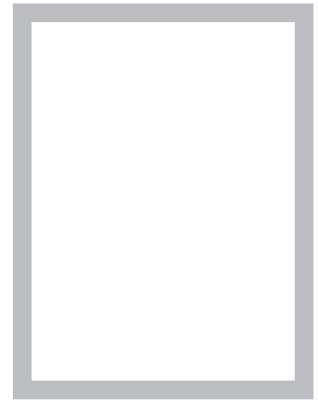




TRINITY

ANGELICAN COLLEGE
Albury • Wodonga

ENROLMENT APPLICATION



Student Details

Surname _____

Given Names _____

Preferred Name _____

Date of Birth _____ Gender Male Female

Country of Birth _____ Nationality _____

Is the student an Australian citizen? Yes No

If no, what is their residency status? _____ Visa class _____ Visa number _____

Proposed level of entry (e.g. Yr 3) _____ Proposed Year of Entry _____

Campus Albury Wodonga

Current School _____ Current Year of Schooling _____

Religious Denomination _____ Language Spoken at Home _____

Is the student of Aboriginal Origin? Yes No Is the student of Torres Strait Island origin? Yes No

Educational Needs

(If application is submitted within 2 years of proposed start date, the Addendum to Enrolment Application MUST be completed)

To assist us in preparing for your child's enrolment, does your child have any special needs? Yes No

If yes, give details: _____

Does your child attend any of the following? Occupational Therapist, Physiotherapist, Speech Pathologist, Paediatrician, Optometrist, Audiologist

Does your child speak English as a second language? Yes No

Medical and Health Needs

Does your child have any health concerns? Yes No

If yes, give details: _____

Does your child take any medication on a regular basis? Yes No

If yes, what type of medication and how often: _____

Does your child have: Allergies? Yes No Anaphylaxis Yes No

If yes, give details: _____



Family Connections

School attending / attended

Year

Name of sibling: _____

Name of sibling: _____

Name of sibling: _____

Name of sibling: _____

Is Father a past student of Trinity College? Yes No House: _____Is Mother a past student? Yes No If yes, name at school: _____ House: _____

Other connection to the College: _____

Mother/Parent 1/Female Guardian

Relationship to Student _____

Title (eg. Mr, Mrs, Dr) _____ Surname _____ Given Name _____

Residential Address _____

Suburb/Town _____ State _____ Postcode _____

Telephone (Home) _____ (Work) _____ (Mobile) _____

Email _____

Occupation _____ Position _____

Is the above address parent 1's postal address? Yes No

If no, please provide postal address _____

Suburb/Town _____ State _____ Postcode _____

Father/Parent 2/Male Guardian

Relationship to Student _____

Title (eg. Mr, Mrs, Dr) _____ Surname _____ Given Name _____

Residential Address _____

Suburb/Town _____ State _____ Postcode _____

Telephone (Home) _____ (Work) _____ (Mobile) _____

Email _____

Occupation _____ Position _____

Is the above address parent 2's postal address? Yes No

If no, please provide postal address _____

Suburb/Town _____ State _____ Postcode _____

Family CircumstancesApplicant resides with Both Parents Mother Only Father Only Shared arrangement Other: _____

Please tick where appropriate:

 Parents separated Parents divorced Father deceased Mother deceased

Where the parents are separated or both parents named above are not the natural parents of the child, please give details (e.g. custody, step-parents, guardian arrangements). In the case of custody, residence and contact orders must be presented.



With whom should the College communicate regarding day to day matters?

Mother Parent 1 Female Guardian Father Parent 2 Male Guardian

Mother/Parent 1/Female Guardian should receive school reports: Yes No

Father/Parent 2/Male Guardian should receive school reports: Yes No

Billing Details

Mailing address for accounts: _____

Title (eg. Mr, Mrs, Dr) _____ Surname _____ Given Names _____

Postal Address _____

Suburb/Town _____ State _____ Postcode _____

Email _____

If a third party is accepting responsibility for PAYMENT OF FEES, please complete below:

I (print name) _____ of (address) _____ Postcode _____

Telephone (P) _____ (B) _____

- accept responsibility for the payment of all fees incurred in the education of the student named above, during their time at Trinity Anglican College.

Signed _____ Date ____ / ____ / ____

Signatures (Both parents or guardians to sign)

- I/we hereby apply to Trinity Anglican College for the enrolment of the above student
- I/we agree to be bound by the Conditions of Admission, a copy of which I/we have read, and to such rulings as may be in force at the College from time to time;
- I/we accept responsibility for the payment of all fees (Delete if a third party is accepting responsibility for payment of fees)
- I/we understand that acceptance of this form by the school does not constitute admission of the student.
- I/we enclose our application fee. This fee covers administration costs and is non-refundable.

Signature of Mother/Parent 1/Female guardian

Name: _____ Date: _____

Father/Parent 2/Male Guardian

Name: _____ Date: _____

If both parents' signatures are not appended, evidence explaining must be stated or attached.



