



## ENROLMENT APPLICATION FORM

Parents/Guardians need to complete and sign this Enrolment Application Form and submit it to the Office with payment of an Application Fee of \$50.00. The Enrolment Officer will contact parents regarding possible vacancies after the information in this form has been processed.

### 1. Student Details

Name:

Age:  Date of Birth:  Gender:

Proposed entry year:  Year Level of entry (K-12):

Country of Birth:

Australian Permanent Resident:   Australian Citizen:

Nationality:  Aboriginal/Torres Strait Islander:

Does your child speak another language at home (other than English)? If so, please state which language:

What is your child's primary language spoken at home?

If the child is not an Australian by birth or descent, please provide the following as well as copy of current Visa:

Visa subclass number:  Date of Entry into Australia:

Student Address:

Student Email (if applicable):

Student Mobile Number (if applicable):

## 1. Student Details (cont)

Other children in the Family: **(please note, a separate application form is required for each child enrolling)**

Child's name:  Age:

Current school year level:  Applying for admission:  Yes  No

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Child's name:  Age:

Current school year level:  Applying for admission:  Yes  No



## 2. Parent and Family Information

### Father's Details

Name:

Phone:

Email:

Address:

Residing at the same address as the student:

DOB:  Country of Birth:

Nationality:  Aboriginal/Torres Strait Islander:

Do you identify with a non-English speaking culture?  
If so, please give details:

Do you speak another language at home?  
If so, please state which language:

Highest Level of Secondary Schooling:  
Year 9 or below:  Year 10:  Year 11:  Year 12:

Highest Level of qualification completed:  
Bachelor degree:  Diploma:  Certificate:  No post-school qualification:

Occupation:  Employer:

Position:

Religion:

Involvement in Ecclesia (or Church):

What is your marital status:  
Married:  Single:  Separated:  Divorced:  Widowed:  Defacto:

## 2. Parent and Family Information (cont)

### Mother's Details

Name:  Title:  First Name:  Surname:

Phone:  Home:  Work:  Mobile:

Email:

Address:  Street:

Suburb:  State:  Postcode:

Residing at the same address as the student?  Yes  No

DOB:  Country of Birth:

Nationality:  Aboriginal/Torres Strait Islander:  Yes  No

Do you identify with a non-English speaking culture? If so, please give details:

Do you speak another language at home? If so, please state which:

Highest Level of Secondary Schooling:

Year 9 or below:  Year 10:  Year 11:  Year 12:

Highest Level of qualification completed:

Bachelor degree:  Diploma:  Certificate:  No post-school qualification:

Occupation:  Employer:

Position:

Religion:

Involvement in Ecclesia (Christadelphian) or Church:  Active:   Passive:   Not Involved:

What is your marital status:

Married:  Single:  Separated:  Divorced:  Widowed:  Defacto:

### 3. Family, Communication and Contact Information

If parents are separated/divorced, student/s reside with:

N/A:  Mother:  Father:  Shared:  Other:

Are there any court orders in place which affect the student/s:

No:  Yes:  (Please supply copy of order)

With whom should HCP communicate regarding day to day matters?

Both parents together:  Both parents individually:  Other (step parent/guardian:   
(please complete section below)

Who should receive copies of school reports?

Both parents together:  Both parents individually:  Other (step parent/guardian:   
(please complete section below)

Who should receive the fee account?

Both parents together:  Both parents individually:  Other (step parent/guardian:   
(please complete section below)

**Other Contact (Step Parent/Guardian):** (if required)

Name  Title:  First Name:  Surname:

Relationship to student:

Phone:  Home:  Work:  Mobile:

### 4. Emergency Contact Information (MUST be Perth local contacts)

**Emergency Contact 1:** (someone who could assist your child/ren in an emergency other than a parent)

Name  Title:  First Name:  Surname:

Relationship to student:

Phone:  Home:  Work:  Mobile:

**Emergency Contact 2:** (someone who could assist your child/ren in an emergency other than a parent)

Name  Title:  First Name:  Surname:

Relationship to student:

Phone:  Home:  Work:  Mobile:

## 5. Student Information

Current School:

Class Teacher/Year  
Advisor:

Contact Phone Number:

Indicate academic level of student's current work:

Excellent:

Above Average:

Average:

Below Average:

Describe any special academic achievements, gifts or strengths:

Describe any difficulties your child may have that could impact on their academic process:

Describe any special personal characteristics, interests, hobbies or achievements:

Please note any commitments to sport or music:

Has your child received funding to support special needs?

