

# APPLICATION FOR ENROLMENT

## PART ONE



### IMPORTANT

Please check that all requested documentation is included and returned to Shenton College.

This application will **NOT** be processed unless all supporting documentation is received.

Applications by email will not be accepted.

Please select an application type

☐ This is a local intake application ☐ This is a GATE application ☐ This is a non local intake application

Student name

Year level at  
start date

### START DATE

Beginning of  
school year

OR

Indicate alternate  
start date

### STUDENT DETAILS

Legal surname

First name

Middle name/s

Preferred first name

Date of birth

Gender Identity

☐

Female

☐

Male

☐

Other (please describe)

Is the student Aboriginal or Torres Strait Islander?

☐

Yes

☐

No

IF YES

☐

Aboriginal

☐

Torres Strait Islander

AND

Language Group

Address

Postcode

Mailing address (if different from above)

Postcode

Student mobile

### LANGUAGE

What is the student's First Language?

What is the main language the student speaks at home?

If the language spoken at home is **other than English**, state how well English is spoken.

☐

Very well

☐

Well

☐

Not well

☐

Not at all

☐

Not stated

## FAMILY DETAILS

## PARENT/GUARDIAN/CARER 1

Parent/Guardian/Carer 1 is the first point of contact for absences, emergencies, correspondence/communications.

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Business phone	Mobile phone	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality	Country of birth	
<input type="text"/>	<input type="text"/>	
First language	Main language spoken at home	
<input type="text"/>	<input type="text"/>	
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Relationship to student	Pension/Health Care/Veterans' Affairs Card	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 1 email address		
<input type="text"/>		

## PARENT/GUARDIAN/CARER 2

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Business phone	Mobile phone	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality	Country of birth	
<input type="text"/>	<input type="text"/>	
First language	Main language spoken at home	
<input type="text"/>	<input type="text"/>	
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Relationship to student	Pension/Health Care/Veterans' Affairs Card	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 2 email address		
<input type="text"/>		

Who does the student live with?

☐ Both parents ☐ Parent 1 ☐ Parent 2 ☐ Guardian ☐ Carer

In shared custody arrangements, show the percentage split as determined by Centrelink Parent 1  % Parent 2  % Other  %  
(this information must be included).

Are there family court orders in place? Parent responsible for payment of fees Are you an Australian Defence Force Family?

☐ Yes ☐ No ☐ Parent 1 ☐ Parent 2 ☐ Yes ☐ No

### SIBLINGS AT SHENTON COLLEGE

Full name	Year group	Full name	Year group
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	Year group	Full name	Year group
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### EMERGENCY CONTACT OTHER THAN PARENTS/CAREGIVERS

Title First name Surname Relationship to student

Address Postcode

Mobile phone

Email address

### OTHER PROVISIONS

Is the student in the care of the Department for Child Protection and Family Support (CPFS)?

☐ Yes ☐ No

Name of CPFS Case Manager

CPFS Address

Postcode

District

Phone

### STUDENT RESIDENTIAL STATUS

What is the student's country of birth?

Is the student an Australian Citizen?

☐ Yes ☐ No

If **NO** please answer the following, if **YES** leave this section blank.

Is the student a Permanent Resident?

☐ Yes ☐ No

Is the student a Temporary Resident?

☐ Yes ☐ No

Visa Sub-Class Number

Visa expiry date

Date entered Australia

From which country has the student arrived?

## PART ONE ENROLMENT DOCUMENTS CHECKLIST

Please note that while **applications to the GATE Program do not require proof of residence documents**, all other documents are still required. If any Statutory Declarations are included, an interview must be arranged with the relevant Head of School.

## PROOF OF USUAL PLACE OF RESIDENCE

Families with children who, as at 27 June 2017, resided at an address within the Shenton College local intake area that has been subject to change, and still reside at the address in or after 2020 must provide an additional piece of evidence dated on, or before, 27 June 2017.

The school requires one of the following. Select the document you have included in this application.

☐ A copy of your Rental Agreement, showing a minimum of 12 months tenancy (from a registered Real Estate Agent)

OR

☐ A copy of your current rates bill, if owner occupied

**PLUS** at least 2 of the following, showing residential address.

☐ Power account

☐ Centrelink Health Care Card

☐ Gas account

☐ Removalist account

☐ Drivers Licence

☐ Other documents that may support the application as proof of residence

## ADDITIONAL DOCUMENTS

The school requires **all** of the following. Please check that you have included these in this application.

☐ Copy of Full Birth Certificate

☐ Copy of "Australian Immunisation Register" (AIR)

☐ Copy of Passport/Visa (if on a visa)

☐ Copy of latest NAPLAN Report

☐ Copy of latest School Report

☐ Copy of any Family Court Orders

☐ Signed Online Services Agreement

☐ Signed Mobile/Personal Device Guidelines

## DECLARATION

## PLEASE READ CAREFULLY BEFORE SIGNING.

1. I declare that the information provided on this form is true. I understand that if false information is provided, the enrolment of my child at Shenton College will be terminated.
2. My child is not currently under suspension at, nor excluded from, another school.
3. I have read and understood the Enrolment Overview.

Please note that this application will **NOT** be processed unless:

- All requested documentation is included. Incomplete applications will be posted back to sender.
- The points above have been read and the application is signed below.

Name of person enrolling student [please print]

Title

First name

Surname




Parent/Guardian/Carer signature

Date

D	D	M	M	Y	Y
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## SUBMITTING ENROLMENT APPLICATION

After checking that all required documents are included, please submit this enrolment application by post or in person to the relevant office. See postal address below.