



ENROLMENT FOR 2019

Please include copies of the following documents with your application:

- Proof of address (gas, electricity, rates notice not older than 3 months, lease agreement etc)
- Your child's birth certificate
- Your child's 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 trialed 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
(1st Emergency Contact)**

**Parent / Guardian 2
(2nd 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