If yes, please describe this support:

Does your child require ESL (English as a Second Language) support?

Please indicate your child's level of social interaction with peers:

Excellent:

Above Average:

Average:

Below Average:

Please indicate your child's general level of past conduct in social settings:

Excellent:

Above Average:

Average:

Below Average:

Has your child ever been suspended or expelled from another school?

If yes, please give details:

## 5. Student Information (cont)

Has your child ever been subject to special disciplinary problems?

 Yes No

If yes, please give details:

Has your child ever been in trouble with the law, arrested etc?

 Yes No

If yes, please give details:

Has your child ever used alcohol, tobacco or drugs of any kind?

 Yes No

If yes, please give details:

## 6. Medical Information

Health Care Card:

 Yes No

Card Number:

Medicare Number:

Position on Card:

Are you a member of a Private Health Fund?

 Yes No

Ambulance Cover?

 Yes No

Name of Health Fund:

Membership Number:

Doctor's Name:

Phone Number:

Dentist's Name:

Phone Number:

Does your child have a medical diagnosis/allergy?

 Yes No

Asthma

Diabetes

Epilepsy

Other

If yes please give details:

## 6. Medical Information (cont)

Does your child have a disability or special needs?

Yes

No

ADD

ADHD

ASD

Other

*If yes please give details:*

Does your child require administration of regular medication?

Yes

No

*If yes please give details:*

Do you consent for your child to be given Paracetamol?

Yes

No

Do you consent for your child to be given Nurofen?

Yes

No

Do you consent for your child to be given antihistamine if required?

Yes

No

Do you consent for your child to be given Ventolin if required?

Yes

No

Does your child wear glasses or contact lenses?

Yes

No

Does your child wear a hearing aid?

Yes

No

Does your child have any dietary restrictions?

Yes

No

*If yes please give details:*

Are your child's immunisations up to date? (a certificate must be provided)

Yes

No

Does your child suffer from any psychological conditions?

Yes

No

*If yes please give details:*

Psychologist Name:

Phone Number:

Psychiatrist Name:

Phone Number:



## 7. Declaration

### Supporting Documentation

In order for this enrolment to be processed in a timely manner, please ensure you provide the following to support the enrolment:

1. Payment of the Enrolment Application Fee (\$50.00 per student). This fee is non-refundable.
2. A copy of the student's last two school reports.
3. NAPLAN reports (for students who have been in Year 3, 5, 7 or 9 in Australia).
4. A copy of the child's birth certificate (*compulsory*).
5. Immunisation Certificate.
6. Signed Enrolment Agreement by Parent/s (*compulsory*).
7. Signed Enrolment Agreement by Student (*High School Students only*).
8. Any documentation relevant to medical/psychological conditions.
9. Any documentation related to family court matters (eg. court orders).
10. Medical Action Plans from doctor if required.
11. **If both parents are born overseas, please also provide ONE of either:**
  - a. Child's Australian Passport
  - b. Child's Australian Citizenship Certificate
  - c. Parent's Australian Citizenship Certificate
  - d. Parent's Australian Passport

Please submit this complete Enrolment Application Form, with supporting documentation, to the office at Heritage College. Payment of the enrolment fee (\$50 per student) can be made by cash or credit card at Reception. Direct Deposit facilities are available as follows:

Heritage College Perth

BSB: 086 136

Account Number: 556 731 378

**Please use your surname as the reference**

**I/We declare, to the best of my/our knowledge, that all the information presented above is true and correct.**

Because financial commitments are made by the College to educate your child for a full year, a term's notice **MUST** be given prior to withdrawing children from the College. Should this notice not be given, a term's fee per child will be charged.

**I/We understand that we must give a term's notice prior to withdrawing my child/ren from the College or a term's fee per child will be charged.**

*Father's Signature*

*Mother's Signature*

*Date*

*Date*

Please note that completion of this Enrolment Application Form does not guarantee enrolment. An Enrolment Officer will contact you about possible vacancies and will make arrangements for the next steps in the enrolment process to be taken. Please supply the documents listed above to the Enrolment Officer via College Reception.

## 8. Office Use Only

Student:

Application form received:

Date

Previous school reports:

Application fee paid (\$50):

Date

NAPLAN Reports:

Enrolment Interview:

Date

Immunisation & medical docs:

Offer sent:

Date

Court Order Documents:

Enrolment Deposit received (\$250):

Date

Birth Certificate:

Enrolment Parent agreement signed  
(*compulsory*):

Date

Enrolment Student agreement  
signed (*High School - compulsory*):

Date

Start date:

Date

House Allocated:

