



TRINITY
 ANGLICAN COLLEGE
Albury · Wodonga



Little Tackers
 EARLY LEARNING CENTRE

ENROLMENT APPLICATION

Is this Application for a second year of funded kindergarten? Yes No Unsure

4 Year Old Programme	3 Year Old Programme
Proposed Year of Attendance for this programme (please circle):	Proposed Year of Attendance for this programme (please circle):
2018 2019 2020 2021	2018 2019 2020 2021

Student Name <i>Surname Given Names</i>		Male <input type="checkbox"/>	Female <input type="checkbox"/>
He/she prefers to be called (if different from above)			
Address of the Child			
Previous/Current Childcare or Pre-school			
Date of Birth/...../.....	Age now	Proposed date of entry/...../.....	

Religious Affiliation

FAMILY DETAILS	
Mother or Female Guardian	Father or Male Guardian
Full Name <i>Dr, Mrs, Miss, Ms etc.</i>	Full Name <i>Dr, Mrs, Miss, Ms etc.</i>
Occupation	Occupation
Home Address	Home Address
P/Code	P/Code
Email	Email
Telephones: Home	Telephones: Home
Business Mobile	Business Mobile
Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Court orders, custody arrangements, parenting orders, or Parenting Plans? Yes <input type="checkbox"/> No <input type="checkbox"/>	Court orders, custody arrangements, parenting orders, or Parenting Plans? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please attach details	If yes please attach details

Is the student of Aboriginal Origin? Yes No Is the student of Torres Strait Island Origin? Yes No
 Language spoken at home?
 What is the cultural background of the child? If Applicable Childs Parents?
 Is your family a current recipient of a pension or Health care card? Yes No
 If yes please attach a photocopy of the current card on both sides.
 If a parent is not living with the student, please tick the box if a second copy of the school report is required.

Name and address of guardian/ person to whom accounts/correspondences should be sent:

Names and ages of siblings (separate enrolment form required for each child):
 (Note: there are no automatic sibling entry provisions for the College. Waiting lists apply as normal.)

Special needs: Are there any special medical or learning needs? (remedial, gifted, talented, etc) Yes No
 Are there any cultural or religious requirements? Yes No
 Is your child taking any Medication? (except such things as cold & flu tablets etc. Yes No
 Please fill out the attached medical report, and add other contacts in case of emergency. If your child is taking ongoing medication a management plan will be developed .
 The College **must know** of any special needs before enrolment so that an accurate determination may be made of whether the College is able to reasonably meet those needs. Failure to disclose special needs may result in the termination of enrolment, if the College deems that it cannot adequately cater for the welfare and education of that child and of the other children enrolled at the College.

Details of people to whom you authorisation.
 Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people who are authorised nominees. This list may be added to or changed throughout the year.
 In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to Child	Relationship to Child
<input type="checkbox"/> Emergency <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorise excursions <input type="checkbox"/> Authorised Nominee	<input type="checkbox"/> Emergency <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorise excursions <input type="checkbox"/> Authorised Nominee
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to Child	Relationship to Child
<input type="checkbox"/> Emergency <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorise excursions <input type="checkbox"/> Authorised Nominee	<input type="checkbox"/> Emergency <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorise excursions <input type="checkbox"/> Authorised Nominee

Medical Report

Doctor's name : Ambulance cover:

Doctor's phone :

Doctor's address: Health Fund:

Medicare Number: Fund No:

Dietary requirements:

.....

.....

Allergy:

.....

.....

Anaphylaxis: Yes No Requires EpiPen: Yes No EpiPen expiry date:
If yes attach copy of anaphylaxis plan

Asthma: Yes No Requires puffer: Yes No
If yes attach copy of asthma plan

Medication:

.....

.....

Declaration and consent to emergency medical treatment

I, (Print full name)
a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

.....
Signature

.....
Date

Conditions of Admission

1. Applications for Admission

- 1.1. Applications must be made on the College's official Enrolment Application Form, a photocopy of the applicant's birth certificate, evidence of all vaccines required to age 4, a signed Declaration, the Application Fee as per the Fee Schedule.
- 1.2. Subject to vacancy, confirmation of a conditional Offer of Place will be made on receipt of the Application Form and Application Fee (non-refundable).
- 1.3. Before the intended date of entry, an interview may be arranged and Offers of Place confirmed. The Offer of Place will stand for FOUR WEEKS from the date of offer after which time the College may withdraw it without notice.
- 1.4. Confirmation of a Place at the College will be made upon receipt of the Enrolment Guarantee (non-refundable) and after interview. This interview is intended to ascertain whether *Trinity* is able to offer an education which is appropriate for your child. *Trinity* enrolls children across a wide range of abilities, but is not a Special School equipped to serve students with complex medical, physical, behavioural, emotional or intellectual disabilities. Parents are asked to state the nature of any such special needs and to provide medical reports as appropriate.