Enrolment Application payment

Student's Name _____

Please select (Mastercard Visa plus 1% processing fee) Cash/cheque Other

Name on Credit Card _____

Credit Card number Expiry Date _____

Cardholder's signature _____

Amount \$100 per enrolment

Please ensure the following is attached or completed:

- \$100 Application Fee (non-refundable)
- Passport size photo
- Copy of Birth Certificate
(Passport and visa if not born in Australia)
- Immunisation Certificate (Junior School Only)
- Medical or Special Needs notified to the College in writing
- Both parents have signed Declaration

This application will not be processed until all elements above are received.

What happens next for students enrolling into our intake years of Kinder, Year 3 and Year 7?

- Step 1. On receipt of this application and all the required documentation, Trinity College will provide a written acknowledgement.
- Step 2. Parents will be invited to make an appointment for an enrolment interview.
This usually occurs 1 year prior to the intended date of entry.
- Step 3. A letter of offer will be sent to successful applicants. Unsuccessful applicants will be notified in writing and may be Waitlisted.
- Step 4. An offer must be accepted by payment of the Enrolment Guarantee Fee within 4 weeks of the offer.

What happens next for all other year levels?

- Step 1. On receipt of this application and all the required documentation, Trinity College will provide a written acknowledgement.
- Step 2. If a position is, or may imminently become available, parents will be invited to make an appointment for an enrolment interview, or
- Step 3. If a position is unavailable in the requested year level, parents will receive a Letter of Waitlisted Enrolment
- Step 4. Students on the Waitlist will be contacted as soon as a suitable position becomes available.

When completed, please post to:

The Registrar
Trinity Anglican College
421 Elizabeth Mitchell Drive
THURGOONA NSW 2640





Addendum to Enrolment Application

(This must be completed if the application is submitted within two years of intended entry)

Surname _____ Given Names _____ Preferred Name _____

Date of Birth _____ Gender Male Female

Cultural interests and achievements _____

Sporting interests and achievements _____

Hobbies and other interests _____

How would you describe your child's reading habits?

- Avid reader
- Reads regularly by choice (4 sessions plus per week)
- Reads occasionally by choice
- Seldom reads
- Not yet reading independently

Favourite reading genre (ie. Sci-fi, biographical, romance)

How do you see your child as a learner?

- Enthusiastic
- Willing
- Reluctant
- Other

Medical and Health Needs

Does your child have any health concerns Yes No

Does your child take medication on a regular basis (ie. for epilepsy, ADD, asthma etc.) Yes No

If yes, why type of medication and how often? _____

Does your child require an Individual Health Care Plan or an Emergency Action Plan? Yes No

Has this action plan been provided to Trinity Anglican College? Yes No

Educational Needs

Does your child have:

Any learning difficulty? Yes No

A disability/learning disability? Yes No

Another special need that may affect their learning and/or school participation? Yes No

Does your child have any emotional, physical or mental concerns? Yes No

Does your child have any of the following concerns? Behavioural Medical ADD

Was your child born at full term? Yes No



Addendum to Enrolment Application *continued...*

Does your child receive out of school support from others? Yes No

If yes, please specify:

- | | | |
|--|---|--|
| <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Counsellor |
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Developmental Optometrist | <input type="checkbox"/> Dietician | <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> Psychiatrist | Other _____ | |

Do you have any reports/documentation from the above specialists? If yes, please attach to application. Yes

Does your child require support in literacy? Yes No

Does your child require support in numeracy? Yes No

Does your child speak English as a second language? Yes No

Does your child have any social difficulties with other children? Yes No

If yes, please specify: _____

Are there any serious behaviour management issues that need to be brought to our attention? Yes No

Any other relevant information: _____

If your child has special education needs, please sign below to indicate that you give permission for the College to collect information from specialist personnel to assist in meeting the needs of your child.

Specialist personnel may include, but is not limited to, the child's previous school, disability agencies, medical and allied health professional and verification personnel.

Signed: _____ Name: _____

Marketing Information Please tick appropriate boxes

What influenced you to enrol your child at Trinity College?

- | | |
|--|--|
| <input type="checkbox"/> Academic Excellence | <input type="checkbox"/> Reputation of College |
| <input type="checkbox"/> Catering to individual learning needs | <input type="checkbox"/> Staff quality |
| <input type="checkbox"/> Character development | <input type="checkbox"/> Subject diversity/choice |
| <input type="checkbox"/> Family connection with school | <input type="checkbox"/> Value for money |
| <input type="checkbox"/> Open entry policy | <input type="checkbox"/> Pastoral care of students |

Other - please specify _____

Please rank the five most useful sources below that assisted you in learning about Trinity Anglican College (with 1 being the most useful)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Advertisement: | <input type="checkbox"/> The Border Mail | <input type="checkbox"/> Television | <input type="checkbox"/> Radio |
| <input type="checkbox"/> College Tour: | <input type="checkbox"/> Prospectus (online) | <input type="checkbox"/> Prospectus (printed) | <input type="checkbox"/> Trinity College Website |
| <input type="checkbox"/> Digital media: | <input type="checkbox"/> blogs | <input type="checkbox"/> website | <input type="checkbox"/> social media |
| <input type="checkbox"/> Directories or listings (ie. Yellow Pages, Choosing a School guide) | | | |
| <input type="checkbox"/> Family member attends or has attended Trinity College | <input type="checkbox"/> Recommendation by family/friend | | |

