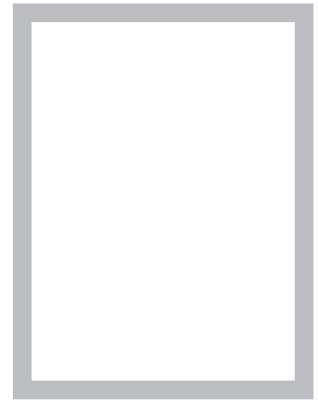




**TRINITY**

ANGLICAN COLLEGE  
Albury • Wodonga

# ENROLMENT APPLICATION



## Student Details

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Is the student an Australian citizen?  Yes  No

If no, what is their residency status? \_\_\_\_\_ Visa class \_\_\_\_\_ Visa number \_\_\_\_\_

Proposed level of entry (e.g. Yr 3) \_\_\_\_\_ Proposed Year of Entry \_\_\_\_\_

Campus  Albury  Wodonga

Current School \_\_\_\_\_ Current Year of Schooling \_\_\_\_\_

Religious Denomination \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Is the student of Aboriginal Origin?  Yes  No Is the student of Torres Strait Island origin?  Yes  No

## Educational Needs

(If application is submitted within 2 years of proposed start date, the Addendum to Enrolment Application MUST be completed)

To assist us in preparing for your child's enrolment, does your child have any special needs?  Yes  No

If yes, give details: \_\_\_\_\_

Does your child attend any of the following?  Occupational Therapist,  Physiotherapist,  Speech Pathologist,  Paediatrician,  Optometrist,  Audiologist

Does your child speak English as a second language?  Yes  No

## Medical and Health Needs

Does your child have any health concerns?  Yes  No

If yes, give details: \_\_\_\_\_

Does your child take any medication on a regular basis?  Yes  No

If yes, what type of medication and how often: \_\_\_\_\_

Does your child have: Allergies?  Yes  No Anaphylaxis  Yes  No

If yes, give details: \_\_\_\_\_



**Family Connections**

School attending / attended

Year

Name of sibling: \_\_\_\_\_

Name of sibling: \_\_\_\_\_

Name of sibling: \_\_\_\_\_

Name of sibling: \_\_\_\_\_

Is Father a past student of Trinity College?  Yes  No House: \_\_\_\_\_Is Mother a past student?  Yes  No If yes, name at school: \_\_\_\_\_ House: \_\_\_\_\_

Other connection to the College: \_\_\_\_\_

**Mother/Parent 1/Female Guardian**

Relationship to Student \_\_\_\_\_

Title (eg. Mr, Mrs, Dr) \_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Position \_\_\_\_\_

Is the above address parent 1's postal address?  Yes  No

If no, please provide postal address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Father/Parent 2/Male Guardian**

Relationship to Student \_\_\_\_\_

Title (eg. Mr, Mrs, Dr) \_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Position \_\_\_\_\_

Is the above address parent 2's postal address?  Yes  No

If no, please provide postal address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Family Circumstances**Applicant resides with  Both Parents  Mother Only  Father Only  Shared arrangement Other: \_\_\_\_\_

Please tick where appropriate:

 Parents separated  Parents divorced  Father deceased  Mother deceased

Where the parents are separated or both parents named above are not the natural parents of the child, please give details (e.g. custody, step-parents, guardian arrangements). In the case of custody, residence and contact orders must be presented.



**With whom should the College communicate regarding day to day matters?**

Mother     Parent 1     Female Guardian     Father     Parent 2     Male Guardian

Mother/Parent 1/Female Guardian should receive school reports:     Yes     No

Father/Parent 2/Male Guardian should receive school reports:     Yes     No

**Billing Details**

Mailing address for accounts: \_\_\_\_\_

Title (eg. Mr, Mrs, Dr) \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

If a third party is accepting responsibility for PAYMENT OF FEES, please complete below:

I (print name) \_\_\_\_\_ of (address) \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (P) \_\_\_\_\_ (B) \_\_\_\_\_

- accept responsibility for the payment of all fees incurred in the education of the student named above, during their time at Trinity Anglican College.

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signatures (Both parents or guardians to sign)**

- I/we hereby apply to Trinity Anglican College for the enrolment of the above student
- I/we agree to be bound by the Conditions of Admission, a copy of which I/we have read, and to such rulings as may be in force at the College from time to time;
- I/we accept responsibility for the payment of all fees (Delete if a third party is accepting responsibility for payment of fees)
- I/we understand that acceptance of this form by the school does not constitute admission of the student.
- I/we enclose our application fee. This fee covers administration costs and is non-refundable.

Signature of Mother/Parent 1/Female guardian

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Parent 2/Male Guardian

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If both parents' signatures are not appended, evidence explaining must be stated or attached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Enrolment Application payment

Student's Name \_\_\_\_\_

Please select (  Mastercard  Visa plus 1% processing fee )  Cash/cheque  Other

Name on Credit Card \_\_\_\_\_

Credit Card number                 Expiry Date \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Amount \$100 per enrolment

Please ensure the following is attached or completed:

- \$100 Application Fee (non-refundable)
- Passport size photo
- Copy of Birth Certificate  
(Passport and visa if not born in Australia)
- Immunisation Certificate (Junior School Only)
- Medical or Special Needs notified to the College in writing
- Both parents have signed Declaration

**This application will not be processed until all elements above are received.**

### What happens next for students enrolling into our intake years of Kinder, Year 3 and Year 7?

- Step 1. On receipt of this application and all the required documentation, Trinity College will provide a written acknowledgement.
- Step 2. Parents will be invited to make an appointment for an enrolment interview.  
This usually occurs 1 year prior to the intended date of entry.
- Step 3. A letter of offer will be sent to successful applicants. Unsuccessful applicants will be notified in writing and may be Waitlisted.
- Step 4. An offer must be accepted by payment of the Enrolment Guarantee Fee within 4 weeks of the offer.

