



# 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: \_\_\_\_\_

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**Office Use**

**Date of Receipt of Application:** \_\_\_\_\_

**Amount Received:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_