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Revision 7 Modified 2016-12- 8

OFFICE USE ONLY

Family Code: _____
 Student ID: _____
 Application Fee: _____
 Date Paid: _____

APPLICATION FOR ENROLMENT

*This form is an application for enrolment only and does not constitute an offer of a place.
 Lodgment of this application automatically gives the College permission to contact previously attended schools.*

This application is to be lodged under the child's name as it appears on either the child's Birth Certificate or official Change of Name Certificate. A certified copy of the relevant document must be submitted with this *application for enrolment* form.

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First Name

Second Name

Surname

If your child has another preferred name or nickname please let us know. This name however will not appear on any official documentation, including but not limited to, school reports, class rolls, academic certificates or commemorative publications.

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Preferred First Name

Preferred Surname

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Gender
Male / Female

Date of birth
(day, month, year born)

Religion
(example Catholic, Anglican, None)

Academic Entry Year
(example Year 8)

Calendar Entry Year
(example 2016, 2017)

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Is the child an Australian Citizen?

Town and state where the child was born

Country where the child was born

Please tick

Yes No

Yes No

Yes No

Is the child both Aboriginal & Torres Strait Islander?

Is the child Aboriginal?

Is the child Torres Strait Islander?

If the child is in Australia on a Visa, please advise the following and submit a certified copy of the relevant documentation with this *application for enrolment* form.

			PLEASE ATTACH
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Visa Number

Visa Classification

Residential Status (PERMANENT or NON-PERMANENT)

Other information relevant to your application to study in Australia

Please note that the information sought regarding your child's health and well-being will allow the College to best prepare and ensure correct level of care for your child. Disclosure of such information will in no way prejudice this application for enrolment.

Does the child have any of the following needs? *Please tick wherever relevant*

Any other Special Needs – Please note below

Physical Needs **Medical Needs** **Educational Needs** **Behavioural Needs** **Mental Health and or Psychological Needs**

If you tick one or more of the above boxes, please complete the **Student Medical and Learning Needs Form** and submit with this *Application for Enrolment Form*.

In dealing with this application, including the appendices, it may be necessary for the College to look at documents held by previous schools, health care professionals or government agencies. This information may be collected, used and stored consistent with the Privacy Act – Collection Notice enclosed with the College's 'Enrolment Pack'.

In the past twelve months, has the child been absent from school? *Please tick one only*

Less than 5 days **6 or more, but less than 10 days** **10 or more, but less than 15 days** **15 or more, but less than 20 days** **More than 20 days**

Which school is your child currently attending?

Current School - Name of School and Suburb/Town

Academic Year(s) attended
(e.g. K-Y6)

Please list (in order of most recently attended) the schools that your child attended prior to their current school.

Previous School - Name of School and Suburb/Town

Reason for change of school

Academic Year(s) attended

Previous School - Name of School and Suburb/Town

Reason for change of school

Academic Year(s) attended

Previous School - Name of School and Suburb/Town

Reason for change of school

Academic Year(s) attended

Previous School - Name of School and Suburb/Town

Reason for change of school

Academic Year(s) attended

Though stepparents can and do carry out parenting roles, they do not automatically assume parent responsibility. Stepparents without a Parenting Order or a Consent Order from the Family Court is not legally able to enrol a stepchild into a school.

PARENT 1
(or carer 1 with legal responsibilities)

PARENT 2
(or carer 2 with legal responsibilities)

Relationship to child

Relationship to child

Title

Title

First Name

First Name

Surname

Surname

Occupation

Occupation

Employer

Employer

Home Telephone

Home Telephone

Work Telephone

Work Telephone

Mobile Telephone

Mobile Telephone

Email Address

Email Address

Residential Address

Residential Address

Suburb/State/Postcode

Suburb/State/Postcode

Country

Country

Postal Address

Postal Address

Suburb/State/Postcode

Suburb/State/Postcode

PARENT 1 - continued
(or carer 1 with legal responsibilities)

Are you a PAST STUDENT of Chevalier College?

Yes No

If 'Yes', please advise enrolled name and years enrolled

Have any of your other children attended Chevalier College?

Yes No

If 'Yes', please provide details of the most recently enrolled child.
First Name, Surname, Final Academic Year and Year Left
(e.g. Y12 – 2013)

Other than Chevalier College, do you or your child have any connections with MSC parishes, MSC schools, OLSH or other MSC ministries?

Yes No

If 'Yes', please specify

Does the child live with Parent 1?

Yes No

If 'No', please advise whom the child lives with, the relationship and what the circumstances are.

Is Parent 1 the most appropriate contact regarding this *Application for Enrolment* information?

Yes No

Name of person completing Parent 1 details.

PARENT 2 - continued
(or carer 2 with legal responsibilities)

Are you a PAST STUDENT of Chevalier College?

Yes No

If 'Yes', please advise enrolled name and years enrolled

Have any of your other children attended Chevalier College?

Yes No

If 'Yes', please provide details of the most recently enrolled child.
First Name, Surname, Final Academic Year and Year Left
(e.g. Y12 – 2013)

Other than Chevalier College, do you or your child have any connections with MSC parishes, MSC schools, OLSH or other MSC ministries?

Yes No

If 'Yes', please specify

Does the child live with Parent 2?

Yes No

If 'No', please advise whom the child lives with, the relationship and what the circumstances are.

Is Parent 2 the most appropriate contact regarding this *Application for Enrolment* information?

Yes No

Name of person completing Parent 2 details.

Chevalier College has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide us with information that will help facilitate the smooth transition of students into the specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in the College and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this College?

Yes No If Yes, please provide details

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues?

Not applicable

Has your child ever been suspended or expelled from any previous school? No Yes If Yes, was this for:

Yes No Acts of violence or threats of violence or intimidation to any person?

Yes No Possession of a weapon or any item used to cause harm or injury?

Yes No Possession or use of illegal drugs or alcohol?

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting? Yes No If Yes, please provide a brief outline of these incidents

Are there any special circumstances about the student seeking to be enrolled that the College should know prior to acceptance of enrolment? (e.g. mature age, pregnancy, living apart from parental supervision, subject to a court order, out of home care arranged by the state)

Yes No If Yes, please provide a brief description of the circumstances

Is there further information you wish to tell us? Yes No



How did you hear about Chevalier College?

- | | |
|---|---|
| <input type="checkbox"/> Primary School | <input type="checkbox"/> Print Media |
| <input type="checkbox"/> Parish | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Family / Friends | <input type="checkbox"/> Other (please specify) _____ |

LODGEMENT CHECKLIST - Please submit this Application for Enrolment form with:

- | | |
|--------------------|--|
| All Academic Years | <input type="checkbox"/> A certified copy of Birth Certificate or Passport |
| All Academic Years | <input type="checkbox"/> \$100 Application Fee |
| All Academic Years | <input type="checkbox"/> Copy of Baptism and other Sacrament Certificates as applicable (for any religion) |
| All Academic Years | <input type="checkbox"/> A certified copy of Visa documentation as applicable |
| Year 7 | <input type="checkbox"/> Copy of the Year 5 NAPLAN report Copy of the Year 5 Semester 2, school report |
| Year 8 and 9 | <input type="checkbox"/> Copy of the two most recent school reports and Year 7 NAPLAN |
| Year 10 | Copy of the two most recent school reports, Year 9 NAPLAN |
| Year 11 and 12 | Please contact the College Enrolment office for requirements |

SUBMISSION OF APPLICATION FOR ENROLMENT FORM and PAYMENT

In Person

Chevalier College office hours are from 8:00am to 4:00pm, Monday to Friday.

Cash, Cheque and EFTPOS payments are accepted. Cheques should be made payable to 'Chevalier College'

The College will accept over the phone credit card payments. A surcharge of 1.5% will apply to AMEX and 1% on MasterCard or Visa cards.

Enrolments Officer phone: 02 4861 0524

By Mail

Attention: Enrolments
Chevalier College
PO Box 243. BOWRAL NSW 2576

By Email

Scan and save the *Application for Enrolment* form along with all other relevant documents as PDFs and email to: enrolments@chevalier.nsw.edu.au