



All Souls St Gabriels School

APPLICATION FOR ENTRY – PRE PREP:

3 Day Program (Tuesday/Wednesday/Thursday) 5 Day Program

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

Student's Personal Details:

Full Legal Name of Student: **Family Name:** _____ **Given Names:** _____

Preferred Name of Student: **Family Name:** _____ **Given Names:** _____

Home Address of Student: _____

Date Of Birth: _____ **Year Of Entry:** _____ **Year Level:** _____ **Sex:** _____

Pre-Prep M F

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

Is the Applicant of Aboriginal or Torres Strait Islander origin? No Yes Aboriginal Yes Torres Strait Islander

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

Language spoken at home other than English: _____

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

What School will your child attend in Prep:

- All Souls St Gabriels School
- Columba Catholic College
- Millchester State School
- Other _____
- Blackheath & Thornburgh College
- Central State School
- Richmond Hill State School

Do you require After School Care? Yes No

Please note that After School Care is NOT automatically offered as part of enrolment.

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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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

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

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

Additional Information if Relevant

FINANCIAL INFORMATION:

Who will be responsible for the payment of fees?

Health Care Card Yes No* **Pension Card** Yes No*

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 _____ (Applicant).

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 student'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: _____

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

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

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: _____

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 applicant has any of the following, and provide details. Attach additional information if space is insufficient.

Has your child been diagnosed with any of the following conditions, or shown early indications?

If Yes, please identify what type:

- | | | | |
|---|--------------------------|------------------------------------|--------------------------|
| Allergies | <input type="checkbox"/> | Learning difficulty | <input type="checkbox"/> |
| Anaphylaxis | <input type="checkbox"/> | Psychological Condition | <input type="checkbox"/> |
| Speech/Language Impairment | <input type="checkbox"/> | Autism Spectrum Disorder/Aspergers | <input type="checkbox"/> |
| Vision Impairment | <input type="checkbox"/> | Intellectual Impairment | <input type="checkbox"/> |
| Hearing Impairment | <input type="checkbox"/> | Physical Impairment | <input type="checkbox"/> |
| Social/Emotional Disorder (ADD, ADHD, OCD, Anxiety, ODO, ODD) | <input type="checkbox"/> | Other (specify below) | <input type="checkbox"/> |

If the applicant has one of the above special needs, how does it impact on your child as a learner?

Has your child been seen by any of the following specialists? Yes* No

***If Yes, please specify**

- | | | | | | | | |
|---------------|--------------------------|------------------------|--------------------------|---------------------------|--------------------------|--------------------|--------------------------|
| Paediatrician | <input type="checkbox"/> | Occupational Therapist | <input type="checkbox"/> | Speech/Language Therapist | <input type="checkbox"/> | Child Psychologist | <input type="checkbox"/> |
| Audiologist | <input type="checkbox"/> | Optometrist | <input type="checkbox"/> | Developmental Optometrist | <input type="checkbox"/> | | <input type="checkbox"/> |

Other _____

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

Has your child ever received Special Aide Assistance? Yes* No

***If Yes, please provide details:**

Has behaviour management ever been an issue with your child in any Child Care Service or other educational setting? Yes* No

***If Yes, please provide details:**

Have you ever withdrawn your child from any Child Care Service or Educational setting following any disciplinary incident? Yes* No

***If Yes, please provide details:**

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:

Is your child's immunization up to date?

Yes* No

*If No, please provide details and dates.

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: _____

Please provide any additional relevant information below:

ADDITIONAL STUDENT INFORMATION:

Swimming Ability Non-Swimmer Average Swimmer Above average Swimmer

Please tick appropriate box

<p>Other</p> <p>Details achievements/experience or awards that you would like us to know about your child.</p>	
---	--

APPLICATION FOR ENTRY CHECKLIST:

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

- A copy of the applicant's Birth Certificate
- Where applicable, a copy of your Health Care/Pension Card
- A \$50.00 Application Fee which is non-refundable.
Applications cannot be processed without the appropriate fees.
- Initialed each page



OFFICE USE ONLY:

Student ID: _____ Family ID: _____ PCSchool: _____

Application Fee Receipt Number: _____ Date Processed: _____