

Application for Enrolment

Prep to Year 12

Developing character, inspiring hope



APPLICATION FOR ENROLMENT

STUDENT APPLICANT'S DETAILS

Surname:			
First name:			
Other name(s):			
Preferred name:			
Date of birth:			
Gender (male/female/other):			
Country of birth:			
Date of arrival if born overseas:			
Religion:			
Residential address:			
Residential address.			
State: Post code:			
Postal address (if different from above):			
Tostal address (Il different from above).			
State: Post code:			
Is your child of Aboriginal or Torres Strait Islander			
origin?			
*Please specify:			
☐ Yes, Aboriginal and ☐ Yes, Aboriginal			
Torres Strait Islander Yes, Torres Strait Islander			
Torres strait islander			
RESIDENCY STATUS ☐ Yes ☐ No			
Is your child an Australian Citizen?			
*If your child is not an Australian Citizen, does ☐ Yes ☐ No			
he/she have Permanent Residency status?			
*If No, is your child in Australia on a temporary			
visa?			
*Please specify and attach the type of visa and country stated in			
Passport:			
			
To be completed by international students or students on			
subclass visas			
Agent or on-shore representative of family:			
Email: Mobile number:			
Further information on international students, click here			
· 			
CURRENT SCHOOL, PREVIOUS SCHOOL, PRESCHOOL,			
EARLY LEARNING CENTRE			
Has your child attended any previous $\ \square$ Yes $\ \square$ No			
school, preschool, child care or early			
learning centre?			
*Please provide details of current school and past educational			
institutions:			
Name:			
Attendance and dates:			
ENROLMENT			
Present year level:			
Proposed year level of entry into Saint Stephen's College:			
Proposed term and year of entry into the College:			

STUDENT PROFILE The information sought in this section will assist the College to make an informed decision with respect to our ability to meet your child's needs, including the feasibility of any reasonable adjustments that may be required. Your responses to these questions will be treated in accordance with our Privacy Policy, which can be found on the College website in the Resources section, click here Does your child speak a language other than English ☐ Yes ☐ No at home? *Please specify: For the purpose of assessing possible English Other Language (EOL) support, please indicate your child's proficiency in English: \square Fluent \square Good \square Satisfactory \square Poor Please advise of any educational support which may be required for your child: Does your child have any identified learning needs? ☐ Yes ☐ No *Please specify: Intellectual (e.g. learning disorder, speech/language delays) Behavioural (e.g. ADHD, Autism Spectrum Disorder) Physical (e.g. Asthma, Diabetes, Epilepsy, speech impediment) П Social/Emotional *Has your child ever received learning support ☐ Yes ☐ No assistance? (Ongoing assistance for the child and/or teacher provided by a specialist teacher, psychologist or other suitably trained professional practitioner) Do you have a report from a practitioner or specialist? If so, please upload here Has your child ever undertaken a 'Verification/EAP' ☐ Yes ☐ No process? (Verification/EAP process is based on an educational need arising from an identified learning difficulty. It is a collaborative decisionmaking process used to recommend the level of adjustments needed by students with learning difficulties. The education support is provided by or accessed through specialist teaching personnel). *Please specify: Has your child ever been on an Individual Education ☐ Yes ☐ No Plan (IEP). If so, please upload here Has your child been involved in any social or behaviour ☐ Yes ☐ No management programs? *Please specify: Has your child ever been accelerated (skipped a year)? ☐ Yes ☐ No *Which year? Has your child ever repeated a year? If yes, which year? ☐ Yes ☐ No *Which year? Has your child participated in a learning enrichment ☐ Yes ☐ No program? (e.g. Gifted and Talented or accelerated program). *Please specify: Does your child have a medical, congenital or ☐ Yes ☐ No developmental condition that could affect our duty of care? *Please provide details including diagnosis and date:

