

STUDENT DETAILS *(please tick where appropriate)*

Family name <i>(block letters please)</i>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Given name/s <i>(as shown on birth certificate)</i>			
Date of birth / /	Country or Australian state of birth	Nationality	
Language spoken at home	Is the student	<input type="checkbox"/> Aboriginal	or <input type="checkbox"/> Torres Strait Islander
Religion	Baptised <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present School <i>(if applicable)</i>	Current year level	Year level	Intended entry year
Details of family association with All Saints' College		Years of enrolment	House
Names of siblings or family members waitlisted, attending or have attended the College			
1			
2			
3			
4			
Student resides with <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <i>(please specify)</i>			

PARENTS' DETAILS

Father or guardian's family name		Title <i>(Mr, Dr, Rev'd, Other)</i>	
Given name/s <i>(as shown on birth certificate)</i>			
Preferred Name		Relationship to student	
Address			
Suburb		State	Postcode
Home phone	Mobile	Business phone	
Occupation	Email		
Australian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport number		
Temporary resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <small><i>(If temporary resident please attach copy of student's passport and visa approval)</i></small>	Visa category		
Mother or guardian's family name		Title <i>(Mrs, Ms, Dr, Rev'd, Other)</i>	
Given name/s <i>(as shown on birth certificate)</i>			
Preferred Name		Relationship to student	
Address			
Suburb		State	Postcode
Home phone	Mobile	Business phone	
Occupation	Email		
Australian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport number		
Temporary resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <small><i>(If temporary resident please attach copy of student's passport and visa approval)</i></small>	Visa category		

NOTE: Enrolment Documentation Check List MUST BE COMPLETED AND RETURNED WITH THIS FORM.

The following questions are extremely important and **MUST** be answered in full and to the best of your ability.

Enrolment for a student who has been identified with special needs cannot be confirmed until full consideration has been given to the special needs of the student and whether the College can appropriately meet those needs.

SPECIAL NEEDS

Does your child have a diagnosed disability and/or diagnosed learning disability (eg. learning, physical, hearing, vision, autism, dyslexia, social/emotional)? Yes No

If you answered 'Yes' to the above question, All Saints' College will provide you with a Supplement Booklet for completion.

All Saints' College must be advised if any special needs are diagnosed after submission of this form.

Does your child suffer from any specific allergies? (please name) e.g. nuts, bee stings, sulphur, drugs etc. Yes No

Please indicate the degree of severity: Acute Moderate Mild

What medication/treatment is prescribed?

Does your child suffer from Asthma? Yes No

Please indicate the degree of severity: Acute Moderate Mild

What medication/treatment is prescribed?

IMMUNISATIONS

Please indicate if the student is immunised against any of the following and the date of last immunisation: (Please include copies)

	Year of last immunisation		Year of last immunisation		Year of last immunisation
DTP	<input type="checkbox"/> _____	Hepatitis A	<input type="checkbox"/> _____	Chicken Pox	<input type="checkbox"/> _____
ADT	<input type="checkbox"/> _____	Hepatitis B	<input type="checkbox"/> _____	Tuberculosis	<input type="checkbox"/> _____
Diphtheria	<input type="checkbox"/> _____	Hepatitis B Booster	<input type="checkbox"/> _____	Cholera	<input type="checkbox"/> _____
Tetanus	<input type="checkbox"/> _____	HIB	<input type="checkbox"/> _____	Typhoid	<input type="checkbox"/> _____
Whooping Cough	<input type="checkbox"/> _____	Influenza	<input type="checkbox"/> _____	Japanese Encephalitis	<input type="checkbox"/> _____
MMR	<input type="checkbox"/> _____	Swine Flu	<input type="checkbox"/> _____	Yellow Fever	<input type="checkbox"/> _____
Measles	<input type="checkbox"/> _____	Poliomyelitis	<input type="checkbox"/> _____	Meningitis	<input type="checkbox"/> _____
Mumps	<input type="checkbox"/> _____	Meningococcal C	<input type="checkbox"/> _____	Pneumococcal	<input type="checkbox"/> _____
Rubella	<input type="checkbox"/> _____	MeNZBTM	<input type="checkbox"/> _____	HPV	<input type="checkbox"/> _____

