



# APPLICATION FOR ENROLMENT FOR 2019

**Please include copies of the following documents with your application:**

- Birth certificate
- Proof of address (gas, electricity, rates notice not older than 3 months, lease agreement etc)
- Immunisation history
- In addition to the above documents, in order to assist with placement of your child in the appropriate classes/programs, it would be beneficial to provide copies of:
  - Last two (2) school reports
  - Last NAPLAN report

Enrolment in Year (please circle):      7      8      9      10      11      12

## 1. ENROLMENT PROGRAMS

- General
- Academic Challenge & Enrichment Studies (Years 7 -10)  
Was your child a member of our Primacy Academic (PACES) program in Year 6       Yes       No
- Music
- I am currently learning the \_\_\_\_\_ (*instrument name*) at primary school through the Department of Education's School of Instrumental Music
- I am currently learning the \_\_\_\_\_ (*instrument name*) through private tuition
- Specialist Sport Program
- AFL       Athletics       Baseball       Basketball (Yr 7 & 8 only)       Netball       Soccer       Swimming
- Has your child trialled for this sport?       Yes       No

## 2. STUDENT DETAILS (PLEASE PRINT CLEARLY)

Child's Surname:		Legal Surname (if applicable):	
Given Names:		Preferred Name:	Date of Birth:
Sex: M / F	Student Address:		Postcode:
Student Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify)			
Name of school child currently enrolled at:			
Are there any siblings attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide names and year level:			
Is your child currently under suspension from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child ever been suspended from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to either, please provide name of school:			
Has your child ever been excluded from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide name of school:			
Are there any access restrictions/Family Court Orders regarding the day to day or long term Care or welfare of the student?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide a copy of the Court Order			
Is the student in the care of the Department of Child Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide:    DCP Case Manager Name: _____			
DCP District: _____		Contact Number: _____	
Does your child have a disability or learning difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a copy of any relevant documentation.			

**3. PARENT / GUARDIAN DETAILS (PLEASE PRINT CLEARLY)**

**Please Note: Parent/Guardian 1 will be the SMS/main contact for this student**

**Parent / Guardian 1  
(1<sup>st</sup> Emergency Contact)**

**Parent / Guardian 2  
(2<sup>nd</sup> Emergency Contact)**

Title: (Mr/Ms/Mrs/Miss)

First Name:

Surname:

Relationship to Student:

Address:

Home Telephone:

Mobile:

Work Phone:

Email:

Occupation:

If Guardian other than Parent, do you have legal guardianship of the student?  
*(Please provide legal documentation)*

Yes  No

Yes  No

Receive Correspondence (reports, letters etc)?

Yes  No

Yes  No

Responsible for payment of Contributions & Charges:

Yes  No

Yes  No

**4. AUSTRALIAN RESIDENCE**

Country of Birth \_\_\_\_\_ (If Australia, proceed to Question 5)

Date entered Australia: \_\_\_\_\_

Is the student an Australian Citizen?  Yes  No

If Yes, please provide a copy of citizenship documentation and proceed to Question 5

If No, please provide a copy of VISA documents

Visa Sub Class No: \_\_\_\_\_ Visa Grant No: \_\_\_\_\_ Expiry: \_\_\_\_\_

Is the student a permanent resident?  Yes  No

**5. ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN**

Is the student of Aboriginal or Torres Strait Islander Origin?  Yes  No

If yes, please advise:  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

I declare that the information provided on this form is true.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Birth Certificate copy  Yes  No

Immunisation copy  Yes  No

Last NAPLAN copy  Yes  No

Citizenship copy  Yes  No

Medical form  Yes  No

Proof of Address copy  Yes  No

Last 2 reports copy  Yes  No

Visa copy  Yes  No

USI Registration form  Yes  No

Connect Registration form  Yes  No

How did you hear about Darling Range Sports College?

DRSC Website  Primary School  Brochure  Mailout  Word of Mouth/Referral  Sporting Club