

Application for Enrolment

Year 7, 2020



Two separate documents confirming proof of residential address must be submitted with Application

Please complete ALL sections and return to CRC North Keilor no later than **3 August, 2018**. Forms may be lodged at the College Office between 8.30am and 4.15pm or posted to the College Registrar.

STUDENT DETAILS

Student's Surname:	Given Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /

STUDENT'S HOME ADDRESS – if split family, address where student spends MOST time

Street No. and Name:		
Suburb:	State:	Postcode:

PREVIOUS SCHOOL

School that student is currently attending:
Permission given to contact previous school: <input type="checkbox"/> Yes <input type="checkbox"/> No

RELIGION / PARISH

Student's religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other, please specify:
Sacraments: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
Year completed:
Family Parish: Thanksgiving No.
In what ways does your family support the Parish:
If at a non-Catholic primary school, has the student completed a Parish RE Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at which Parish:
Permission given to share family information with the Parish for the purpose of confirming current support, requesting future support and/or advising of Parish activities and events: <input type="checkbox"/> Yes <input type="checkbox"/> No

PARISH RECOMMENDATION:

You are required to obtain the signature of your Parish Priest prior to submitting this application. Applications will not be accepted without the recommendation of your Parish Priest.

Parish:	Parish Priest:
Signature:	Date:



NATIONALITY

Student's country of birth:	Student's nationality:
-----------------------------	------------------------

Does the student identify as of Aboriginal or Torres Strait Islander: Yes No

PLEASE COMPLETE THIS SECTION IF STUDENT WAS NOT BORN IN AUSTRALIA

Copies of Visa / Naturalisation Certificate / Passport MUST be provided if Student was NOT born in Australia

What date did the student arrive in Australia: / /

What date did the student first commence school in Australia: / /

Is the student an Australian citizen? Yes No

If YES, Naturalisation certificate No.	Or, Australian Passport No.
--	-----------------------------

If the student is NOT an Australian citizen:

Is the student a Permanent Resident Temporary Resident Other/Visitor

Visa Type:	Subclass:	Subclass No.
------------	-----------	--------------

LANGUAGE

Is English the MAIN/ONLY language spoken at home: Yes No

If English is NOT the MAIN/ONLY language spoken at home, which language is spoken MOST OFTEN by?

Student:	Mother:	Father:
----------	---------	---------

MEDICAL CONDITIONS

Information provided will be used to ensure that the College is able to provide necessary support and will not affect the student being offered a position at the College.

Has the student been diagnosed with any of the following conditions:

<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Asthma
<input type="checkbox"/> Behavioural Disorder	<input type="checkbox"/> Anaphylaxis (red plan)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies (green plan)
<input type="checkbox"/> Dizzy spells/fainting/seizures	Anaphylactic/Allergic to:
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nuts
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Medication
<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Bites
<input type="checkbox"/> Other respiratory disorder	<input type="checkbox"/> Foods
<input type="checkbox"/> Other, please state:	<input type="checkbox"/> Other, please state:

ADDITIONAL NEEDS

<input type="checkbox"/> Auditory Processing Disorder	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Autism Spectrum Disorder / Asperger Syndrome	<input type="checkbox"/> Social / emotional
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Other, please state:

Does the student receive funding: Yes No

If yes, please provide details:

FAMILY DETAILS

Is there a Parenting Plan or Court Order in place pertaining to the student? Yes No

If yes, a copy must be provided upon confirmation of enrolment.

	FATHER / MALE GUARDIAN	MOTHER / FEMALE GUARDIAN
Relationship to student i.e. Father, Stepmother, Aunt		
Lives in the home with the student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please specify	<input type="checkbox"/> Separated / divorced <input type="checkbox"/> Deceased	<input type="checkbox"/> Separated / divorced <input type="checkbox"/> Deceased
If 'shared care', percentage of time spent with this person	%	%
Is this person responsible for payment of school fees/levies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME		
Surname or Family Name		
Mother's Maiden Name	N/A	
Given Name / First Name		
ADDRESS		
Street No. and Name		
Suburb		
Postcode		
Postal address IF DIFFERENT		
Street No. and Name		
Post Office Box No.		
Suburb		
Postcode		
TELEPHONE NUMBERS		
Home		
Work		
Mobile		
Email address		
NATIONALITY / LANGUAGE / RELIGION		
Country of birth		
Nationality		
Religion		
SIGNATURE		
<i>It is a legal requirement that both parents / guardians sign this form</i>		
Date	/ /	/ /

RELATIONSHIP TO CATHOLIC REGIONAL COLLEGE NORTH KEILOR (CRCNK)

Did the student's Father / Male guardian attend CRCNK?	<input type="checkbox"/> No <input type="checkbox"/> Yes, year graduated:
Did the student's Mother / Female guardian attend CRCNK?	<input type="checkbox"/> No <input type="checkbox"/> Yes, year graduated:
Does the student's SIBLING/S currently attend CRCNK?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have any of the student's SIBLINGS previously attended CRCNK?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If Yes, please provide details of current and/or past **SIBLINGS**

Name	Current Year Level OR Graduation Year	Sports House

Other children in family who DO NOT / HAVE NOT attended CRCNK

Name	Date of Birth	Current School	Grade

APPLICATION TO OTHER CATHOLIC COLLEGESHave you applied for enrolment at another Catholic Secondary College? Yes No

If Yes, at which other College / Colleges?

Which College would be your 1st preference?Please briefly state reasons why 1st preference?**PASTORAL CONSIDERATION**

Please provide a brief outline of any Pastoral concerns you wish to be taken into consideration

OFFICE USE ONLY

Date received: / / Acknowledged: / / Received by:

Proof of Residential Address received? Yes No

Student ID:	SC1 ID:	SC2 ID:
Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	NK Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa <input type="checkbox"/> Yes <input type="checkbox"/> No
Religion <input type="checkbox"/> Yes <input type="checkbox"/> No	Pastoral <input type="checkbox"/> Yes <input type="checkbox"/> No	Language <input type="checkbox"/> Yes <input type="checkbox"/> No
Feeder PS <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical <input type="checkbox"/> Yes <input type="checkbox"/> No	Split Family <input type="checkbox"/> Yes <input type="checkbox"/> No
Parish <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No

If Other, please state: