# **Application** for Enrolment



**Proposed Year of Entry: 20** 

## **Pre-Kindy and Kindy Class Preference**

Pre-Kindy (if applicable)

Mon Tue Wed Thu Fri

Kindy

Fri Wed Mon Tue Thu

All children in Pre-Kindy and Kindy must be fully toilet trained. Please tick box to acknowledge this requirement.

Prep

Year 3

Year 1 Year 5 Year 9 Year 2 Year 6 Year 10 Year 7 Year 11

Year 4 Year 8 Year 12

## **Student Information**

Surname

First name

Middle names

**Address** 

Date of birth

Country of birth

Sex

Citizenship

**Aboriginal or Torres Strait Islander** 

No

**Australian Citizen** 

Yes

**Permanent Resident** 

If yes, please attach visa information and passport.

**Approved Visa Student** 

If yes, please attach visa information and passport.

Main language spoken at home

Other languages spoken at home

List all previous schools

School 1 Years of attendance

School 2 Years of attendance

School 3 Years of attendance

School 4 Years of attendance

Before an enrolment offer can be made, Canterbury College must be provided with all relevant information that may have a bearing on the College making an offer.

FULL AND FRANK DISCLOSURE IS REQUIRED.

Old Logan Village Road, Waterford, QLD, 4133 PO Box 616, Beenleigh, QLD, 4207

## **Parent/Legal Guardian Information**

Parent/Legal 0	Guardian 1				Parent/Legal Guardian 2					
Parent					Parent					
Step Paren	nt				Step Parent					
Legal Guar	dian				Legal Guardian					
Other. (Plea	ase specify.)				Other. (Please specify.)					
·					·	, , ,				
Title	Mr	Mrs	Ms	Dr	Title	Mr	Mrs	Ms	Dr	
First name					First name					
Surname					Surname					
Marital Status					Marital Status					
Residential Ad	ldress				Residential Address					
Postal Address (If different from Residential Address)					Postal Address (If different from Residential Address)					
Home Phone					Home Phone					
Work Phone					Work Phone					
Mobile Phone					Mobile Phone					
Email					Email					
Occupation					Occupation					

FULL AND FRANK DISCLOSURE IS REQUIRED.

Please include any details for any additional parents on the Notes section on the last page of this document.

## **Student Individual Needs**

Medical/Health Care

**Physical** 

**Psychological** 

**Behavioural** 

Sensory (eg. Vision/Hearing)

To assist the College to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours:

**Learning** Severe Mild

Severe

Severe

Severe

Severe

Severe

Mild

Mild

Mild

Mild

Mild

If medication or medical/health care services are required during school hours, please provide full details, name, contact numbers below.

## If separated or divorced

Who does the student live with?

Mother only

Mother and step father/partner

Father only

Father and step mother/partner

Shared living arrangements (No court orders.)

Shared living arrangements (Court orders.)

Guardians

Other (Please specify.)

Do both parents support this application for their child to attend Canterbury College?

Yes No

Are there any Consent Orders/Parenting Plans/ Protection Orders? If yes, copies of the orders must be provided before an enrolment is confirmed.

Yes No

Communication/Language Severe Mild

Medication details Severe Mild

Allergies Severe Mild

Asthma Severe Mild

Does your child have any heart conditions?

Yes No

Does your child have anxiety/depression?

Yes No

Has your child had any anaphylactic reactions?

Yes No

Does your child have a Health Management Plan?

If yes, please attach.

Yes No

## **Sibling Information**

Please list below the details of any other siblings/step siblings.

Sibling 1

**Date of Birth** 

Current Canterbury Student?YesNoPast Canterbury Student?YesNo

Sibling 2

**Date of Birth** 

Current Canterbury Student?YesNoPast Canterbury Student?YesNo

Please include any details for any additional siblings on the Notes section on the last page of this document.

FULL AND FRANK DISCLOSURE IS REQUIRED.

## **Questionnaire**

#### Have you had a tour of the College?

Yes

No

## Please indicate the factors influencing your decision to seek enrolment at Canterbury College.

Academic results Open Day

Caring environment Parent past student
Christian values Performing Arts program
Co-curricular opportunities Recommendation of friend
Curriculum choices Relative already enrolled

Discipline Sports program
Facilities Technology

Local school

## **Document Checklist**

Please attach copies of the following:

Immunisation records

(For Pre Kindy and Kindy children only.)

Birth Certificate

Passport for Approved Visa students (Including those born in New Zealand)

Two most recent school reports

NAPLAN results where applicable

Other assessments such as speech, occupational therapy, paediatric reports (If applicable.)

Consent Orders/Parenting Plans, Protection Orders (If applicable.)

## **Application Fee Payment**

I/We wish to apply for enrolment of my/our child at Canterbury College.

I/We enclose a non-refundable fee of \$115.00.

#### Payment method

_	Cash	_	EFTPOS					
$\bigcirc$	Cheque	$\circ$	Money Order					
0	Visa	0	Mastercard FEE					
Visa  Mastercard  FAIPPIECATION FEE  Cardholder's Market TLY WAIVED  URRENTLY WAIVED								
Credit Card Number								

Cash or EFTPOS payments may be made at the Finance Department, located in the College Administration.

(3 digit number on the back of the card)

#### **Notes**

## **Declaration**

I/We accept and do not object to Canterbury College's obligations under the Australian Privacy Principles in relation to the applicant.

I/We acknowledge that acceptance of this application by Canterbury College does not constitute an offer of entry into the College.

Parent/Legal Guardian 1

Signature

Date

Parent/Legal Guardian 2

Signature

Date

## **Submitting Your Application**

Electronically complete and save the form. Email the completed form along with any relevant documentation to: enrolments@canterbury.gld.edu.au

or

Print and fill out the document and mail to: Registrar Canterbury College

PO Box 616, Beenleigh, QLD, 4207

FULL AND FRANK DISCLOSURE IS REQUIRED.

Expiry Number CCV Number