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All relevant documentation about the student's needs are to be included in the application and assessed by the Principal or relevant learning enhancement support staff, before the finalisation of the enrolment process.	What is the level of the highest qualification you have completed? □ Bachelor degree or □ Certificate I to IV (including above trade cert) □ Diploma or advanced □ No non-school qualifications	
Does your child have any allergies?	diploma	
*Please specify:	Please select a profession which best describes your current	
Trease specify.	occupation from the occupation group list (an expanded list can be	
ASSOCIATION WITH SAINT STEPHEN'S COLLEGE	found on the College website in the Enrolments section) click here	
Does your child have siblings who currently attend ☐ Yes ☐ No	☐ Group 1/Code 1 elected officials, senior executives/manager,	
our College?	management in large business organisations, government	
*Please identify the name of the current sibling and year level:	administration and defence, and qualified professionals	
Name of sibling – current student Year level	☐ Group 2/Code 2 other business managers/professionals and	
1.	associate professionals	
2.	☐ Group 3/Code 3 trades people and advanced/intermediate	
3.	clerical, office, sales, carer and service staff	
<u>. </u>	Group 4/Code 4 machine operators, sales/office/ service/	
Does your child have siblings who attended in the ☐ Yes ☐ No	hospitality staff, assistants, labourers and related workers	
past?	If you are not currently in paid work, but have had a job or retired in	
*Please identify the name of the past sibling and the year they	the last twelve months, please use your last occupation.	
left:	☐ Code 8 you have <u>not</u> been in paid work in the last twelve months	
Name of sibling – past student Year left	□ Code 8 you have <u>not</u> been in paid work in the last twelve months	
1.	Parent 2/Legal Guardian – Relationship to the student	
2.	Title: Name in full:	
Does your child have siblings who will apply to ☐ Yes ☐ No	Best contact number:	
attend Saint Stephen's College in the future?	Email:	
*Please identify the name of the sibling and the year they	Residential address:	
will commence:	-	
Name of sibling to attend Year level and year of entry	State: Postcode:	
1.	Postal address (if different from above):	
2.		
3.		
<u></u>	State: Postcode:	
Does your child have any other association with ☐ Yes ☐ No	Do you speak a language other than English at home? ☐ Yes ☐ No	
Saint Stephen's College? (for example, cousins,	*Please specify:	
grandparents)	What is the highest school year you have completed?	
Please provide details:	☐ Year 12 or equivalent ☐ Year 10 or equivalent	
,	☐ Year 11 or equivalent ☐ Year 9 or equivalent or below	
	What is the level of the highest qualification you have completed?	
	Bachelor degree or above ☐ Certificate I to IV (including trade	
PARENT/LEGAL GUARDIAN DETAILS	cert)	
Parent 1/Legal Guardian – Relationship to the student:	☐ Diploma or advanced ☐ No non-school qualifications	
Title: Name in full:	diploma	
Best contact number:	Please select a profession which best describes your current	
Email:	occupation from the occupation group list (an expanded list can be	
Residential address:	found on the College website in the Enrolments section) click <u>here</u> :	
	☐ Group 1/Code 1 elected officials, senior executives/manager,	
	management in large business organisations, government	
State: Postcode:	administration and defence, and qualified professionals	
Postal address (if different from above):	☐ Group 2/Code 2 other business managers/professionals and	
·	associate professionals	
	☐ Group 3/Code 3 trades people and advanced/intermediate clerical,	
State: Postcode:	office, sales, carer and service staff	
Do you speak a language other than English at home? \(\Bar{\text{\text{Yes}}} \Bar{\text{No}} \)	☐ Group 4/Code 4 machine operators, sales/office/service /hospitality	
What is the highest school year you have completed?	staff, assistants, labourers and related workers	
☐ Year 12 or equivalent ☐ Year 10 or equivalent		

☐ Year 9 or equivalent or below

☐ Year 11 or equivalent

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If you are <u>not</u> currently in paid work, but have had a job or retired in		FINAL CHECKLIST	
the last twelve months, please use your last occupation.		Supporting Documentation	
 □ Code 8 you have <u>not</u> been in paid work in the last twelve months With whom does the College communicate regarding this application? □ Parent 1/Legal Guardian □ Parent 2/Legal Guardian □ Both (Please tick one box only) COLLEGE POLICIES		The following documentation <u>MUST</u> accompany this Application for Enrolment. If documents are not in English, they need to be translated and notarised by an appropriate authority:	
		 Copy of your child's birth certificate, Permanent Residency Visa, Certificate of Australian Citizenship, or Passport (whichever applies) Copies of school reports for two years and NAPLAN results (where applicable) Supporting documentation (practitioners and specialists 	
			College policies are available in the Resources section of the College's website click here
HOW DID YOU HEAR ABO ☐ Media ad ☐ Local knowledge ☐ Word of mouth ☐ Website/email	☐ Agent☐ Current parent☐ Staff☐ School guides	 □ Principal's reference □ If English is your second language, evidence of English proficiency □ Non-refundable application fee of \$50 	
☐ Social media	☐ Internet advertising	PAYMENT DETAILS	
three reasons for applying to Academic results Education program	d's education, what are your top Saint Stephen's College: Quality of teachers Wellbeing program Family connections	Credit Card: For credit card payment, please contact the Accounts Department direct on +61755738686. Direct Deposit:	
 School culture Sporting facilities and opportunities Music facilities and opportunities 	☐ Scholarship☐ Location☐ Faith	BSB: 084917 Account Number: 538719615 Account Name: Saint Stephen's College Limited Bank: NAB	
CERTIFICATION		International Transfers:	
As parents(s)/legal guardian(s) of my/our child applying to enrol at Saint Stephen's College, I/we certify that all information given in this Application for Enrolment form is correct and complete and that I/we will notify the College immediately of any changes. Signed: Parent 1/Legal Guardian:		For international transfers, please use the SWIFT Code NATAAU3303M Reference: when making payment, please state your child's full name	
		Office use only Parent Code: Student Code:	
Date:		Date paid: Amount:	
Signed: Parent 2/Legal Guardian:		Receipt number: Initial of SSC Officer:	
Date:			