



ST PETER'S COLLEGE ENROLMENT APPLICATION FORM

This form is an application to have your son/daughter considered for enrolment at St. Peter's College, Cranbourne. All students are admitted in accordance with our Enrolment and Zoning Policy. Please read and complete all sections carefully and detach form from booklet.

Student Details	
Given Names (as per birth certificate)	To enter Year Level _____ in 20_____
Surname (as per birth certificate)	First Australian School Year _____ If born overseas date of arrival in Australia _____
Preferred Name	Current School
Male <input type="checkbox"/> Female <input type="checkbox"/>	Religion (copy of Baptismal Certificate required if Catholic)
Date of Birth (copy of Birth Certificate required) ____/____/____	Country of Birth
Residential Address _____ _____ _____ P/code _____ Parish _____	Does the student speak a language(s) other than English at home? (If more than one language indicate the one that is spoken most often) NO English only <input type="checkbox"/> YES, Other, Please specify _____

IF YOUR CHILD WAS NOT BORN IN AUSTRALIA A COPY OF YOUR CHILD'S VISA OR CITIZENSHIP CERTIFICATE MUST BE ATTACHED TO THE APPLICATION FORM.

Victorian Student Number (VSN)
Does the student have a Victorian Student Number? <input type="checkbox"/> Yes please specify _____ <input type="checkbox"/> Yes but the VSN is unknown <input type="checkbox"/> No the student has never been issued a VSN

Indigenous Identifier Aboriginal/Torres Strait Islander: Yes No (If Yes please tick one below)
 Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Parish/Sacramental Details		
Sacrament	Date Received	Parish Received
Baptism		
Reconciliation		
Communion		
Confirmation		

Special Needs				
Indicate whether the student applying for enrolment has any known or diagnosed special needs (please circle Yes or No for each of the following)				
Physical Needs Yes No	Medical Needs Yes No	Educational Needs Yes No	Behavioural Needs Yes No	Any other special needs Yes No
Is the student applying for enrolment currently receiving funding? Funding Category: _____				Yes No
If you have answered yes to any of the above, please provide full details of those needs (as an attachment to this application form), details of Integration Program Funding category and any assessment / intervention / support that the student may be currently receiving.				

Medical Details		
Doctor's Name & Phone No.		Medicare Card Number: Ref No:
Private Health Fund Name & No.		Ambulance Member Yes/No Card No:
Hearing Impaired Yes/No Diabetic Yes/No Asthmatic Yes/No Epileptic Yes/No Speech Yes/No Other _____		Please specify any allergies eg nuts, penicillin, bee stings _____ _____
Is your child currently taking medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please list & include dosage: _____		Is your child Anaphylactic? Yes/No If 'Yes' you are required to provide the College with an Epipen and Anaphylaxis Action Plan prior to commencement.
Contact Details		
Details	Father/Guardian Residing at Student's Address	Mother/Guardian Residing at Student's Address
Surname		
Given Name		
Relationship to student		
Home Phone Number		
Work Phone Number		
Mobile Phone Number		
Email Address (required for correspondence etc)		
Country of Birth		
Religion		
Do you speak a language(s) other than English at home?	NO, English only <input type="checkbox"/> YES Other, please specify _____	NO, English only <input type="checkbox"/> YES Other, please specify _____
Employer		
Occupation		
The information below is required for the College to attract Government funding based on a socio-economic assessment of its enrolment. Your co-operation in completing this assists in our funding. In no way does the information impact positively or negatively on a given application.		
Occupational Group (refer to attachment "List of Parental Occupations")	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/>
Highest Year of School Education	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/>
Level of Highest Qualification	Bachelor Degree or above <input type="checkbox"/> Advanced Dip/Diploma <input type="checkbox"/> Cert I to IV (inc Trade Cert) <input type="checkbox"/> No non- school qualification <input type="checkbox"/>	Bachelor Degree or above <input type="checkbox"/> Advanced Dip/Diploma <input type="checkbox"/> Cert I to IV (inc Trade Cert) <input type="checkbox"/> No non- school qualification <input type="checkbox"/>

Emergency Contact Details		
Details	Non Residential Parent (if applicable)	Emergency Contact (other than parents)
Surname		
Given Name		
Address		
Suburb & Postcode		
Relationship to student		
Home Phone Number		
Work Phone Number		
Mobile Phone Number		
Country of Birth		N/A
Religion		N/A
Do you speak a language(s) other than English at home?	NO, English only <input type="checkbox"/> YES Other, please specify _____	N/A
Employer		N/A
Occupation		N/A
Occupational Group (refer to attachment "List of Parental Occupations")	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/>	N/A
Highest Year of School Education	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> or below <input type="checkbox"/>	N/A
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Dip/Diploma <input type="checkbox"/> Cert I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	N/A

Siblings at St. Peter's College (include past students):		
	Full Name of Student	Current Year Level/Year Finished
1.		
2.		
3.		

Reasons for wishing to enrol your child at St Peter's College

(Please include such information as family faith background, leadership ability, social skills, listening skills, homework and organisation skills, copies of awards/certificates etc. Also comment on your child's strengths and weaknesses.)

Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?
Yes No (If Yes copies must be provided at time of application)

Do you contribute to the St. Agatha's Planned Giving? Yes No

Name and address of person to whom accounts should be sent:

Name: _____

Address: _____ P/code: _____

Licence No. (Father/Guardian) _____

Licence No. (Mother/Guardian) _____

IN SIGNING THIS FORM I/WE ACCEPT FULL RESPONSIBILITY FOR ALL SCHOOL FEES AND CHARGES APPLICABLE TO THE ENROLLED STUDENT. I ATTACH TO THIS APPLICATION A CHEQUE/CASH FOR \$20.00 AS A NON REFUNDABLE APPLICATION FEE. PLEASE MAKE CHEQUES PAYABLE TO ST. PETER'S COLLEGE.

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____

CHECKLIST FOR PARENTS:

Signatures from all enrolling parents (required at time of application):	<input type="checkbox"/>
Copies of Birth Certificate and Baptismal Certificate (if Catholic) attached:	<input type="checkbox"/>
\$20.00 Enrolment Application Fee attached:	<input type="checkbox"/>
Copy of Visa/Citizenship Certificate attached if born outside of Australia:	<input type="checkbox"/>

Office Use Only

Level: _____/20_____

Birth Certificate Received Yes

Baptismal Certificate Received Yes Not Applicable

Date Received _____ \$20.00 Cash/Cheque _____

**Please return completed form to the College Office or by mail to:
The Registrar, PO Box 615, Cranbourne, 3977.**