

Heritage College



**HERITAGE
COLLEGE**
KNOX

Knox

Seeking Wisdom and Knowledge

ENROLMENT APPLICATION FORM

Please complete and sign this Enrolment Application Form and submit it to the Enrolment Coordinator with payment of an Application Fee of \$100.00. The Enrolment Coordinator will contact parents or guardians regarding possible vacancies after the information in this form has been processed.

1. Student Details

Given Names: Surname:

Age: Date of Birth: Gender: Male Female

Proposed entry year: Year Level of entry: Australian Citizen: Yes No Aboriginal/Torres Strait Islander? Yes No

Country of Birth: Nationality:

First Language: Any other languages:

If the student is not an Australian by birth or descent, please provide the following as well as a copy of current Visa:

Visa subclass number: Date of Entry into Australia:

Student Address:

Student Mobile Number (if applicable):

Other Children in the Family :(A separate application is required for each child enrolling)

Name	Age	Applying for Admission		Current Year Level
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>

2. Student Information

(for Students being enrolled in Prep, please only fill out as applicable)

Current School/Kinder:

(if applicable)

Class Teacher/Year Advisor:

Contact Phone Number:

Describe any special academic achievements, gifts or strengths:

Describe any difficulties this student 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 this student received funding to support special needs?

Yes

No

If yes, please describe this support:

Does this student require ESL support?

Yes

No

Please indicate this student'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 this student ever been suspended or expelled from another school?

Yes

No

I would like to discuss this further with the Principal, in private:

Yes

No

If yes, please provide details or if preferred feel free to discuss with the Principal in private.

Are there any court orders in place which affect the student?

No

Yes

(Please supply copy of order)

Has this student ever been subject to special disciplinary problems?

No

Yes

(Please supply details below)

3. Student Medical Information

Health Care Card: Yes No Card Number:

Medicare Number: Position on Card: Expiry Date:

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 this student have a medical diagnosis/allergy? Yes No

Asthma Diabetes Epilepsy Other

If yes please provide details:

Does this student have a disability or special needs Yes No

ADD ADHD ASD Other

If yes please give details:

Does this student require administration of regular medication? Yes No

Do you consent for this student to be given Paracetamol or Ibuprofen? Yes No

Do you consent for this student to be given antihistamine if required? Yes No

Does this student wear glasses or contact lenses? Yes No

Does this student wear a hearing aid? Yes No

Does this student have any dietary restrictions? Yes No

If yes please give details:

Are your child's immunisations up to date? Yes No
(Immunisation History Statement must be provided)

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical attention to be administered to this student, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anaesthesia and/or surgery, under the recommendation of qualified medical personnel.

4. Primary Care Giver #1

Title: Given Names: Surname:

Contact Numbers: Home: Work: Mobile:

Email:

Relationship to student: Parent Step Parent

Guardian If yes, please describe:

Other If yes, please describe:

Residing at the same address as the student? Yes No Please send HCK SMS notifications? Yes No

Permission to pick up student from school? Yes No Please send HCK email notifications? Yes No

Address (if different):

Date of Birth: Country of Birth:

Nationality: Aboriginal/Torres Strait Islander: Yes No

Do you identify with a non-English speaking culture?
If so, please provide details:

Do you speak another language at home?
If so, please state which:

What is your marital status?
Married: Single: Separated: Divorced: Widowed: Defacto:

Primary Care Giver #1 Education and Occupation:

Highest Level of Secondary Schooling (required for government funding and remains de-identified):

1: Year 9 or below: 2: Year 10: 3: Year 11: 4: Year 12:

Highest Level of qualification completed:

5: Certificate I to IV (including trade certificate) 6: Advanced diploma/Diploma 7: Bachelor's degree or above 8: No non-school qualification

Occupation: Employer:

Occupation Group: **1:** Senior Management in large business organisation, government admin and defence and qualified professionals **2:** Other business managers, art/media/sportspersons and associate professionals

3: Tradespeople, clerks and skilled office, sales and service staff. **4:** Machine operators, hospitality staff, assistants, labourers and related workers

8: Not in paid work in last 12 months **9:** Not stated or unknown

Concession Card Type: Number & Expiry:

Religion: Church:

Involvement in Church: Active Passive Not involved

4. Primary Care Giver #2

Title: Given Names: Surname:

Contact Numbers: Home: Work: Mobile:

Email:

Relationship to student: Parent Step Parent

Guardian *If yes, please describe:*

Other *If yes, please describe:*

Residing at the same address as the student? Yes No Please send HCK SMS notifications? Yes No

Permission to pick up student from school? Yes No Please send HCK email notifications? Yes No

Address (if different):

Date of Birth: Country of Birth:

Nationality: Aboriginal/Torres Strait Islander: Yes No

Do you identify with a non-English speaking culture? *If so, please provide details:*

Do you speak another language at home? *If so, please state which:*

What is your marital status? Married: Single: Separated: Divorced: Widowed: Defacto:

