

## PARENTS PREFERRED SCHOOL

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

<input type="text"/> KILLESTER	<input type="text"/> OLSH
<input type="text"/> KILBREDA	<input type="text"/> SACRED HEART
<input type="text"/> NAZARETH	<input type="text"/> ST. JOHN'S
<input type="text"/> AVILA	<input type="text"/> 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
- Grade 5 Naplan results (Year 7 applications only)

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.

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

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

*I/We understand that is a legal agreement between the undersigned and Kildare Education Ministries which is the legal and civil authority responsible for conducting the school.*

MOTHER (or guardian)

FATHER (or guardian)



Date

Date



**killester college**  
a Catholic School for Girls



433 Springvale Road, Springvale Vic 3171  
T: (03) 95475000 F: (03) 9547 6621 E: [principal@killester.vic.edu.au](mailto:principal@killester.vic.edu.au)  
[www.killester.vic.edu.au](http://www.killester.vic.edu.au)

## APPLICATION FOR ENROLMENT

### STUDENT DETAILS

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

Surname

Given Name/s  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		
<input type="text"/>		Postcode <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		
<input type="text"/>		Postcode <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"/>

## DIVERSE LEARNING NEEDS

Does your daughter have additional needs? (please tick)

Yes

No

Does she currently: (please tick)

have a diagnosed disability

receive in class or individual support

have a Personalised Learning Plan

have a Visiting Teacher

receive Occupational Therapy, Speech Therapy support

receive EAL support

## 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.:

Ref. No.

Expiry date

Known Allergies: Bee sting etc

Private Health Insurance:

Yes

No

Health Care/Pension Card (please tick)

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