

APPLICATION FOR ENROLMENT

204 Churchill Avenue
 Braybrook VIC 3019
 Phone: 9296 5311
 Facsimile 9296 5381
 Website www.cccc.vic.edu.au



Office Use Only	RECEPTION		ACCOUNTS	
	Date received	___/___/___	Payment received	\$ _____
	Enrolment ID:	<input type="text"/>	Family ID	<input type="text"/>

Year of entry Year level Please complete form in **BLOCK/CAPITAL** letters

APPLICANT DETAILS

Given name/s

Surname

Note * Students will be enrolled with their official name as appears on their Birth Certificate, passport, Citizenship Certificate or equivalent.

Gender (please circle) Male Female Date of birth ___/___/___

Country of birth _____ Please complete "Applicants born overseas" section if not born in Australia

Main language spoken at home _____

Other language/s spoken at home _____

Do you wish to acknowledge the Applicant's Aboriginal or Torres Strait Islander background? (Please circle) Yes No

Please attach Applicant photo here

Applicant's religion (Please circle)

Catholic Orthodox No Religion

Other: _____

If Catholic or Orthodox, has the Applicant been baptised? (Please circle)

Yes No

(If yes, a copy of Baptism Certificate is required)

Current parish name _____

Current parish suburb _____

Sacraments received (Please circle all that apply)

Baptism Reconciliation Communion Confirmation

Has the Applicant submitted or will be submitting an application to another secondary school/s? (Please circle)

Yes No

School 1 _____

School 2 _____

Is Caroline Chisholm Catholic College your first preference? (Please circle)

Yes No

Please indicate preference

1. _____

2. _____

3. _____

FAMILY INFORMATION

Does the Applicant have any brothers or sisters currently attending our College? (Please circle) Yes No

Name/s _____ Year Level/s _____

Does the Applicant have any brothers/sisters or parent/s who are past students of our College? (Please circle) Yes No

Name/s _____ Year/s they exited _____

Does the Applicant have any brothers or sisters currently on our waiting list? (Please circle) Yes No

Name/s _____ Year/s applied for _____

Younger sibling/s details

Name	Date of birth	Current primary school (if applicable)	Current grade (if applicable)

Who is the Applicant currently living with? (Please circle)

Both parents Mother Father Other (Please specify) _____

If the Applicant is living with one parent, independently or with a guardian, please provide details below pertaining to custody and contacting of parents/guardians. Please also supply evidence of court approved custody arrangements

APPLICANTS BORN OVERSEAS

This section **MUST** be completed if applicant was born overseas. Copies of the Applicant's **AUSTRALIAN CITIZENSHIP PAPERS OR PASSPORT and VISA OR TRAVEL DOCUMENTS** are required.

Date of arrival in Australia ____ / ____ / ____	Date started school in Australia ____ / ____ / ____
Did the Applicant arrive in Australia as a migrant or refugee? (Please circle)	
Migrant Refugee Visa Subclass Number: _____	
Is the Applicant now an Australian citizen? (Please Circle)	
Yes No If yes, year obtained _____	(Please provide a copy of Citizenship Certificate)

MEDICAL INFORMATION

Does the Applicant suffer from any medical conditions? (Please Circle)	Yes (Please specify below)	No
Anaphylaxis Asthma Diabetes Allergies Other (Please specify)		

If the Applicant has anaphylaxis or asthma do they have a management plan provided by their doctor? **Yes (Please provide a copy)** **No**

Does the Applicant have regular treatment or medication? **Yes (Please specify below)** **No**

Does the Applicant have any dietary intolerances? (E.g. glucose, lactose) **Yes (Please specify below)** **No**

CURRENT SCHOOL INFORMATION

The Applicant is currently enrolled in grade/year _____ at (school name) _____

in (Suburb) _____ School phone _____ VSN

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* This can be found on student report or obtained from current school

SPECIAL PROGRAM OR ASSISTANCE

This section gives you the opportunity to provide information that will help us develop appropriate strategies to meet the particular needs of your child and facilitate a smooth transition to our College. Please provide accurate and full information. We reserve the right to change enrolment decisions if we are misled.

Does the Applicant have any additional learning needs that should be taken into account in our planning? (Please circle)

Yes (If yes, please circle appropriate needs below)	No
Social emotional Severe language Chronic health Hearing/vision impairment Medical/physical condition	

Please provide details _____

Please circle any programs that have been part of the Applicant's school education

EAL (English as additional language) Integration New Arrivals Program Literacy/numeracy support

