

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 wait-listed, 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"/> <input type="text"/>	Hepatitis A	<input type="checkbox"/> <input type="text"/>	Chicken Pox	<input type="checkbox"/> <input type="text"/>
ADT	<input type="checkbox"/> <input type="text"/>	Hepatitis B	<input type="checkbox"/> <input type="text"/>	Tuberculosis	<input type="checkbox"/> <input type="text"/>
Diphtheria	<input type="checkbox"/> <input type="text"/>	Hepatitis B Booster	<input type="checkbox"/> <input type="text"/>	Cholera	<input type="checkbox"/> <input type="text"/>
Tetanus	<input type="checkbox"/> <input type="text"/>	HIB	<input type="checkbox"/> <input type="text"/>	Typhoid	<input type="checkbox"/> <input type="text"/>
Whooping Cough	<input type="checkbox"/> <input type="text"/>	Influenza	<input type="checkbox"/> <input type="text"/>	Japanese Encephalitis	<input type="checkbox"/> <input type="text"/>
MMR	<input type="checkbox"/> <input type="text"/>	Swine Flu	<input type="checkbox"/> <input type="text"/>	Yellow Fever	<input type="checkbox"/> <input type="text"/>
Measles	<input type="checkbox"/> <input type="text"/>	Poliomyelitis	<input type="checkbox"/> <input type="text"/>	Meningitis	<input type="checkbox"/> <input type="text"/>
Mumps	<input type="checkbox"/> <input type="text"/>	Meningococcal C	<input type="checkbox"/> <input type="text"/>	Pneumococcal	<input type="checkbox"/> <input type="text"/>
Rubella	<input type="checkbox"/> <input type="text"/>	MeNZBTM	<input type="checkbox"/> <input type="text"/>	HPV	<input type="checkbox"/> <input type="text"/>

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.

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.