



HERITAGE  
COLLEGE

## 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 Citizen?

Nationality:  Aboriginal/Torres Strait Islander?

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

Child's name:

Age:

Current school  
year level:

Applying for admission?

Yes

No

Child's name:

Age:

Current school  
year level:

Applying for admission?

Yes

No

Child's name:

Age:

Current school  
year level:

Applying for admission?

Yes

No

## 2. Parent and Family Information

### Father

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

## 2. Parent and Family Information (cont)

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:

Church:

Involvement in Church:

Active:

Passive:

Not Involved:

Other Church involvement:

### Mother

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:

## 2. Parent and Family Information (cont)

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:  Church:

Involvement in Church: Active:  Passive:  Not Involved:

Other Church involvement:

What is your marital status:

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

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)

### 3. Communication and Contact Information

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:** (if required)

Name  Title:  First Name:  Surname:

Relationship to student:

Phone:  Home:  Work:  Mobile:

### 4. Emergency Contact Information

**Emergency Contact 1:** (someone other than a parent)

Name  Title:  First Name:  Surname:

Relationship to student:

Phone:  Home:  Work:  Mobile:

**Emergency Contact 2:** (someone 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 of 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?

Yes:

No:

If yes, please describe this support:

Does your child require ESL support?

Yes:

No:

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?

Yes:

No:

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

Aspergers

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 or Nurofen?

Yes

No

Do you consent for your child to be given antihistamine 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). 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 grade 3, 5, 7 or 9 in Australia).
4. A copy of the child's birth certificate.
5. Any documentation relevant to medical/psychological conditions.
6. Any documentation related to family court matters (eg court orders).
7. Immunisation Certificate.
8. Medical Action Plans from doctor if required.

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

Heritage College Perth

BSB: 086 455

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.

I/We agree to medical treatment for our child should it be required.

*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:

Enrolment Number:

Enrolment Interview:

Previous school reports:

Application form received:

NAPLAN Reports:

Application fee paid:

Family reference:

Offer sent:

Immunisation & medical documents:

Acceptance received:

Court Order Documents:

Enrolment Contract deposit:

Generic permission note:

Birth Certificate:

Booklist:

Start date:

Uniforms ordered:

House allocated:

