

Application for Enrolment

(please circle which year) 2019 2020 2021 (please circle the year level) 7 8 9 10

<i>(OFFICE USE ONLY)</i>	STUDENT CODE No:	FAMILY CODE No:	DATE RECEIVED:
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STUDENT INFORMATION

STUDENT SURNAME:

STUDENT GIVEN NAME:

STUDENT MIDDLE NAME:

STUDENT PREFERRED NAME:

STREET ADDRESS: (residential)

SUBURB: POSTCODE:

DATE OF BIRTH: Day Month Year GENDER (please tick Male Female

- Please supply a copy of your child's Birth Certificate.

COUNTRY OF BIRTH:

LANGUAGE SPOKEN AT HOME:

IF NOT BORN IN AUSTRALIA PLEASE SPECIFY THE FOLLOWING:

<i>DATE OF ARRIVAL</i>	Day	Month	Year	VISA STATUS: Please provide all international documents to our office, eg. Passport, Document to Travel, Immicard, Visa Grant Notice and any other relevant documentation. VISA: (please tick <input checked="" type="checkbox"/>) TEMPORARY <input type="checkbox"/> MIGRANT <input type="checkbox"/> REFUGEE <input type="checkbox"/>
<i>COMMENCED SCHOOL IN AUSTRALIA</i>	Day	Month	Year	

Is your child of Indigenous or Torres Strait Island descent? (please tick Yes No

Does your child have any special education needs? (please tick Yes No If YES, what support has been received at Primary School?

(please specify):

Is your child currently funded under the Integration Program? (please tick Yes No

RELIGION: PARISH:

(please tick BAPTISM: Yes No RECONCILIATION: Yes No EUCHARIST: Yes No CONFIRMATION: Yes No

- Please supply a copy of your child's Baptismal Certificate.

PARISH NAME: THANKSGIVING ENVELOPE No:

SCHOOLS ATTENDED

Present School: Present Year Level:

School student attended in 2018: Grade / Year Level:

Attended in 2017: Grade / Year Level:

Attended in 2016: Grade / Year Level:

Do you intend to apply for any other schools? (please tick Yes No If Yes, where? (please specify):

ADULT CARER INFORMATION

To assist with working effectively with your child, it is necessary that we have a clear understanding of the nature of the student's home. We therefore request that you complete the following as accurately as possible. You are assured that we will treat this information sensitively.

STUDENT LIVES WITH: Both parents Mother Father Independent Other (please specify):

Natural Father's Information (please tick)

Lives at home with student

Separated

Divorced

Deceased

Parent A / Guardian 1:

Family Name:

First Name:

Country of Birth:

Religion:

Occupation:

Home Phone Number:

Business Phone Number:

Mobile:

Email Address:

Natural Mother's Information (please tick)

Lives at home with student

Separated

Divorced

Deceased

Parent B / Guardian 2:

Family name:

First Name:

Country of Birth:

Religion:

Occupation:

Home Phone Number:

Business Phone Number:

Mobile:

Email Address:

OTHER CHILDREN IN FAMILY:

NAME	GRADE/YEAR	SCHOOL
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Have any of your children previously attended Catholic Regional College? (please tick Yes No

I authorise my child's Primary School to pass on any relevant information about my child, including NAPLAN results and other data.

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PARENT'S SIGNATURE

.....
PRIEST'S SIGNATURE

PARISH NAME:

Please return completed form to Catholic Regional College St Albans office - 10 Theodore Street St Albans 3021