



ST VINCENT'S COLLEGE

(under the care of the Sisters of Charity)

Established 1858

Office Use: STUDENT CODE:..... FAMILY CODE:.....
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APPLICATION FOR ENROLMENT

Enrolment Procedures

- A non-refundable fee of \$220 must accompany this application. Details page 6.
- Please forward the enclosed questionnaire to a Member of the Clergy who knows the family. A copy of the applicant's latest School Report (where applicable) should be returned with this application.
- All overseas students must have a nominated carer within Australia.
- Interviews will be held with the Principal preceding the proposed enrolment.
- To confirm enrolment at the College a fee of \$2000 is payable within three weeks of the offer being made. Enrolment fees are non-refundable and non-transferable.

We hereby apply to St Vincent's College, Potts Point for consideration for admission of our daughter as a student. We certify that the details given are correct.

If she is accepted as a student, we undertake jointly and severally to be bound by the scale of charges ruling from time to time in respect of all fees and to pay accounts for such fees on receipt thereof.

We note that a full term's notice in writing must be given to the Principal before a student is withdrawn from the College and in default of such notice, a full term's fees shall be payable.

We authorise the College, in addition to fees, to incur expenditure for such educational activities as may be required during each term.

We agree that our daughter shall be bound by, and adhere to, the general regulations made for the well-being of the students and conduct of the College.

Signature of Applicants

Father/Carer _____ Date: ____/____/____
(Relationship to student?)

Mother/Carer _____ Date: ____/____/____
(Relationship to student?)

STUDENT PERSONAL INFORMATION

YEAR TO COMMENCE: _____		YEAR LEVEL _____	
FAMILY NAME: _____		GIVEN NAMES: _____	
<input type="checkbox"/> Australian Citizen/Resident <input type="checkbox"/> Full Fee Paying Overseas <input type="checkbox"/> Boarder <input type="checkbox"/> Day Student			
PREFERRED NAME: _____		DATE OF BIRTH: ____/____/____	
ADDRESS: _____			P/CODE: _____
TELEPHONE: _____		MOBILE: _____	
COUNTRY OF BIRTH: _____		YEAR OF ARRIVAL (if not born in Australia) _____	
FIRST YEAR ENROLLED AT AN AUSTRALIAN SCHOOL: _____			
* IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?			
No		Yes, Torres Strait Islander	
Yes, Aboriginal		Yes, Both Aboriginal and Torres Strait Islander	
PREVIOUS SCHOOL: _____			
Number of years enrolled at previous school: _____			
SISTERS WHO HAVE ATTENDED OR ARE CURRENTLY ATTENDING ST VINCENT'S COLLEGE			
Name	Year Level	House	Date of last year of attendance
RELIGION (please specify):			
SACRAMENTS RECEIVED: Baptism () Yes () No Communion () Yes () No Reconciliation () Yes () No Confirmation () Yes () No			
NAME OF PARISH IN WHICH STUDENT RESIDES: _____			
EDUCATIONAL SUPPORT/INFORMATION:			
The following request for information is designed to gather data that will assist the College in supporting your daughter in her transition to her new school (please tick)			
<input type="checkbox"/> CEO Support Funding <input type="checkbox"/> PSG Program Support Group <input type="checkbox"/> ATAS Aboriginal Tutorial Assistance Scheme <input type="checkbox"/> Visiting Teacher Service (e.g. visual, hearing) <input type="checkbox"/> Other support service <input type="checkbox"/> Other formal educational assessment (please attach)			
MUSICAL INSTRUMENT STUDIED, INCLUDING VOICE (if any) _____			
MUSIC LESSONS PRIVATE () or SCHOOL LESSONS () Length of music studies: _____			
* LANGUAGE (other than English) SPOKEN AT HOME BY STUDENT: _____			
* LANGUAGE SPOKEN MOST OFTEN AT HOME BY THE STUDENT: _____			
WRITTEN LANGUAGE (other than English) USED AT HOME BY STUDENT: _____			
LANGUAGE (other than English) STUDIED OUT OF NORMAL SCHOOL HOURS: _____			
VENUE WHERE LANGUAGE IS STUDIED: _____			
* Commonwealth Government Requirement			
MARITAL STATUS OF PARENTS:			
Married <input type="checkbox"/>		Separated <input type="checkbox"/>	
Widowed <input type="checkbox"/>		Divorced <input type="checkbox"/>	
		Foster <input type="checkbox"/>	
Is the student in a single parent family? () Yes () No			
Which parent does the student reside with?			
Are there any consent or restraining orders? (if yes, please attach)			

