

APPLICATION FOR ENROLMENT FORM



Please return this form with supporting documents in person

or: By Email: enrolments@clydegrammar.vic.edu.au

By Post: 110 Smiths Lane, Clyde North VIC 3978

Applications will not be processed until all required documents have been provided and the Application Fee paid.

OFFICE USE ONLY

Date Received:	Contact ID:	Student ID:	G/L:
Receipt:	Receipt Amount:	Receipt Date:	Posting:

STUDENT DETAILS

Surname:	Date of Birth:	Gender:
First Name:	Preferred Name:	
Middle Name:	Religion:	
Proposed Entry Year: 20	Proposed Entry Year Level:	

Please note for Foundation enrolments Students must have turned 5 years of age by the end of February of the proposed year of entry.

Is the Student:	Of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, both
		<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
	A sibling of a current student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, name:
	A child of a current Staff Member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, name:

PARENT/GUARDIAN DETAILS

Parent/Guardian 1					Parent/Guardian 2				
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr
Surname:					Surname:				
First Name:					First Name:				
Relationship to Student:					Relationship to Student:				
Currently living with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No					Currently living with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Residential Address:					Residential Address:				
Suburb: Post Code:					Suburb: Post Code:				
Mobile:					Mobile:				
Email:					Email:				
Occupation:					Occupation:				
Mailing Address (if different above):					Mailing Address (if different above):				

EDUCATION & INTERESTS

Current School/Kindergarten:
Reason for Leaving:
Previous Schools/Kindergartens:
Academic/Other Interests:
Current Extracurricular Activities:

MEDICAL & SUPPORT NEEDS

Does your child have any special needs?

Autism Spectrum Disorder	<input type="checkbox"/> Y	<input type="checkbox"/> N	Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Speech or Language Impairment	<input type="checkbox"/> Y	<input type="checkbox"/> N	Intellectual Disability	<input type="checkbox"/> Y	<input type="checkbox"/> N
Mobility or Physical Disability	<input type="checkbox"/> Y	<input type="checkbox"/> N	Vision or Hearing Impairment	<input type="checkbox"/> Y	<input type="checkbox"/> N

If 'Yes' to any of the above, or your child has a special need not listed, please provide relevant details:
(If space is insufficient, please provide in a separate document)

Has your child received, or may require, additional supports?

Additional Classroom Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	Individual Learning or Adjustment Plan	<input type="checkbox"/> Y	<input type="checkbox"/> N
Occupational or Speech Therapy	<input type="checkbox"/> Y	<input type="checkbox"/> N	Physical Adjustments	<input type="checkbox"/> Y	<input type="checkbox"/> N
Behavioural Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	NDIS Funding	<input type="checkbox"/> Y	<input type="checkbox"/> N

If 'Yes' to any of the above, or your child has a support need not listed, please provide relevant details:
(If space is insufficient, please provide in a separate document)

Any reports, education assessments, individual learning plans or similar relevant to the student needs must be attached to the Application.

ADDITIONAL INFORMATION

Any additional information regarding your child, or their specific needs, that you feel the School should be aware may be attached to this application for consideration.

DECLARATION

I/We acknowledge that:

- I/We have read the Clyde Grammar Enrolment Policy together with the Terms and Conditions of Enrolment and agree to be bound by the terms therein.
- All information contained in this Application is true and correct.
- Our/My child's Application for Enrolment will not be accepted until the Application Fee has been paid.
- In accordance with the Clyde Grammar Enrolment Policy, this application provides authority for Clyde Grammar to obtain information from our/my child's current School or Kindergarten.
- If an Offer of Enrolment is made I/we will be jointly and severally liable for the payment of all fees, charges and levels imposed by the School and to sign a Financial Agreement agreeing to same.
- In submitting this Application Form and paying the Application Fee does not guarantee our/my child a place at Clyde Grammar.

Signature: _____ Signature: _____

Full Name: _____ Full Name: _____

Date: _____ Date: _____

The School will only accept an Application for Enrolment signed by one parent if the parent has been granted sole parental responsibility for the child by order of a Court, or where other exceptional circumstances exist. Relevant documents must be attached to this Application.

SUPPORTING DOCUMENTS

Please ensure copies of the following documents are attached to this Application Form:

- | | |
|--|--|
| <input type="checkbox"/> Child's <u>Australian</u> Birth Certificate (required) | <input type="checkbox"/> Most recent School Report/NAPLAN (if applicable) |
| OR | <input type="checkbox"/> Reports related to Student Needs (if applicable) |
| <input type="checkbox"/> International Birth Certificate & Visa (required) | <input type="checkbox"/> Individual Education Plan or equivalent (if applicable) |

APPLICATION FEE

A non-refundable Application Fee of \$50.00 (incl GST) per student is payable.

Card Type: Visa Mastercard Name on Card: _____

Card Number: _____ Expiry Date: _____ CCV: _____

Signature: _____

Payments by Cash or EFTPOS may be made in person at Clyde Grammar, 110 Smiths Lane, Clyde North.