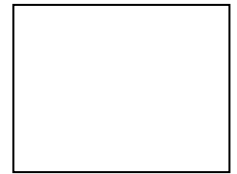




GALSTAUN COLLEGE

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"/>

Special Needs

Indicate whether the student applying for enrolment has any known or suspected **special needs** (please tick Yes or No for each of the following)

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered yes to any of the above, please provide **full details** of those needs and any assessment/intervention/support that he/she may be currently receiving (**Supporting documentation must be provided**).

If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.

Contact Details

Details	Father/Carer Residing at Same Address	Mother/Carer Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Sex		
Address - Street		
Suburb & Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Fax		
Mobile		
Email Address		
Occupation		
Occupational Group (Refer to insert "List of Parental Occupations)	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you 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: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Country of Birth		
Nationality		
Religion		
SIGNATURE		

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	