



APPLICATION FOR ENROLMENT

Office Use:	Student Code:
	Parent Code:

Student Details:

Name: _____
Surname Given name/s

Date of Birth: ____/____/____ Male Female

Present School / Child Care Centre: _____ Year Level: _____

Proposed calendar year of entry: _____ Year level on entry: _____

In which country was the student born?

Australia

Other

Please specify: _____

Number of years the student has lived in Australia: _____

Is the student here on a Visa? No Yes

If 'Yes' please indicate the type of Visa below.

Student

Temporary Resident

Permanent Resident

Visa subclass number : _____

Does the student speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

No, English only

Yes, Other – please specify below

Other Siblings: (This does not guarantee an offer of enrolment)

Siblings currently attending A.B. Paterson College, or who have attended in the past, or who may attend in the future:

Given Name/s (Add surname if different)	Status (Current/ Future/ Past Student of the College)	Current Year Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please circle the appropriate title:

Mother/Carer 1/Legal Guardian 1 (please specify):

Father/Carer 2/Legal Guardian 2 (please specify):

Surname: _____

Surname: _____

Given Name/s: _____

Given Name/s: _____

Residential Address: _____

Residential Address: _____

Postal Address: _____

Postal Address: _____

Post Code: _____

Post Code: _____

Student lives at this address:

Student lives at this address:

Tel Home: _____ Work: _____

Tel Home: _____ Work: _____

Mobile: _____

Mobile: _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Position: _____

Position: _____

Place of Employment: _____

Place of Employment: _____

Preferred contact for correspondence (please circle one):

Postal: Mother/Guardian 1 Father/Guardian 2 Other _____

Mobile: Mother/Guardian 1 Father/Guardian 2 Other _____

Email: Mother/Guardian 1 Father/Guardian 2 Other _____

Are there any Residency or Contact arrangements in place for the student? Yes No

Please state any relevant information regarding lawful custody of the student: _____

STUDENT INDIVIDUAL NEEDS

To assist the College to respond to individual requirements, please detail any special needs your child has in the following areas that may affect his/her learning, participation or welfare.

Medical / Health Care _____

Medication _____

Physical _____

Orthoses / Prostheses _____

Psychological / Cognitive _____

Sensory (e.g. Vision, Hearing) _____

Behavioural or Safety _____

Communication _____

Does your child receive any services from an external agency that may affect educational arrangements?

No Yes

If so, please detail name of service provider and contact telephone number:

Further details: _____

Has your child ever taken part in:

A remediation programme? No Yes Details: _____

An extension / Gifted and Talented programme? No Yes Details: _____

Has your child ever been accelerated? No Yes

Details: _____

Has your child been Ascertained? No Yes

Details: _____

Are there any other current medical conditions of which the College should be aware?

No Yes

Details: _____

In making this application I am / we are aware of and accept the following:

- (i) The enrolment policy, procedures and conditions of enrolment as detailed in the College Prospectus and the College Website;
- (ii) The Application for Enrolment fee is non-refundable.

Name (please print): _____

Signature: _____
Parent/Carer 1/Guardian 1

Date: _____

Name (please print): _____

Signature: _____
Parent/Carer 2/Guardian 2

Date: _____

Office Use

Date of Receipt of Application: _____

Amount Received: _____ **Receipt Number:** _____