



All Souls St Gabriels School

APPLICATION FOR ENTRY:

Please Note: *Failure to disclose all requested and/or relevant information, including special needs, may result in a student's enrolment, if offered, being terminated*

Please initial each page.

Applicant's Personal Details:

Full Legal Name of Applicant: Family Name: _____ Given Names: _____

Preferred Name of Applicant: Family Name: _____ Given Names: _____

Home Address of Applicant: _____

Date Of Birth: _____ **Year Of Entry:** _____ **Grade:** _____ **Sex:** M F

Student Enrolment: **Day Student** **Weekly Boarder** **Boarder**

Country Of Birth: _____ **Nationality:** _____ **Ethnic Background:** _____

Is the Applicant of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander, please tick both options)
 No **Yes Aboriginal** **Yes Torres Strait Islander**

Language spoken at home other than English: _____

Religion: _____ **Baptised:** Y N **Confirmed:** Y N

Schools Previously Attended:

Name Of School: _____ **Year Level:** _____ **No of Years Attended:** _____

FAMILY DETAILS:

Full Name of Parent 1/Guardian 1:

Title: _____ Family Name: _____ Given Names: _____

Occupation: _____ Employer: _____

Residential Address: _____

Postal Address: _____

Telephone: Home: _____ Business: _____ Mobile: _____

Facsimile: _____ Email: _____

Country Of Birth: _____ Nationality: _____ Ethnic Background: _____

Relationship to Student: _____ Languages spoken at home: _____

Is Parent 1/Guardian 1 of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander, please tick both options)

No

Yes
Aboriginal

Yes
Torres Strait
Islander

Full Name of Parent 2/Guardian 2:

Title: _____ Family Name: _____ Given Names: _____

Occupation: _____ Employer: _____

Residential Address: _____

Postal Address: _____

Telephone: Home: _____ Business: _____ Mobile: _____

Facsimile: _____ Email: _____

Country Of Birth: _____ Nationality: _____ Ethnic Background: _____

Relationship to Student: _____ Languages spoken at home: _____

Is Parent 2/Guardian 2 of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander, please tick both options)

No

Yes
Aboriginal

Yes
Torres Strait
Islander

Other Children in the Family:

Name:	DOB:	Current School:	Year Level:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note this list does not constitute an application for entry for the above-mentioned students. A separate application must be lodged for each student.

Father's previous School: _____

Mother's previous School _____

ONLY COMPLETE THIS SECTION IF THE STUDENT'S BIRTH PARENTS ARE NOT RESIDING TOGETHER

Parents Separated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student lives with father only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parents Divorced	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student lives with mother only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Father Deceased	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student lives in shared arrangement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mother Deceased	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student lives with Legal Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Family Court or other relevant Court Order*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Domestic Violence Order*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **Yes**, the School must be given a copy of any relevant documentation and subsequent revisions/updates

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With whom should the School communicate regarding day to day matters?

Additional Information if Relevant

SCHOOL ASSOCIATIONS:

Do you have children currently studying at our School?

Yes No

Name Year	Name Year
--	--

Do you have other children currently enrolled to attend our School?

Yes No

Name Year	Name Year
--	--

Are any of the family former students of All Souls St Gabriels School?

Yes No

Name	Relationship	Year at ASSG's	House
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Do you know any students currently studying at All Souls St Gabriels School or who will be entering the same year as the student?

Yes No

Name Year	Name Year
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How did you hear about All Souls St Gabriels School?

Word of mouth Radio Newspapers Website
 Friends Local Knowledge Social Media Other

What are your main reasons for seeking enrolment at All Souls St Gabriels School?

Co-education Academic Program Co-curricular
 Broad Curriculum Discipline Proximity
 Christian Ethos Traditions Cost

Other factors:

ADDITIONAL STUDENT INFORMATION:

Curricular Activities

<p>Music</p> <p>Please provide detailed examination results, current ensembles or achievements that may be of interest</p>	
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<p>Sport</p> <p>Please indicate the sports participated in. Detail achievements/experience or awards</p>	
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Swimming Ability Non-Swimmer Average Swimmer Above average Swimmer

Please tick appropriate box

<p>Visual Arts & Performing Arts</p> <p>Detail achievements/experience or awards.</p>	
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<p>Other</p> <p>Details achievements/experience or awards.</p>	
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FINANCIAL INFORMATION:

Who will be responsible for the payment of fees?

** See below

Will the account mailing address be the same as the student/parent's residential/postal address?

Yes

No*

*If *No*, please provide address details for account mailing:

**** IF THE PERSON RESPONSIBLE FOR PAYING THE FEES IS NOT THE PERSON COMPLETING THIS APPLICATION, THE FOLLOWING SECTION MUST BE COMPLETED BY PERSON PAYING THE FEES:**

I _____ acknowledge that I am jointly and severally liable for the payment of all fees and charges incurred by All Souls St Gabriels School in relation to the education and care of _____ (student).