Information regarding medical or special needs must be updated if the student's needs change in the period between the initial application and the desired date of entry.

Applications to change the proposed date of enrolment must be made in writing. Unsuccessful applications or applicants wait-listed for a particular year are NOT transferred to another year unless notice in writing is received. If the Application is cancelled, the fee will not be refunded.

- 1.5. For entry into the Early Learning Centre's preschool programme children must be four years of age before 31 March in the year of entry. The College reserves the right to delay admission of students they deem are not ready to commence schooling.

2. Fees and Accounts

- 2.1. The parents or person so nominated on the Application Form shall pay to the College all fees for tuition, extra subjects and the supply of goods and services to the student as shall be determined by the College Board and as published in the Fee Schedule.
- 2.2. The College reserves the right to refuse entry to, or terminate the enrolment of a student whose fees are in arrears.
- 2.3. All fees are payable in advance and one (1) term's notice in writing must be given to the Principal before any student is removed. In lieu of such notice, one (1) term's fees are payable.
- 2.4. If a student leaves the College without the proper period of notice (section 2.3), any items for sale in the Uniform Shop (uniforms or books) will be withheld by the College, and the parent will receive the balance.
- 2.5. Where a sibling is enrolled for admission, but the fees for the present student are in arrears, then the enrolled student's position should be reassessed if there is a waiting list for that enrolment year.

3. Conditions of Acceptance

- 3.1. All students who attend the College are required to participate in the following activities, as determined by the Principal:
 - 3.1.1. College Chapel and Religious and Values Education classes;
- 3.2. A condition of enrolment is that the student participates in the compulsory Student Accident Protection Plan, which includes the payment of a small annual fee of \$20. This insures students against accidents and injury while on College activities.

- 3.3. Requests for leave from College activities, including academic and co-curricular programmes, and for early departure and late return at the beginning/end of term are considered only in special circumstances and must be applied for in writing to the Deputy Principal prior to the event.
- 3.4. All students are expected to support the ethos of the College and to abide by its rules as set out in the appropriate publications such as the Handbook, or established by practice and published from time to time at the Principal's direction. In particular, the attention of students and parents is drawn to the College's requirements set down for discipline, attendance and leave, as set out in the Handbook.
- 3.5. The College reserves the right to discipline students for breaches of the rules of the College. Acceptance of the enrolment indicates acceptance by parents of the discipline policy of the College, as set out in the Handbook. In particular, parents enrolling their child accept that the College reserves the right to suspend or expel any student from the College, for an offence that the Principal determines constitutes extremely serious misconduct. Parents are expected to support the administration of the discipline policy of the College.
- 3.6. Any breaches of these Terms and Conditions shall entitle the Principal, at his discretion, to suspend or terminate the enrolment and attendance of the student at the College.

Declaration by Parent/Guardian

Parents' (Guardians') declaration

I/We (print name/s) _____

- agree to be bound by the "Conditions of Admission", a copy of which I have read, and to such rulings as may be in force at the College from time to time.
- and**
- accept responsibility for the payment of all fees
(delete if another party is assuming responsibility for the payment of fees ~ see below).

Signed _____ Relationship to student: _____

Date ____ / ____ / ____.

Signed _____ Relationship to student: _____

Date ____ / ____ / ____.

Declaration of person other than parents (guardians) accepting responsibility for payment of fees

I (print name) _____,

of (address) _____

_____ Post Code _____

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 ____ / ____ / ____

Payment: An application fee of \$50 should accompany this form.

The Enrolment Guarantee Fee of \$150 is payable when a Letter of Offer has been forwarded by the College and must be paid before enrolment is confirmed.

Please post this Application Form, together with:

- | | |
|---|---|
| <input type="checkbox"/> \$50 Application Fee (non refundable) | <input type="checkbox"/> Copy of BirthCertificate |
| <input type="checkbox"/> Signed Declaration | <input type="checkbox"/> Passport size Photo |
| <input type="checkbox"/> Copy of Immunisation Certificate | |
| <input type="checkbox"/> Copy of 3 ½, or 4 year old Health Check | |
| <input type="checkbox"/> Medical or Special Needs notified to the College in writing including copy of asthma or anaphylaxis plan if applicable | |

To:

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

Ph: 02 6049 3400

Fax: 02 6049 3490

Website: www.trinityac.nsw.edu.au

e-mail: office@trinityac.nsw.edu.au