

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



433 Springvale Road, Springvale Vic 3171
 T: (03) 95475000 F: (03) 9547 6621 E: principal@killester.vic.edu.au
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)

Aboriginal or Torres strait Islander? No Yes, Aboriginal Yes, Torres Strait Islander

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:

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.