



# Application for Enrolment

Day Student       Boarding Student

Level of entry (eg Yr1) \_\_\_\_\_ Year of entry 20 \_\_\_\_\_

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Preferred First Name \_\_\_\_\_  Male  Female

Date of Birth        
                          Day            Month            Year

Place of Birth \_\_\_\_\_

What is the student's residency status?     Australian Citizen       Permanent Resident  
     NZ Citizen                             Temporary Visa Holder  
     Norfolk Islander                     Other

If born overseas, what date did the student arrive in Australia?     
    Day            Month            Year

Is the student of Aboriginal or Torres Strait Islander Origin?     No       Yes, Torres Strait Islander     Yes, Aboriginal

(For persons of both Aboriginal & Torres Strait Islander please tick both 'yes' boxes)

	Nationality	Country of Birth	Main Language Spoken	Other Languages Spoken	Religion
Student					
Mother/Parent1/Guardian1					
Father/Parent2/Guardian2					

## FAMILY DETAILS

Student's Home Address :  
 Street No./Property Name \_\_\_\_\_ Street Name \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Silent Number     Yes     No    Fax \_\_\_\_\_

## BILLING DETAILS

Name for Correspondence \_\_\_\_\_ Email \_\_\_\_\_

Street Number/Property Name \_\_\_\_\_ Street Name \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Split billing required if accepted. –A member of staff will contact you to arrange this.

**PARENT/GUARDIAN 1**

RESIDING AT THE SAME ADDRESS AS THE STUDENT (eg Mother)

For Parent/Guardian not residing at the same address, please complete the section of Page 3.

Title  Mr  Mrs  Miss  Ms  Dr  Other

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN 2**

RESIDING AT THE SAME ADDRESS AS THE STUDENT (eg Father)

For Parent /Guardian not residing at the same address, please complete the section on page 3.

Title  Mr  Mrs  Miss  Ms  Dr  Other

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**PAST AFFILIATION WITH CALROSSY**  Primary  Secondary Boys  Secondary Girls

Former Student's Name \_\_\_\_\_ Year Level(s) Attended \_\_\_\_\_ House \_\_\_\_\_

**PARENT / GUARDIAN EDUCATION, EMPLOYMENT & CONTACT DETAILS**

The Department of Education, Employment and Workplace Relations (DEEWR), with the endorsement of the Ministerial Council for Education, Employment, Training and Youth Affairs (MCEETYA), have advised that data collection and reporting arrangements have been compulsorily imposed on all schools and systems including government, catholic, and independent schools. DEEWR has imposed the data collection requirements as part of its compulsory accountability requirements related to the receipt of per capita grants from the Australian Government. This data will be matched to student performance in the NAPLAN/ basic skills tests for these grades and used by DEEWR for research purposes. As a result of these directives from DEEWR, Calrossy Anglican School would appreciate you completing the information requested.

Mother/Parent1/Guardian 1    Father/Parent 2/Guardian2

- Senior Management in large business organization, government administration and defence, and qualified professionals
- Other business managers, arts/media/sportspersons and associate professionals
- Tradesmen/women, clerks and skilled office, sales and service staff
- Machine operators, hospitality staff, assistants, labourers and related workers
- Not in paid work in last 12 months
- Occupation/Employer \_\_\_\_\_

What is the highest year of primary or secondary school the parents/guardians have completed?

(For persons who have never attended school mark 'Year 9 or equivalent or below')

**MOTHER/PARENT 1/GUARDIAN 1      FATHER/PARENT 2/GUARDIAN 2**

- |                               |                          |   |
|-------------------------------|--------------------------|---|
| Year 12 or equivalent         | <input type="checkbox"/> | <input type="checkbox"/> (Mark one box only |
| Year 11 or equivalent         | <input type="checkbox"/> | <input type="checkbox"/> in each column)    |
| Year 10 or equivalent         | <input type="checkbox"/> | <input type="checkbox"/>                    |
| Year 9 or equivalent or below | <input type="checkbox"/> | <input type="checkbox"/>                    |

What is the level of the highest qualification the parents/guardians have completed?

