

OTHER INFORMATION

Applicant's Main Language _____

Other languages spoken at home 1) _____ 2) _____

Does the Applicant study a language other than English (LOTE) outside of his current school? Yes No

What Language? _____

Indicate the type of School? Victorian School of Languages Ethnic School Distance Education Centre

Applicant's first year in an Australian School (if born overseas) _____

a) With whom does the Applicant reside?

Full Name _____ Relation to Applicant _____

b) Are there any Court Orders or Parental Agreements in place relevant to the residence of the Applicant? If so, if the Application for Enrolment is successful, the College will require a copy of such Orders or Agreements.

c) Who is the Applicant's Legal Guardian?

Full Name _____ Relation to Applicant _____

APPLICANTS WITH ADDITIONAL NEEDS

Does your child have additional learning needs? Yes No

Has your child had an assessment? (please tick relevant boxes)

- cognitive (psychologist)
- educational (literacy/numeracy)
- vision (optometrist)
- other (please list) _____
- language (speech pathologist)
- hearing (audiologist)
- medical

Does the Applicant currently receive support from the Visiting Teacher Scheme? Yes No

OR

Any other service Yes No

Details/Name of Agency _____

Do the Parents/Guardians have Educational Assessments or any other form of report which may impact on the Applicant's learning in the classroom? Yes No

[The above information is required for confidential discussion at the Applicant's Interview]

CONTACT INFORMATION

MAILING DETAILS – To whom should correspondence be addressed? *If the person responsible for the payment of fees is different to that listed hereunder, please specify in the space below.*

Full Name _____

Mailing Address _____

PRIMARY EMAIL ADDRESS _____

PRIMARY MOBILE NUMBER _____

The Person responsible for the payment of fees (Fee Contract) is :

Full Name _____

Mailing Address _____

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN

Title _____ Surname _____
First Name _____ Middle Name _____
Religion _____ Country of Birth _____
Languages Spoken at Home 1) _____ 2) _____
Email Address _____
Street _____
Suburb _____
State _____ Post Code _____
Telephone Number [Home] _____
[Business] _____
[Mobile] _____
Marital Status _____
Occupation _____
Do you wish to acknowledge your Indigenous Background? (Torres Strait or Aboriginal) Yes No
(please circle one)

MOTHER/GUARDIAN

Title _____ Surname _____
First Name _____ Middle Name _____
Religion _____ Country of Birth _____
Languages Spoken at Home 1) _____ 2) _____
Email Address _____
Street _____
Suburb _____
State _____ Post Code _____
Telephone Number [Home] _____
[Business] _____
[Mobile] _____
Marital Status _____
Occupation _____
Do you wish to acknowledge your Indigenous Background? (Torres Strait or Aboriginal) Yes No
(please circle one)

EMERGENCY INFORMATION

FIRST EMERGENCY CONTACT [other than Parent or Guardian]

Full Name _____
Relation to Applicant _____
Telephone Number [Home] _____ [Work] _____ [Mob] _____

SECOND EMERGENCY CONTACT [other than Parent or Guardian]

Full Name _____
Relation to Applicant _____
Telephone Number [Home] _____ [Work] _____ [Mob] _____

DOCTOR DETAILS

Name of Doctor _____ Telephone Number _____
Medicare Number _____ Ambulance Subscription Number _____

MEDICAL ALERT – eg Allergies, Asthma etc

Please detail any Medical Alerts the Applicant suffers from and list specific first aid treatment to be applied. Please attach a separate sheet if insufficient space provided here.

DECLARATIONS

- A Student is formally enrolled after:**
1. *The Acceptance Form has been signed and returned.*
 2. **BOTH Parents or Guardians sign ALL Declarations below.**
 3. *The Student signs the Declarations below.*
 4. *The appropriate enrolment fee and deposit are paid.*

Photograph Authorisation: I/We have signed and attached the separate consent form contained in this package.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Access to the Parade College Information Technology Facilities

In order for Students to use Internet and Email facilities, parental permission is required.

I/WE GIVE / DO NOT GIVE (*please delete one*) permission for my/our Son to access Parade College's computer network, electronic mail and Internet. I/We have read and understood the Information Technology Access Policy.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Student _____ **Date** _____

Parent's/Guardian's Declaration

In all matters pertaining to the administration of the College and its discipline and attendance of the enrolling Student at College functions, his wearing of the College uniform, and his conforming to accepted standards in matters of general behaviour and appearance, we agree to abide by the decisions of the College Council as conveyed to me by the Principal or published in Policies or Newsletter of the College.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Fee Contract

In regard to all fees and charges levied by the College, we accept that we are jointly and severally liable to meet these debts as they fall due. (**Both signatures are required**)

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Student's Declaration

I fully understand the responsibilities and expectations associated with being a Student at Parade College and I pledge my total support and co-operation in all matters relating to College life.

Signature of Student _____ **Date** _____

Please Note : Accurate and complete disclosure is required, otherwise initial or ongoing enrolment may be affected. This Application for Enrolment must be signed by both Parents (or Legal Guardians) and the Student, and returned to the Registrar of the College in the envelope provided.

Office Use Only

Date Application Received _____