

APPLICATION FOR ENROLMENT



STUDENT INFORMATION: <i>(Please print clearly)</i>			
Surname			
Surname on birth certificate (if different)			
Given Names			
Preferred Name			
Date Of Birth			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Country of Birth	Australia <input type="checkbox"/> Other <input type="checkbox"/> <i>(please specify)</i> _____		
Nationality			
Residential Status	Citizen <input type="checkbox"/> Resident <input type="checkbox"/>		
Religion			
Present School		Present Year Level	
Proposed Date of Entry		Age at Entry	
Expected Year Level of Entry e.g. Year 7			
Expected Duration of Enrolment			
Name of siblings currently or previously enrolled at St Philip's College:			
If previously what was the year of completion			
Emergency Contacts <i>(other than parents)</i>			
Name:.....	Phone:.....	Relation:.....	
Name:.....	Phone:.....	Relation:.....	
Health e.g. Allergies, Special Medication, physical disabilities/restrictions etc.			
Does your child wear glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child have a hearing impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other <i>(please list)</i>			
Education e.g. Learning Disabilities, Special Talents, Previous Music Tuition, gifted and talented: (If yes, describe learning needs and provide documentation about intervention/support if available)			
.....			
.....			
Day Student?	<input type="checkbox"/> Yes – day student		
Boarding Student?	<input type="checkbox"/> Yes – boarding student		
Is the student of Aboriginal origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student of Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will an application be made for ABSTUDY funding? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Does the student or their Mother/Guardian1 OR their Father/Guardian2 speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Student	Mother/Parent1/Guardian 1	Father/Parent2/Guardian 2
No, English only			
Yes (<i>please specify</i>),			
Special Family Circumstances (eg single parent, dual custody, foster care, access restrictions, guardianship – please give details).....			
Supporting legal documents are required by the school – Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Second Academic Report required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:			
Address:			
MOTHER/GUARDIAN/CARER 1 INFORMATION <i>(As required under the Australian Government Schools Assistance Act 2004)</i>			
Surname			
Given Name			
Title			
Occupation			
Employer			
Nationality			
Country of Birth			
Religion			
Home Phone Number			
Business Phone Number			
Mobile Phone Number/s			
Email Address	<i>(please note the College newsletter will be emailed to you every Friday during the Term)</i>		
Home Address			
Postal Address			
Are you of Aboriginal origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest year of Primary or Secondary School Mother/Guardian1 has completed? Please tick <input checked="" type="checkbox"/>			
Year 9 or equivalent or below	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>
What is the highest qualification Mother/Guardian1 has completed? Please tick <input checked="" type="checkbox"/>			
No non-school qualification	<input type="checkbox"/>	Advanced Diploma/Diploma	<input type="checkbox"/>
Certificate I–IV <i>(including trade qualification.)</i>	<input type="checkbox"/>	Bachelor Degree or above	<input type="checkbox"/>
What is the occupation group of Mother/Guardian1?			
To answer the question below, please refer to the list of Occupation Groups on the last page.			

FATHER/GUARDIAN/CARER 2 INFORMATION

(As required under the Australian Government Schools Assistance Act 2004)

Surname			
Given Name			
Title			
Occupation			
Employer			
Nationality			
Country of Birth			
Religion			
Home Phone Number			
Business Phone Number			
Mobile Phone Number/s			
Email Address	<i>(please note the College newsletter will be emailed to you every Friday during the Term)</i>		
Home Address			
Postal Address			
Are you of Aboriginal origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest year of Primary or Secondary School Father/Guardian2 has completed? Please tick <input checked="" type="checkbox"/>			
Year 9 or equivalent or below	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>
What is the highest qualification Father/Guardian2 has completed? Please tick <input checked="" type="checkbox"/>			
No non-school qualification	<input type="checkbox"/>	Advanced Diploma/Diploma	<input type="checkbox"/>
Certificate I–IV <i>(including trade qualification.)</i>	<input type="checkbox"/>	Bachelor Degree or above	<input type="checkbox"/>
What is the occupation group of Father/Guardian2? To answer the question below, please refer to the list of Occupation Groups on the last page.			

