

APPLICATION FOR ENROLMENT



Kilvington
Grammar School

STUDENT DETAILS

Student's Family Name _____

Given Names _____

Preferred Name _____ Gender Male Female

Date of Birth _____ VSN Number _____

Is your child:

- an Australia Citizen
 Aboriginal/Torres Strait Islander descent
 a Permanent Resident
 a Temporary Resident
 on a Visa

Please attach a copy of your child's Birth Certificate, Visa and Passport as proof and for our records if not an Australian citizen.

Passport Number _____ Expiry Date _____

Visa Number _____

Visa Subclass _____ Expiry Date _____

Nationality on Passport _____

Present School _____

Present Level _____

Religious Denomination _____

The child lives with Both parents Mother Father Other

Main language spoken at home _____

Is there a court order or parenting agreement in place? Yes No
If yes, please attach.

As part of the enrolment process we may contact your child's current school.
Your written permission is required for staff to contact the school. Yes No

WHY HAVE YOU CHOSEN TO APPLY AT KILVINGTON GRAMMAR?

Please rank from 1 being the most important, to 5 being the least important.

- Family Connection
 Resources and Facilities
 Location
 Recommendation of Friend
 School Model
 Class Size
 Academic Excellence
 Nurturing Environment
 Focus on Individual Needs
 Sporting Programs
 Performing Arts Programs
 Music Programs
 International Program
 Open Entry Policy
 Pastoral Care
 Size of School
 Other _____

HOW DID YOU HEAR ABOUT KILVINGTON GRAMMAR?

- Word of Mouth (friend/family)
 Attending Open Morning / School Tour
 Website
 Newspaper Advertisement
 Online Advertising
 Radio
 Billboard
 Other _____

2 Leila Road, Ormond Victoria 3204

T (03) 9578 6231 | F (03) 9578 3378 | E enquiries@kilvington.vic.edu.au

kilvington.vic.edu.au

Please see over...

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ADMISSION TO KILVINGTON

Calendar Year _____

Year Level _____

Early Learning Centre Applications Only

If applying for the Early Learning Centre, please indicate your preferred class:

- ELC 3-year-old – 3 days (Monday, Tuesday and Wednesday)
- ELC 3-year-old – 3 days (Wednesday, Thursday and Friday)
- ELC 3-year-old – 2 days (Thursday and Friday)
- ELC 4-year-old – 4 days (Monday, Tuesday, Thursday and Friday)
- ELC 4-year-old – 5 days (Monday, Tuesday, Wednesday, Thursday and Friday)

Legislation changes have occurred to the early childhood services enrolment and immunisation requirements. We require a copy of the Immunisation Status Certificate prior to commencement in the Early Learning Centre. This form can be obtained from Medicare. Please refer to Schedule One for further information.

Will your child be continuing into Prep at Kilvington Grammar? Yes No Undecided

If sibling/s has attended or is currently attending Kilvington

Name/s _____

Year Level _____

House _____

Age and gender of siblings _____ M F
_____ M F

If mother is a past student please state

Maiden Name _____

Family Birth order of student _____

LEARNING SUPPORT

Are you aware of any special education requirements your child may have? Yes No

- English as a second language.
What languages are spoken at home? _____
- Support programs in literacy
- Support programs in numeracy
- Specialist reports (this may include speech pathology, WISC etc.)

Other _____

It is important that you disclose information relating to your child's learning needs so that the School can plan appropriately. Failure to disclose this information may jeopardise the School's ability to offer your child a place.