FAMILY PERSONAL INFORMATION**MOTHER/CARER**(Relationship to student?) **INFORMATION (Please circle)**

TITLE: Mrs/Ms/Dr (please circle)

FAMILY NAME: _____ FIRST NAME: _____

ADDRESS: _____ P/CODE: _____

TELEPHONE (H): _____ (W): _____ Mobile: _____

EMAIL Address: _____ RELIGION: _____

COUNTRY OF BIRTH: _____ IF BORN OVERSEAS, please state year of arrival in Australia: _____

* LANGUAGE SPOKEN AT HOME (other than English) _____

* LANGUAGE SPOKEN MOST OFTEN AT HOME: _____

* HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOLING COMPLETED BY MOTHER/CARER:

Year 12 or equivalent Year 10 or equivalent Year 11 or equivalent Year 9 or equivalent or below

* HIGHEST QUALIFICATION COMPLETED BY THE MOTHER/CARER:

Bachelor Degree Advanced Diploma/Diploma Certificate I to IV (including Trade Certificate) No non-school qualification

* OCCUPATION OF MOTHER/CARER

(Please select the appropriate occupation group from the list on page 7 of this booklet)

If person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use person's last occupation. If the person has not been in paid work in the last 12 months, please enter 'N' in space provided.

OCCUPATION GROUP:

OCCUPATION: COMPANY NAME:

WORK ADDRESS: P/CODE:

* Commonwealth Government Requirement

FATHER/CARER(Relationship to student?) **INFORMATION (Please circle)**

TITLE: MR/DR (please circle)

FAMILY NAME: _____ FIRST NAME: _____

ADDRESS: _____ P/CODE: _____

TELEPHONE (H): _____ (W): _____ Mobile: _____

EMAIL Address: _____ RELIGION: _____

COUNTRY OF BIRTH: _____ IF BORN OVERSEAS, please state year of arrival in Australia: _____

* LANGUAGE SPOKEN AT HOME (other than English) _____

* LANGUAGE SPOKEN MOST OFTEN AT HOME: _____

* HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOLING COMPLETED BY FATHER/CARER:

Year 12 or equivalent Year 10 or equivalent Year 11 or equivalent Year 9 or equivalent or below

* HIGHEST QUALIFICATION COMPLETED BY THE FATHER/CARER:

Bachelor Degree Advanced Diploma/Diploma Certificate I to IV (including Trade Certificate) No non-school qualification

* OCCUPATION OF FATHER//CARER

(Please select the appropriate occupation group from the list on page 7 of this booklet)

If person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use person's last occupation. If the person has not been in paid work in the last 12 months, please enter 'N' in space provided.

OCCUPATION GROUP:

OCCUPATION: COMPANY NAME:

WORK ADDRESS: P/CODE:

* Commonwealth Government Requirement

CONFIDENTIAL MEDICAL INFORMATION

This information is intended to assist the College in case of any medical emergency with your daughter. All information is held in confidence. Please complete all sections of this page.

NAME OF STUDENT: _____

NAME OF FAMILY DOCTOR: _____ TELEPHONE: _____

ADDRESS: _____ P/CODE: _____

NAME OF FIRST EMERGENCY CONTACT (other than parents or carer) _____

RELATIONSHIP TO STUDENT: _____

TELEPHONE: (H) _____ (W) _____ MOBILE: _____

ADDRESS: _____

NAME OF SECOND EMERGENCY CONTACT (other than parents or carer) _____

RELATIONSHIP TO STUDENT: _____

TELEPHONE: (H) _____ (W) _____ MOBILE: _____

ADDRESS: _____

1. DOES YOUR DAUGHTER HAVE ANY MEDICAL CONDITION THAT WOULD REQUIRE IMMEDIATE TREATMENT OR RESPONSE? e.g. epilepsy, asthma, diabetes, heart condition.
(as per our Medication Policy, should medication need to be administered at school, a separate Medication Request Form must be completed – available from our College Nurse or at our Orientation Days for new Year 7 students).

