



## APPLICATION FOR ENROLMENT

### STUDENT DETAILS

**Application to enter:** Year Level  for 20.....

Surname

Given Name  Preferred Name

Address

Suburb

Postcode  Home Telephone

Date of birth (enclose a copy of birth certificate)  /  /  Country of Birth

Residential Status (if your child is NOT an Australian citizen, please enclose proof of residency eg. current passport/visa or Citizenship Certificate)

Date of entry to Australia  /  /  Date of enrolment in an Australian School  /  /

Language spoken at home  Language written at home

Religion  Parish of residence Eg. (Springvale)

Baptism Date (enclose copy of Baptismal Certificate)  /  /  Parish

First Eucharist Date  /  /  Parish

Confirmation Date  /  /  Parish

Present school

Year Level  No. of years enrolled at present school

Previous school and year level

OFFICE USE ONLY		
FAMILY NO:	STUDENT NO:	SIBLING:
YEAR LEVEL OF ENTRY:	YEAR OF ENTRY:	START DATE:
INTERVIEWED BY:	INTERVIEW DATE:	LOTE:
UPDATE CLASS LISTING	UPDATE MOVEMENT BOOK:	CLASS:

## PARENT DETAILS

### Father/Guardian 1 contact details

Title	Family name	Given name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		
<input type="text"/>		
<input type="text"/>		Postcode <input type="text"/>
Current Occupation	Business name	
<input type="text"/>	<input type="text"/>	
Business address		Postcode
<input type="text"/>		<input type="text"/>
Home phone	Mobile phone	Business phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Relationship to student		
<input type="text"/>		
Religion	Country of birth	Language spoken at home
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Mother/Guardian 2 contact details

Title	Family name	Given name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		
<input type="text"/>		
<input type="text"/>		Postcode <input type="text"/>
Current Occupation	Business name	
<input type="text"/>	<input type="text"/>	
Business address		Postcode
<input type="text"/>		<input type="text"/>
Home phone	Mobile phone	Business phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Relationship to student		
<input type="text"/>		
Religion	Country of birth	Language spoken at home
<input type="text"/>	<input type="text"/>	<input type="text"/>

## SPECIAL PROGRAMME OR ASSISTANCE

Does your daughter receive assistance or is involved in a special program at primary school? (please tick) Yes  No

ESL

Special Needs

Does she have an individual education plan? (IEP)  YES  
 NO

Visiting Teacher

Support Group

Other (please specify)

## FAMILY INFORMATION

Sisters currently at Killester College

Name	Level	Sport House
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have other family members attended Killester College?

Please specify name, last year attended and relationship to student

## GUARDIAN INFORMATION

Whom does the student live with? (please tick)

Both parents

Mother

Father

Other, please specify

## MEDICAL INFORMATION

Medical Conditions (please specify)

Medicare No.:

Health Care/Pension Card (please tick)

Known Allergies: Bee sting etc

Private Health Insurance:

Yes

No

**PLEASE NOTE:** An ambulance will be called in a medical emergency.

## PARENTS PREFERRED SCHOOL

Have you applied to any of the following schools? If you have, please number them in order of preference.

KILLESTER

OLSH

KILBREDA

SACRED HEART

NAZARETH

ST. JOHN'S

AVILA

OTHER (please specify)

**Why do you wish to send your daughter to Killester College?**

**CHECK LIST** For the application to be considered please supply **COPIES** of the following: .

- Copy of Baptismal Certificate (if applicable)
- Copy of Birth Certificate
- Copy of Visa/Passport or Citizenship Certificate (students born overseas only)
- Copy of Latest full school report

**Please forward application form to:**

*The Registrar  
Killester College  
433 Springvale Road  
SPRINGVALE VIC 3171*

## SIGNED

If our daughter is enrolled at Killester College, we understand that Killester is a Catholic School community and we will support the educational and religious programme and other compulsory activities such as camps, retreats and sports days.

*We will support the school in providing rules and practices which seek to create a safe, happy and respectful learning environment.*

*We understand the necessary financial commitment in sending my/our daughter to Killester.*

MOTHER (or guardian)

FATHER (or guardian)

Date

Date