

# Karrik Bursary Application

## STUDENT INFORMATION

Surname:		First Name:	
Second Name:		Preferred Name:	
Address:			
Postcode:	Date of Birth:	Aboriginal: Yes/No    Torres Strait Islander: Yes/No	
Nationality:		Place of Birth:	
Language spoken at home:		Present School:	
Location:		Current Year:	
Has the student applied to Madalah? Yes/No			

## FAITH COMMITMENT

Religious Denomination:		Parish Priest:	
Parish:		Suburb:	
Date of Reception of Sacraments		Baptism:	
Reconciliation:		First Communion:	
Confirmation:			

## PARENT/GUARDIAN

GUARDIAN 1		GUARDIAN 2	
Title:		Title:	
Surname:		Surname:	
First Name:		First Name:	
Relationship to Applicant:		Relationship to Applicant:	
Address:		Address:	
	Post Code:		Post Code:
Home Phone:		Home Phone:	
Business Phone:		Business Phone:	
Mobile:		Mobile:	
Religious Denomination:		Religious Denomination:	
Nationality:		Nationality:	
Occupation:		Occupation:	
Employer:		Employer:	
If self-employed, state type of industry:		If self-employed, state type of industry:	
Email:		Email:	
		Is Father a Trinity Old Boy? Y/N	Class of:

### MAILING INFORMATION

Mail Title: (to whom mail is addressed)

Mail Address: (for all correspondence)

Billing Email:

### CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student:

Applicant lives with:

Mother:

Father:

Both:

Other:

Are there any Parenting or Restraint Order applicable? Yes - N/A

If yes, please attach

Any other conditions enforced at law?

### SIBLINGS

#### Currently Attending Trinity College

#### Previously Attended Trinity College

Name	Year Level	Name	Exit Year

#### Sister/s at Mercedes College:

Name: Year Level:

Name: Year Level:

### STUDENT MEDICAL NEEDS

*The school **Education Act 1999** requires the provision of "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G). To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his learning, participation or welfare during school hours.*

Medication:

Physical:

A learning difficulty:

ADHD:

Medical Condition:

Perceptual Difficulty:

Orthoses/Prostheses:

Psychological/Cognitive:

Sensory (e.g. Vision/Hearing):

Behavioural or Safety:

Communication:

Allergies:

Has the applicant required previous additional academic support?

What additional support, if any, is the applicant likely to require if he is to maximise his achievement at Trinity College (e.g. PEAC, extension)?

### STUDENT EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency which may affect educational arrangements? *Yes/No*

If answered yes, please provide Service Provider:

Contact No:

Does your child access special transport arrangements to and from school? *Yes/No*

Does your child receive respite care on a regular basis? *Yes/No*

### STUDENT FURTHER DETAILS

Remarks regarding applicant's musical or cultural interests:

Does applicant play a musical instrument?

How many years?

Exams passed:

Eisteddfod/Festival performances?

Is the applicant a member of any of the following musical groups?

Choir:

Concert Band:

Orchestra:

Jazz Band:

**SPORT** – Remarks regarding applicant's sporting interests

Representative teams?

Clubs and other activities:

### STUDENT TO COMPLETE

Outline why you would like to attend Trinity College?

## EMERGENCY CONTACT DETAILS (Other than Guardians on Page 1)

<b>Name:</b>		Relation to Student:	
Address:			
Contact Numbers	Home:	Business:	Mobile:
<b>Name:</b>		Relation to Student	
Address:			
Contact Numbers	Home:	Business:	Mobile:

## MEDICAL EMERGENCY AUTHORISATION

*I/we authorise Trinity College to seek medical/dental attention, call an ambulance or to hospitalise my son when considered necessary. I further authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.*

## AGREEMENT

*I/we understand and accept that the completion of this enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.*

*I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.*

*I/we understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student at any other Catholic school.*

*I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the enrolment process, especially in relation to the student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.*

*I/ we agree to abide by the policies and directions of the school, EREA and the Catholic Education Commission of Western Australia as they are enacted from time to time.*

## SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
RELATIONSHIP TO CHILD

### PLEASE NOTE:

Applicant must be prepared to come to Perth for an enrolment interview with the Principal or Deputy Principal.

If successful, the applicant must also be available to attend the Year 7 Orientation Day, usually held mid November.

**See Checklist on next page.**

# Checklist

Please ensure you have completed the Trinity College Enrolment Information Form and attached the following:

## SUPPORTING DOCUMENTATION

- Birth Certificate
- Baptism Certificate
- Two most recent school reports
- Proof of Aboriginal status
- Parish Priest Reference (if possible)
- References
- Immunisation Form
- Year 5 NAPLAN
- Other relevant education or psychological assessments
- Copy of any Parenting or Restraint Order (if applicable)
- Copy of ATO Assessment
- Copy of last pay slip
- Copy of any conditions enforced by law (if applicable)
- Handwritten article by the student, on a separate sheet of paper, on why he wants to study at Trinity College, his understanding of the commitment required and details on family history  
E.g.; What can Trinity offer you? What can you offer Trinity?

**To be considered, all documentation must be received in full.**

For any enquiries, please contact the **Aboriginal Student Liaison** person at Trinity College on (08) 9219 1116.

**Please return this form to:**

**THE REGISTRAR**

Trinity College  
2 Trinity Avenue  
East Perth, WA 6004

Or email: [registrar@trinity.wa.edu.au](mailto:registrar@trinity.wa.edu.au)