Other (please specify): _____

HEARING AND VISION

Have your child's eyes been tested? Yes No By whom: _____ Date: _____

Is there written information available to assist the College? Yes No Is there any past history of sight problems? Yes No

Does your child require glasses, vision aids etc? Yes No

Details: _____

Has your child's hearing been tested? Yes No By whom: _____ Date: _____

Is there written information available to assist the College? Yes No Is there any past history of hearing problems? Yes No

Does your child require acoustic considerations in the classroom? Yes No

Details: _____

INDEPENDENCE

Can your child manage personal care needs independently? (toilet, dressing, eating etc) Yes No

Are there any particular requirements? _____

FAMILY DOCTOR

Doctor's Name _____

Telephone No. _____

EMERGENCY CONTACT (person to contact if neither parent is available)

Name _____

Relationship to student
(uncle, aunt, neighbour etc)

Telephone No. _____

Telephone Work _____

Mobile _____

NOTE: Enclosed YELLOW Enrolment Documentation Check List MUST BE COMPLETED AND RETURNED WITH THIS FORM.

CONDITIONS OF ENROLMENT

All Saints' College is an Anglican co-educational day school.
All students are expected to be involved in the religious programme of the College.

1. ALL SAINTS' COLLEGE ENROLMENT POLICY

This registration form must be accompanied by a non-refundable application fee of \$132 (inclusive of GST). Receipt of the registration form by the College does not guarantee entry into All Saints' College. Places are allocated strictly in order of the application date, however the Principal is authorised by the College Board to exercise discretion for applicants in special circumstances. The Principal reserves the right to refuse enrolment of a child into All Saints' College.

- It is the responsibility of the parents/guardians to advise the College of any change of address or telephone numbers. If the College, after making all reasonable attempts to contact the parents/guardians, is unable to do so, this application will lapse.
- The College endeavours to maintain accurate details of future enrolments and would therefore appreciate the earliest possible notification in writing of intent not to proceed with this application.
- Acceptance for admission is dependent upon the completion of an Enrolment Form and an interview with the Principal (or designate) at a time to be nominated by the College, which will normally be approximately 3 years prior to the time the student will enter the College.
- Admission of a student to a place in the College follows the successful completion of an interview and the payment of a non-refundable Endowment Fee. The Endowment Fee is charged at the following rates:

First child - 25% of the annual Year 12 Tuition Fee applicable at the time of payment.
Second sibling - 12.5% of the annual Year 12 Tuition Fee applicable at the time of payment.
Third and later siblings - no fee.
Entry at Year 11 - 12.5% of the annual Year 12 Tuition Fee applicable at the time of payment.
Entry at Year 12 - 6.25% of the annual Year 12 Tuition Fee applicable at the time of payment.

- It is essential that all sections of this form must be completed. Enrolment for a student who has been identified with special needs cannot be confirmed until full consideration has been given to the special needs of the student and whether the College can appropriately meet those needs.

COURT OR CUSTODY ORDERS

Are there any Court or Custody Orders of which the College should be aware? Yes No

If 'yes', please provide details

SIGNATURE/S

I/We have read the Conditions of Enrolment included in this registration form.

I/We agree that the Conditions of Enrolment form part of our agreement with All Saints' College with regard to the education of the student and we agree to be bound by them.

To the best of my/our knowledge the information contained within this registration form is complete and correct.

I/We acknowledge and agree that if we have knowingly withheld information relevant to the enrolment process or have knowingly incorrectly completed this registration form, the College may refuse or terminate the enrolment of my/our child.

Should my/our child's educational or health circumstances change between the date of application and entry to the College, I/we will inform the College.

Signature of father or guardian

Signature of mother or guardian

Date of application

An offer of a place at All Saints' College is subject to the Conditions of Enrolment included with this Registration Form.