**MOTHER/PARENT 1/GUARDIAN 1      FATHER/PARENT 2/GUARDIAN 2**

- |   |                          |   |
|---|--------------------------|---|
| Bachelor degree or above                          | <input type="checkbox"/> | <input type="checkbox"/> (Mark one box only |
| Advanced diploma/Diploma                          | <input type="checkbox"/> | <input type="checkbox"/> in each column)    |
| Certificate I to IV (including trade certificate) | <input type="checkbox"/> | <input type="checkbox"/>                    |
| No non school qualification                       | <input type="checkbox"/> | <input type="checkbox"/>                    |

**OTHER PARENT/GUARDIAN NOT RESIDING AT THE SAME ADDRESS AS THE STUDENT**

Title  Mr  Mrs  Miss  Ms  Dr  Other

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address for correspondence:

Street No./Property Name \_\_\_\_\_ Street Name \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Is other parent to receive information from the school  Yes  No

**EMERGENCY CONTACT**

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted.

Emergency Contact \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Relationship to Student (e.g. Neighbour, Uncle, Aunt) \_\_\_\_\_

**MEDICAL DETAILS**

Doctor's Name \_\_\_\_\_ Medicare Number

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post Code \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL ATTENTION.** I give permission for the School to seek information from the doctor listed on this Enrolment Form about how to manage any allergy or medical condition experienced by the student.  Yes  No

**ALLERGIES** Does the student suffer from any allergies?  Yes  No

If so, please specify the allergies suffered by the student

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITIONS.** Are there any medical conditions the School should be aware of?  Yes  No

Please specify the medical conditions the school should be aware of including any daily medication to be taken by the student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS SCHOOL ATTENDED**

Please provide the name and details of any school where the student has previously been enrolled (NSW, interstate or overseas) starting with the most recent. If more space is required please attach a page to the back of this Enrolment Form and mark as "Previous schools attended"

Name of school	School Years attended	Location of school

**Other children in family**

Name \_\_\_\_\_ Age \_\_\_\_\_ School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School attending \_\_\_\_\_

**BEFORE & AFTER SCHOOL CARE** - Prep and Primary Applicants Only.

Would you require Before AND/OR After School Care (An additional fee would be incurred for After School Care)

**PARENT/GUARDIAN SIGNATURES.** I/we certify that the information in this form is true and correct. I/we understand that in signing this document I/we authorise the enrolment of my/our child. I/we understand that if I/we wish to withdraw my/our consent, it will be my/our responsibility to inform the School in writing.  Yes  No

I/we the undersigned, apply to have the above mentioned pupil enrolled and agree, should the application be accepted:

1. To give at least one full term’s notice in writing of withdrawal to the Principal, or to pay a full terms fee in lieu.
2. To co-operate with the school in matters of discipline.
3. To pay all fees issued by the school and to comply with the Conditions of Enrolment & Business Notices.

Signature of Parent/Guardian 1 \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE - to accompany this application**

1. A non-refundable application fee of \$110.00 (GST inclusive).
2. A copy of the student’s most recent school report (where applicable).
3. Copies of the most recent NAPLAN / basic skills test (where applicable).
4. Copy of full birth certificate.
5. Copy of residency/citizenship papers if the student or both parents were born overseas.

- The school will contact you for an interview, with your child, at a mutually convenient time.
- Upon a place being offered an enrolment bond of \$1,000 is to be paid. Only one enrolment bond per family is required.
- Should any changes be made to the Conditions of Enrolment or Business Notices, parents will be informed through official school publications.

**FOR OFFICE USE ONLY**

Application Received

Application Fee

**Return to:**  
**The Registrar**  
**Calrossy Anglican School**  
**140 Brisbane Street, Tamworth 2340**