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MEDICAL INFORMATION

Are you aware of any medical conditions your child may have? Yes No

If Yes, please indicate (eg. anaphylaxis, asthma, diabetes, epilepsy, sight/hearing, dietary restrictions, allergies, psychological medical conditions)

Other

Does your child take any prescribed medication regularly? Yes No

If Yes, please indicate

FAMILY DETAILS

Parent/Guardian 1

Title (*Dr / Mr / Mrs / Miss / Ms / Rev / Prof*)

Family Name

Given Names

Address (*street address only*)

Postcode

Home Telephone ()

Business Telephone ()

Mobile

Email

Occupation

Company

Do you hold a Health Care card? Yes No

If Yes, please supply the number Expiry

Are you an Australian citizen? Yes No

Are you a single parent? Yes No

Are you sole custodian? Yes No

Student reside with:

Both parents Mother Father Guardian

Address

Postcode

Parent/Guardian 2

Title (*Dr / Mr / Mrs / Miss / Ms / Rev / Prof*)

Family Name

Given Names

Address (*street address only*)

Postcode

Home Telephone ()

Business Telephone ()

Mobile

Email

Occupation

Company

Do you hold a Health Care card? Yes No

If Yes, please supply the number Expiry

Are you an Australian citizen? Yes No

Are you a single parent? Yes No

Are you sole custodian? Yes No

Student reside with:

Both parents Mother Father Guardian

Address

Postcode

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DECLARATION BY PARENTS / GUARDIANS

We have read and noted the fees and regulations for enrolment stated in Tuition Fees, Charges and Business Regulations (available on the Kilvington website). We agree to be bound by these or any regulations of the School and be responsible for all fees and other monies due to the School in relation to the above student. We have read and noted all additional obligations stated in the Enrolment Policy (available on the Kilvington website).

We have read all the information provided and collected in this application form and understand the School's Privacy Policy (available on the Kilvington website).

ENROLMENT PROCESS

Parents / Guardians of ELC children who are eligible to attend Prep the following year will be required early in the ELC 4-year-old program to confirm that they wish to accept a place in Prep that following year. A holding fee will be charged.

Your child's name will be placed on a waiting list for the entry year sought. The wait list will be in order according to the date of application but preference will be given to the siblings of existing students and the children of past students. A small number of places will be kept for scholarships and special consideration at the Principal's discretion. Submitting this application for enrolment does not guarantee an interview.

To receive an invitation for interview with the Principal or senior member of staff, we select from the waitlist in order of application date (factoring in the above criteria). The interview process is **no guarantee** of a confirmation of enrolment. A confirmation of enrolment is only offered in writing. The School is not obliged to provide a reason why a place has not been offered.

We encourage all prospective parents and students to attend a Kilvington Open Morning, which are held throughout the year. Please register on our website. Alternative personal tours can be arranged by contacting our Admissions Office. All personal tours are held during school term.

From time to time we will send you information about School events and news. If you do not wish to receive this information please contact: privacy@kilvington.vic.edu.au.

SIGNATURES

Signature of Parent / Guardian 1

Signature of Parent / Guardian 2

This application requires the signature of both parents / guardian. If this is not completed, please indicate the circumstances.

Please return to: **The Director of Admissions
Kilvington Grammar School
PO Box 144 ORMOND VIC 3204**

APPLICATION REQUIREMENTS

Please return the following items with this Application:

- Application for Enrolment (*please complete all sections and sign/date application*)
- Copy of birth certificate or extract
- Copy of Immunisation Status Certificate (*obtained from Medicare*) (ELC applicants only)
- Copy of current passport (*if applicable*)
- Copy of Visa (*if applicable*)
- Copy of AEAS test (*if applicable*)
- Copy of latest school report
- NAPLAN results
- AIM results or any other assessment reports (*gifted/special needs if applicable*)
- Non-refundable registration fee of \$100.00 (AU) (*cheques made payable to Kilvington Grammar School*)

To ensure that all your records are correct and up-to-date, please notify the Admissions Department of any changes to details.

Credit Card Payment Authorisation – Please tick the appropriate box Mastercard Visa

Card Number _____ / _____ / _____ / _____ Expiry Date _____

Cardholder's signature _____ Amount \$ _____

Cardholder's name _____ Date _____