Primary Care Giver #2 Education and Occupation:

Highest Level of Secondary Schooling (required for government funding and remains de-identified):

1: Year 9 or below: 2: Year 10: 3: Year 11: 4: Year 12:

Highest Level of qualification completed:

5: Certificate I to IV (including trade certificate) 6: Advanced diploma/Diploma 7: Bachelor's degree or above 8: No non-school qualification

Occupation: Employer:

Occupation Group: **1:** Senior Management in large business organisation, government admin and defence and qualified professionals **2:** Other business managers, art/media/sportspersons and associate professionals

3: Tradespeople, clerks and skilled office, sales and service staff. **4:** Machine operators, hospitality staff, assistants, labourers and related workers

8: Not in paid work in last 12 months **9:** Not stated or unknown

Concession Card Type: Number & Expiry:

Religion: Church:

Involvement in Church: Active Passive Not involved

4. Other Contact Information

Other Contact #1: (someone other than a Primary Care Giver)

Title: Given Names: Surname:

Contact Numbers: Home: Mobile:

Relationship to student:

Permission to pick up student? Yes No

Contact in case of Emergency when Primary Care Givers cannot be reached? Yes No

Other Contact #2: (someone other than a Primary Care Giver)

Title: Given Names: Surname:

Contact Numbers: Home: Mobile:

Relationship to student:

Permission to pick up student? Yes No

Contact in case of Emergency when Primary Care Givers cannot be reached? Yes No

5. Communication and Contact Information

Who should receive academic report for this student?

PCG #1 Both together

PCG #2 Other (please specify)

Who should receive the fee account for this student?

PCG #1 Both together

PCG #2 Other (please specify)

6. Legal Documentation

Supporting Documentation

In order for this enrolment to be processed in a timely manner, please ensure you provide the following to support the enrolment:

It is a legal requirement that the College has the documents listed below on record. It is the parents'/guardians' responsibility to provide these documents to the school.

1) Proof of Date of Birth and Residency

Original documents must be sighted and will be copied by the school.

There are several ways you can provide us with this documentation:

- Student's passport
- Student's birth certificate
- If this child was not born in Australia, we will also need to copy the visa documentation that allows them to remain in the country and enrol at our College

2) Immunisation History Statement

An Immunisation History Statement, directly from Australian Immunisation Register must be presented on enrolment, **whether a student is immunised or not** (this is a legal requirement). If a student transfers primary schools, it is the **parents'/guardians'** responsibility to ensure that the immunisation statement is transferred from one school to the other. A new school entry immunisation certificate is not required to be issued; the existing certificate should be transferred to the new school the student will be attending.

Ways you can provide us with this documentation include:

- A Child History Statement from the Australian Immunisation Registrar - Phone: 1800 653 809
- If this student has transferred from a previous primary school and you provided them with an immunisation statement, please contact the school and request it be sent to our College

Please tick the appropriate statements:

Proof of Date of Birth and Residency attached for copy, **OR**

Proof of Date of Birth and Residency not attached but has been requested. I/we will forward the documentation to the school as soon as it is received.

Immunisation History Statement attached, **OR**

Immunisation History Statement not attached but has been requested. I will forward the documentation to the school as soon as it is received.

Documentation

Please ensure the following documents are provided to support the enrolment.

1. Payment of the Enrolment Application Fee (\$100.00). This fee is non-refundable.
2. A copy of the student's last two school reports (if applicable).
3. NAPLAN report (for students who have been in grade 3, 5, 7 or 9 in Australia).
4. A copy of the student's birth certificate.
5. Any documentation relevant to medical/psychological conditions.
6. Any documentation related to family court matters (eg court orders).
7. Immunisation History Statement.
8. Medical Action Plans from doctor if required.

9. Payment and Declaration

Payment of Enrolment Application Fee

Payment of the \$100.00 Enrolment Application fee can be made with one of the following methods:

Please tick your preferred payment method:

Direct Deposit
Heritage College, ANZ Bank,
BSB 013-414, Account No. 4786 47612. **Please use your surname as reference**

Credit Card
By phone or in person at reception

Declaration

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 this student should it be required.

I/We agree that by entering our details electronically below, this application is true and correct and can be submitted as an Enrolment Application.

Primary Caregiver #1 Signature
Primary Caregiver #2 Signature
Date
Date

Please note that completion of this Enrolment Application Form does not guarantee enrolment. The Enrolment Coordinator will contact you to make arrangements for the next steps in the enrolment process. Please supply the documents listed above to the Enrolment Coordinator or to reception.

Electronic Saving Instructions

To forward this completed form electronically to the Enrolment Coordinator:

1. Select FILE – PRINT, ensure “Adobe PDF” is selected as your printer.
2. Select PRINT
3. Follow the prompt and SAVE the file on your device as PDF. Ensure you select “Use the current document”.
4. Email the document directly to the Enrolment Coordinator at enrolments@heritage.vic.edu.au

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