If yes, please give details. Yes No

Does your child have any intellectual disability or learning disability?
If yes, please give details. Yes No

7. Learning Needs

Please specify if your child has any learning difficulties and what this involves :

General Health

Does your child suffer from any medical condition that requires treatment? Please detail. Yes No

Please detail any other information not stated on this form that may be helpful to the college in catering for your child's needs.

The enrolment application will be considered in relation to the information detailed above. An interview may be requested and more information may be needed before your child's application is accepted. A trial period may be offered to your child.

9. Declaration
We agree that all the above information is true and correct to the best of our knowledge and understand that provision of this information is mandatory under Section 16 of the Education Act 2000. We agree to the college, seeking and gaining all information held by previous or present school(s). This includes confidential school psychologist information and school records. Thankyou for your time and assistance.

Parent/Guardian Signature : _____

Date : _____

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