Occupation: _____ Employer: _____

Residential Address: _____

Postal Address: _____

Telephone: Home: _____ Business: _____ Mobile: _____

Facsimile: _____ Email: _____

Print Name: _____ Signature: _____ Date: _____

I/We, the undersigned, being the Parent(s)/Legal Guardian(s) of the student, accept and agree/consent to the following:

- That we warrant the truth and accuracy of the information contained in this Application and understand that, if we withhold any important information, this may serve to void a Contract of Enrolment.
- That I/We acknowledge that I/We are jointly and severally liable for the payment of all fees and charges incurred by All Souls St Gabriels School in relation to the education and care of the Applicant.
- That All Souls St Gabriels School be authorised to contact the applicant's previous school/s if required.
- That the lodgement of this Application of Entry does not constitute an Offer of Enrolment to the School.
- That the Application Fee is non-refundable.

Print Name: (Parent/Guardian 1) _____ Signature: _____ Date: _____

Print Name: (Parent/Guardian 1) _____ Signature: _____ Date: _____

STUDENT NEEDS PROFILE:

We need to know if the student has any condition that may impact on full participation in the school program, or require special medication, attention or support. Please indicate if the student has any of the following, and provide details. Attach additional information if space is insufficient.

Has the applicant ever repeated a year? Yes* No

*If Yes, please provide details:

Has the applicant ever been accelerated (skipped) a year? Yes* No

*If Yes, please provide details:

Has the applicant had symptoms/treatment/diagnosis for any of the following conditions?

If Yes, please identify what type:

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Non Verbal Learning Disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Psychological Condition |
| <input type="checkbox"/> Autism/Aspergers | <input type="checkbox"/> Social/Emotional Difficulties |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Other – Please specify below |

If the applicant has one of the above special needs, how does it impact on the student as a learner.

Has a specialist ever assessed the applicant for development, learning and behavioural characteristics? Yes* No

*If Yes, please specify

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Guidance Officer | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Child Psychologist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Developmental Optometrist | |

Other: _____

Do you have a report from the above Specialist? Yes* No

Has the applicant participated in a learning enrichment program? Yes* No

*If Yes, please provide details:

Has the applicant ever received Learning Support/Special Aide Assistance? Yes* No

*If Yes, please provide details:

Has the applicant ever been "Ascertained". If yes, please state current level?

Yes* No

(Ascertainment is based on an educational need arising from a disability. It is a collaborative decision making process used to recommend the level of specialist educational support needed by students with learning disabilities. This education support is provided by or accessed through specialist teaching personnel.)

Ascertainment Level: _____

Has behaviour management ever been an issue with the applicant in a School or any other educational setting? Yes*

No

*If Yes, please provide details:

Has the applicant ever been suspended (internally/externally), Excluded or Expelled from any School or any other educational setting?

Yes* No

*If Yes, please provide details:

Have you ever withdrawn the applicant from any school or educational facility following any disciplinary incident?

Yes* No

*If Yes, please provide details:

Has the applicant ever been involved in, or with, any form of bullying?

Yes* No

*If Yes, please provide details:

Has the applicant ever been found to be involved with illegal substances?

Yes* No

*If Yes, please provide details:

Additional Information if Relevant:

STUDENT'S MEDICAL NEEDS:

Does your child take any routine medication or undergo any routine treatment?

Yes* No

*If Yes, please provide details:

Has your child had a serious accident, illness or operation?

Yes* No

*If Yes, please provide details:

Should restrictions be placed on your child's activities?

Yes* No

*If Yes, please provide details:

Are your child's immunization up to date?

Yes* No

*If No, please provide details:

Has your child been immunised against:

Hep B

Yes No

Chickenpox

Yes No

Meningococcal C

Yes No

Gardasil

Yes No

Date of last Tetanus Injection: _____

Additional Information if Relevant

APPLICATION FOR ENTRY CHECKLIST:

All Applications for Entry ***must*** be accompanied by the documentation noted below. Applications will not be processed with incomplete documentation.

- The applicant's last two (2) Academic Report Cards. We use School Report Cards to determine whether we can adequately cater for each student (learning support needs, suitable school subjects, etc.) and whether the displayed student behaviour and attendance will allow the applicant to effectively settle into our School.
- Where applicable, a copy of the applicant's NAPLAN results
- A copy of the applicant's Birth Certificate
- A \$50.00 Application Fee, which is **non-refundable**. Applications cannot be processed without the appropriate fees.
- Initialled each page



OFFICE USE ONLY:

Student ID: _____ Family ID: _____ PCSchool: _____

Application Fee Receipt Number: _____ Date Processed: _____