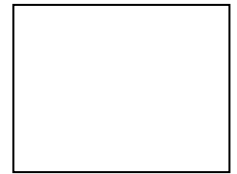




GALSTAUN COLLEGE

5 Chiltern Road
INGLESIDE NSW 2101

Tele : 9998 3200 Fax : 9998 3299 E-mail : admin@galstaun.nsw.edu.au



APPLICATION FOR ENROLMENT

OFFICE USE ONLY

Student Code:
Family Code:
Year Commenced:

Name of Student:

Family Mailing Details

Family Surname		
Mail to [eg Mr & Mrs Smith]		
Address	Suburb/City	Post Code
Home Phone Number	Other	
Email		

Student Details

First Name	Commencement Year or Date
Middle Name	1 st Australian School Year (eg: 2001):
Surname	Previous School Year Level
Preferred Name	Religion
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Nationality
Country of Birth	Does the student speak a language(s) other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below:
Date of Birth	1. 2.
Present Year eg: Kinder, Year 7	Armenian Dialect: Western <input type="checkbox"/> Eastern <input type="checkbox"/>

PLEASE FILL IN THIS PART – IF APPLICABLE

Visa Student - Is the Student a Visa Student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residence Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Non Permanent <input type="checkbox"/> Refugee	Visa Sub Class	
Date of Arrival in Australia	Visa Number	
Passport Number	Visa Expiry Date	
OSHC Membership Number	OSHC Expiry Date	
Confirmation of Date Enrolled at College:	Student in Year:	
Confirmation of Enrolment Number		

Medical Details

Doctor's Name	Phone Number
Student's Medicare Number	Date of Last Tetanus Injection/Booster
Allergies / Medical Alert	Please specify any allergies/ medical alerts relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc).
Immunisations	Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>

THIS SECTION FOR OFFICE USE ONLY				
Occupational Group	Group 1	<input type="checkbox"/>	Group 1	<input type="checkbox"/>
(Refer to insert "List of Parental Occupations)	Group 2	<input type="checkbox"/>	Group 2	<input type="checkbox"/>
	Group 3	<input type="checkbox"/>	Group 3	<input type="checkbox"/>
	Group 4	<input type="checkbox"/>	Group 4	<input type="checkbox"/>

Contact Details		
Details	Non Residential Parent (if applicable)	Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home Address	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
Title		
First Name		
Surname		
Address - Street		
Suburb & Post Code		
Home Phone No.		
Business Phone No.		
Mobile Phone No.		
Email Address		
Relationship to Student		

Children at other Schools				
Please list below all children in the family attending other schools or colleges				
	Full Student Name	School Year	Birth Order	School Attending
Child			1	
Child			2	
Child			3	
Child			4	