Visit the All Saints' College website and enrol online: www.allsaints.wa.edu.au

4: EFT

Bank Westpac Banking Corporation
Branch Applecross
Account Name All Saints' College Operations Account
BSB No. 036013
Account No. 113471

PLEASE QUOTE YOUR SURNAME AND YEAR (eg Jones 2017)

PAYMENT METHODS

Payable to All Saints' College.

Please return this slip with your cheque or credit card details to:
ALL SAINTS' COLLEGE PO Box 165 Willelton WA 6955

Mastercard Visa Amex

Card Number:																				
Expiry Date:																				
For the amount of:	\$																			

Date: / /

Signature

Please return the completed Registration Form together with a non-refundable registration fee of \$132.00 to:

The Registrar
All Saints' College
PO Box 165
WILLELTON WA 6955

WHY ALL SAINTS' COLLEGE?

TO ASSIST WITH US IN THE QUALITY OF SERVICE WE PROVIDE,
WE WOULD APPRECIATE YOUR FEEDBACK

What is your reason for selecting All Saints' College? **(Please number from 1-11 in order of importance)**

<input type="checkbox"/> Co-education	<input type="checkbox"/> Discipline	<input type="checkbox"/> Academic	<input type="checkbox"/> Reputation
<input type="checkbox"/> Religion	<input type="checkbox"/> Recommendation	<input type="checkbox"/> Location	<input type="checkbox"/> Balance of priorities
<input type="checkbox"/> General Pastoral Program	<input type="checkbox"/> Extracurricular activities	<input type="checkbox"/> Friendly atmosphere	

What other school(s) did you consider for your child?

Why have you chosen All Saints' College?

Have you toured the College? Yes No

Please comment



ALL SAINTS' COLLEGE

All Saints' College Anglican Co-educational School Inc.

CRICOS Provider Code 02029D

Ewing Avenue BULL CREEK WA 6149

PO Box 165 WILLETTON WA 6955

Telephone Senior School: 9313 9333

Facsimile: 9310 4726

Telephone Junior School: 9313 9334

Facsimile: 9313 5917

Website for current news and general information:

www.allsaints.wa.edu.au

Office use only:

Enrolment no.

Receipt date:

Receipt no:

Checked:

Date:

Enrolment Documentation Check List

As a prerequisite of Federal Government funding copies of the following documents must be returned with the completed College's Enrolment Form. The documentation will be part of the student's file. Please complete the section that is relevant to you and forward the necessary documentation with your Enrolment Form.

Please tick appropriate box

Section 1. Children whose parents were born in Australia please provide the following:

- A copy of the child's original birth certificate (not extract)
- Most recent immunisation records
- Most recent Naplan results
- Most recent school report

Section 2. Children born overseas BUT with parents born in Australia please provide the following:

- A copy of the child's original birth certificate (not extract)
- Most recent immunisation records
- Most recent Naplan results
- Most recent school report
- A copy of Australian citizenship
- A copy of child's passport

Section 3. Children whose parents were born overseas BUT child was born in Australia please provide the following:

- A copy of the child's original birth certificate (not extract)
- Most recent immunisation records
- Most recent Naplan results
- Most recent school report
- A copy of Australian citizenship
- A copy of child's passport
- A copy of parent's visa
- A copy of parent's passport
- If visa number is not visible in passport then a visa label must be provided.

Section 4. Children who were born overseas, parents born overseas but are now a permanent resident with citizenship.

- A copy of the child's original birth certificate (not extract)
- Most recent immunisation records
- Most recent school report
- A copy of Australian citizenship
- Most recent Naplan results
- A copy of child's passport
- A copy of parent's visa
- A copy of parents passport
- If visa number is not visible in passport then a visa label must be provided.

Please ensure that all updated checked documents have been supplied with this Enrolment Form.

All Saints' College must be advised, as soon as possible, of any changes to information contained in this Enrolment Form.