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2. DOES YOUR DAUGHTER SUFFER FROM ANY KNOWN ALLERGIES? e.g. bee stings, food, penicillin *(as per our Medication Policy, should medication need to be administered at school, a separate Medication Request Form must be completed – available from our Administration Office or at our Information Evening for new Year 7 students).*

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3. Is there any other medical/health information that the College needs to be aware of?

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AMBULANCE SUBSCRIPTION Yes No **MEMBERSHIP NO:**

MEDICARE NO:

CONSENT TO MEDICAL ATTENTION

Where the College is unable to contact me or my nominee, I authorise the College to:

- administer such First-Aid as the College may judge to be reasonably necessary;
- provide such medical or surgical attention as may be deemed necessary by a medical practitioner or authorised medical agent.

SIGNATURE OF MOTHER/CARER: _____ DATE: ___/___/___

SIGNATURE OF FATHER/CARER: _____ DATE: ___/___/___

GUARDIAN FOR OVERSEAS STUDENTS:

If the applicant is an Overseas Student please supply information about their guardian who resides in Sydney.

TITLE: Mr/Dr/Mrs/Ms (please circle)

FAMILY NAME: _____ FIRST NAME: _____

ADDRESS: _____
 _____ P/CODE: _____

TELEPHONE (H): _____ (W): _____ Mobile: _____

EMAIL ADDRESS: _____

COUNTRY OF BIRTH: _____ IF BORN OVERSEAS, please state year of arrival in Australia: _____

FAMILY SUPPORT AND PARTICIPATION IN COLLEGE ACTIVITIES**SCHOOL COUNSELLOR:**

The College Counsellor is available for students, and parents of students, experiencing difficulties which may be affecting their level of involvement or achievement at school.

Could you please indicate whether you would consent to your daughter attending the College Counsellor if the need arises? Yes No

SIGNATURE OF MOTHER/CARER: _____ DATE: ___/___/___

SIGNATURE OF FATHER/CARER: _____ DATE: ___/___/___

STUDENT'S NAME: _____ YEAR LEVEL COMMENCING: _____

PASTORAL SUPPORT:

PLEASE RECORD ANY FAMILY BACKGROUND INFORMATION THAT MAY ASSIST US TO PROVIDE CARE FOR YOUR DAUGHTER:

CORRESPONDENCE AND ACADEMIC REPORTS TO BE SENT TO:

Correspondence and Academic Reports will automatically be addressed to the student's residential address unless indicated otherwise:

- Is an additional copy of any correspondence required for a parent not living with the student Yes No
- Is an additional copy of your daughter's report required for a parent not living with the student Yes No

If your response is (Yes) please complete the following:

(Mr) (Mrs) (Ms) (Dr) (please circle) _____
 (please specify relationship to student)

ADDRESS: _____ POSTCODE: _____

SIGNATURE: _____ DATE: _____

PHOTOGRAPHY FOR PUBLICATIONS:

From time to time opportunities arise to promote the College through advertising in various media publications and displays.

I agree to allow St Vincent's College, Potts Point to use any images of my daughter/s in publications relating to the College. Yes No

SIGNATURE OF MOTHER/CARER: _____ DATE: ___/___/___

SIGNATURE OF FATHER/CARER: _____ DATE: ___/___/___

FINANCIAL INFORMATION

BILLING INFORMATION:

Information provided on this form will be used to set up your fee account with the College. If you need to make any changes to your billing arrangements at any time, please obtain a new form from the Business Office for completion.

STUDENT'S FULL NAME: _____

Persons/s responsible for payment of school fees:

I/We acknowledge that we are jointly and severally liable for all fees and charges payable and pertaining of my/our daughter's education at St Vincent's College.

I/We note that a full term's notice in writing must be given to the Principal before a student is withdrawn from the College and in default of such notice, a full term's fees shall be payable.

TITLE: FIRST NAME: SURNAME:

RELATIONSHIP TO STUDENT: SIGNATURE:

DATE: __/__/__

TITLE: FIRST NAME: SURNAME:

RELATIONSHIP TO STUDENT: SIGNATURE:

DATE: __/__/__

ADDRESS FOR ACCOUNTS:

.....POST CODE

P & F ASSOCIATION:

I AGREE TO THE RELEASE OF MY PHONE NUMBER & EMAIL ADDRESS TO THE COLLEGE'S PARENTS AND FRIENDS' ASSOCIATION AND THE BOARDERS PARENTS' ASSOCIATION SO THAT THEY MAY CONTACT ME REGARDING COLLEGE EVENTS Yes No

SIGNATURE OF MOTHER/CARER: _____ DATE: __/__/__

SIGNATURE OF FATHER/CARER: _____ DATE: __/__/__

PAYMENT METHOD:

School fees are charged four (4) times per year.