### What happens next for all other year levels?

- Step 1. On receipt of this application and all the required documentation, Trinity College will provide a written acknowledgement.
- Step 2. If a position is, or may imminently become available, parents will be invited to make an appointment for an enrolment interview, or
- Step 3. If a position is unavailable in the requested year level, parents will receive a Letter of Waitlisted Enrolment
- Step 4. Students on the Waitlist will be contacted as soon as a suitable position becomes available.

#### When completed, please post to:

The Registrar  
Trinity Anglican College  
421 Elizabeth Mitchell Drive  
THURGOONA NSW 2640





# Addendum to Enrolment Application

*(This must be completed if the application is submitted within two years of intended entry)*

Surname \_\_\_\_\_ Given Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Cultural interests and achievements \_\_\_\_\_

Sporting interests and achievements \_\_\_\_\_

Hobbies and other interests \_\_\_\_\_

## How would you describe your child's reading habits?

- Avid reader
- Reads regularly by choice (4 sessions plus per week)
- Reads occasionally by choice
- Seldom reads
- Not yet reading independently

Favourite reading genre (ie. Sci-fi, biographical, romance)

## How do you see your child as a learner?

- Enthusiastic
- Willing
- Reluctant
- Other

## Medical and Health Needs

Does your child have any health concerns  Yes  No

Does your child take medication on a regular basis (ie. for epilepsy, ADD, asthma etc.)  Yes  No

If yes, why type of medication and how often? \_\_\_\_\_

Does your child require an Individual Health Care Plan or an Emergency Action Plan?  Yes  No

Has this action plan been provided to Trinity Anglican College?  Yes  No

## Educational Needs

Does your child have:

Any learning difficulty?  Yes  No

A disability/learning disability?  Yes  No

Another special need that may affect their learning and/or school participation?  Yes  No

Does your child have any emotional, physical or mental concerns?  Yes  No

Does your child have any of the following concerns?  Behavioural  Medical  ADD

Was your child born at full term?  Yes  No



**Addendum to Enrolment Application** *continued...*

Does your child receive out of school support from others?  Yes  No

If yes, please specify:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Speech Pathologist        | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Counsellor    |
| <input type="checkbox"/> Tutor                     | <input type="checkbox"/> Physiotherapist        | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Developmental Optometrist | <input type="checkbox"/> Dietician              | <input type="checkbox"/> Audiologist   |
| <input type="checkbox"/> Psychiatrist              | Other _____                                     |  |

Do you have any reports/documentation from the above specialists? If yes, please attach to application.  Yes

Does your child require support in literacy?  Yes  No

Does your child require support in numeracy?  Yes  No

Does your child speak English as a second language?  Yes  No

Does your child have any social difficulties with other children?  Yes  No

If yes, please specify: \_\_\_\_\_

Are there any serious behaviour management issues that need to be brought to our attention?  Yes  No

Any other relevant information: \_\_\_\_\_

If your child has special education needs, please sign below to indicate that you give permission for the College to collect information from specialist personnel to assist in meeting the needs of your child.

Specialist personnel may include, but is not limited to, the child's previous school, disability agencies, medical and allied health professional and verification personnel.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

**Marketing Information** Please tick appropriate boxes

What influenced you to enrol your child at Trinity College?

- |  |  |
|--|--|
| <input type="checkbox"/> Academic Excellence                   | <input type="checkbox"/> Reputation of College     |
| <input type="checkbox"/> Catering to individual learning needs | <input type="checkbox"/> Staff quality             |
| <input type="checkbox"/> Character development                 | <input type="checkbox"/> Subject diversity/choice  |
| <input type="checkbox"/> Family connection with school         | <input type="checkbox"/> Value for money           |
| <input type="checkbox"/> Open entry policy                     | <input type="checkbox"/> Pastoral care of students |

Other - please specify \_\_\_\_\_

Please rank the five most useful sources below that assisted you in learning about Trinity Anglican College (with 1 being the most useful)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Advertisement:  | <input type="checkbox"/> The Border Mail                 | <input type="checkbox"/> Television           | <input type="checkbox"/> Radio                   |
| <input type="checkbox"/> College Tour:   | <input type="checkbox"/> Prospectus (online)             | <input type="checkbox"/> Prospectus (printed) | <input type="checkbox"/> Trinity College Website |
| <input type="checkbox"/> Digital media:  | <input type="checkbox"/> blogs                           | <input type="checkbox"/> website              | <input type="checkbox"/> social media            |
| <input type="checkbox"/> Directories or listings (ie. Yellow Pages, Choosing a School guide) |  |   |  |
| <input type="checkbox"/> Family member attends or has attended Trinity College               | <input type="checkbox"/> Recommendation by family/friend |   |  |