Payment options are:

B Pay – see fee notice for details

Cheque

Credit Card

Cash

Internet Banking

I/we attach a cheque, money order or credit details as follows for a non-refundable fee of \$220.

Paying by: Cheque payable to St Vincent's College Cash Visa Mastercard AMEX

Card Number: - - - Expiry /

Name on Card _____ Amount Paid \$ _____

Signature _____ Date / /

List of Parental Occupation Groups

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.
Public service manager (Section head or above), regional director, health/education/police/fire services administrator
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
Defence Forces Commissioned Officer
Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
Associate professionals generally have diploma/technical qualifications and support managers and professionals.
Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
Skilled office, sales and service staff.
Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.
Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
Office assistants, sales assistants and other assistants.
Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
Labourers and related workers
Defence Forces ranks below senior NCO not included above
Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

PARENT/GUARDIAN QUESTIONNAIRE

Student's Name: _____ Year: _____, 20 _____

Why are you applying to have your daughter enrolled at St Vincent's College?

What are your expectations of St Vincent's College regarding your daughter's

(a) Religious formation? _____

(b) Academic education? _____

(c) Personal growth? _____

How, as parents do you feel you could support St Vincent's?

Signed: _____ Signed: _____

Relationship to Applicant: _____ Relationship to Applicant: _____

Please include any other information that you might think important in relation to your application.

ACADEMIC INFORMATION

Student's Name: _____

Current School: _____ Phone No: _____

Current Year: _____ BOS number (if applicable) _____

Years 7-12 Resident Status: Permanent Status
 Australian Citizen
 Overseas Student
 Other: _____

Current Subjects Studied: _____

Year 11 enrolment only: State School Certificate Number: _____

Year 10 enrolment only: List Year 9 subjects: _____

Preferred subject choices at St Vincent's College:

Office Use Only

Interviewer's Name: _____

Subjects Chosen	Unit No.	Class No.

Edumate entry ___/___/___ (date)

Teachers/HODs/HOYs informed ___/___/___ (date)

ST VINCENT'S COLLEGE LEARNING NEEDS



The information on this page allows the College to identify the special learning needs of applicants, plan learning support where appropriate and ensure optimal care of the student

Student's Name: _____ Commencement Year: _____ 20 _____

Has your child been diagnosed with a learning disability?

(eg. ADHD, Dyslexia, Working Memory, Auditory Processing Difficulties).

Yes / No _____ Date of diagnosis _____

If your answer was 'Yes' please attach copies of all relevant assessments (eg. reports from Paediatricians, Educational Psychologists, Speech Pathologists)

Has your child been screened for Giftedness or enrolled in a Gifted education program?

Yes / No _____ Date of assessment _____ Name of program _____

If your answer was 'Yes' please attach copies of all relevant assessments (eg. reports from Educational Psychologists)

Has your child ever been diagnosed with a medical condition that could affect learning?

(eg. Epilepsy, Lymphoma, Cerebral Palsy).

Yes / No _____ Date of diagnosis _____

If your answer was 'Yes' please attach copies of all relevant reports (eg. reports from Doctors, Neuropsychologists, Paediatricians, Psychologists, School Therapy team)

Has your child ever been diagnosed with a sensory impairment that could affect learning?

(eg. Hearing, Vision).

Yes / No _____ Date of diagnosis _____

If your answer was 'Yes' please attach copies of all relevant reports (eg. Audiologists, Ophthalmologists)

Has your child ever been diagnosed with a social or emotional disorder that could affect learning?

(eg. Autistic Spectrum Disorder, Generalised Anxiety, Depression, Social Phobia)

Yes / No _____ Date of diagnosis _____

If your answer was 'Yes' please attach copies of all relevant reports (eg. reports from Psychologists, Psychiatrists, School Therapy team)

Statement of Disclosure

To my knowledge I have disclosed all information that could assist the College in catering for my daughter's specific learning needs. Full disclosure is a legal requirement under the DDA, and non-compliance with this request could invalidate enrolment.

Parent signature _____ Date: _____