

# Application for Enrolment

## Year 7, 2023



Catholic  
Regional College  
North Keilor

**Two separate documents confirming proof of residential address must be submitted with this Application Form**

Please complete ALL sections of this form and return to CRCNK. Forms may be submitted in person, emailed to [office@crcnk.vic.edu.au](mailto:office@crcnk.vic.edu.au), or posted to The College Registrar, CRCNK, PO Box 40, Taylors Lakes 3038. Applications close 20 August, 2021.

### Please be advised:

- It is a legal requirement that both (if applicable) parents/legal guardians sign and date the Application for Enrolment Form.
- In accepting a position at the College, parents/legal guardians are required to complete and return a **CRCNK School Fee Payment Agreement**, committing to pay all Fees and Levies as per the Terms of the Agreement; acknowledging that as the signatory/signatories acceptance to pay and indemnify the school for any losses incurred by the school in recovering any outstanding money, including any debt collection agency fees and legal costs for non-payment of fees.

### STUDENT DETAILS

Student's Surname:	Given Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /

### STUDENT'S HOME ADDRESS – if split family, address where student spends MOST time

Street No. and Name:		
Suburb:	State:	Postcode:

### PREVIOUS SCHOOL

School that student is currently attending:
Permission given to contact previous school: <input type="checkbox"/> Yes <input type="checkbox"/> No

### RELIGION / PARISH

Student's religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other, please specify:				
Sacraments:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation
Year completed:				
Family Parish:			Thanksgiving No.	
In what ways does your family support the Parish:				
If at a non-Catholic primary school, has the student completed a Parish RE Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, at which Parish:				
Permission given to share family information with the Parish for the purpose of confirming current support, requesting future support and/or advising of Parish activities and events: <input type="checkbox"/> Yes <input type="checkbox"/> No				

### PARISH RECOMMENDATION:

You are required to obtain the signature of your Parish Priest prior to submitting this application. Applications will not be accepted without the recommendation of your Parish Priest.	
Signature:	Date:



NATIONALITY		
Student's country of birth:		Student's nationality:
Does the student identify as of Aboriginal or Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE COMPLETE THIS SECTION IF STUDENT <u>WAS NOT BORN IN AUSTRALIA</u>		
<b><i>Copies of Visa / Naturalisation Certificate / Passport MUST be provided if Student was NOT born in Australia</i></b>		
What date did the student arrive in Australia:     /     /		
What date did the student first commence school in Australia:     /     /		
Is the student an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, Naturalisation certificate No.		Or, Australian Passport No.
If the student is NOT an Australian citizen:		
Is the student a <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Other/Visitor		
Visa Type:	Subclass:	Subclass No.

LANGUAGE		
Is English the MAIN/ONLY language spoken at home: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If English is NOT the MAIN/ONLY language spoken at home, which language is spoken MOST OFTEN by?		
Student:	Mother:	Father:

MEDICAL CONDITIONS	
Information provided will be used to ensure that the College is able to provide necessary support and will not affect the student being offered a position at the College.	
Has the student been diagnosed with any of the following conditions:	
<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Asthma
<input type="checkbox"/> Behavioural Disorder	<input type="checkbox"/> Anaphylaxis (red plan)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies (green plan)
<input type="checkbox"/> Dizzy spells/fainting/seizures	Anaphylactic/Allergic to:
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nuts
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Medication
<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Bites
<input type="checkbox"/> Other respiratory disorder	<input type="checkbox"/> Foods
<input type="checkbox"/> Other, please state:	<input type="checkbox"/> Other, please state:

ADDITIONAL NEEDS	
<input type="checkbox"/> Auditory Processing Disorder	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Autism Spectrum Disorder / Asperger Syndrome	<input type="checkbox"/> Social / emotional
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Other, please state:
Does the student receive funding: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	

**FAMILY DETAILS**

Is there a Parenting Plan or Court Order in place pertaining to the student? ☐ Yes ☐ No  
*If yes, a copy must be provided upon confirmation of enrolment.*

	FATHER / MALE GUARDIAN	MOTHER / FEMALE GUARDIAN
Relationship to student i.e. Father, Stepmother, Aunt		
Lives in the home with the student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please specify	<input type="checkbox"/> Separated / divorced <input type="checkbox"/> Deceased	<input type="checkbox"/> Separated / divorced <input type="checkbox"/> Deceased
If 'shared care', percentage of time spent with this person	Time _____ % of care. Nights per: week _____ or month _____	Time _____ % of care. Nights per: week _____ or month _____
Is this person responsible for payment of school fees/levies?	<input type="checkbox"/> Yes <input type="checkbox"/> No Percentage responsible for _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No Percentage responsible for _____ %

**NAME**

Surname or Family Name		
Mother's Maiden Name	N/A	
Given Name / First Name		

**ADDRESS**

Street No. and Name		
Suburb		
Postcode		
<b>Postal address IF DIFFERENT</b>		
Street No. and Name		
Post Office Box No.		
Suburb		
Postcode		

**TELEPHONE NUMBERS**

Home		
Work		
Mobile		
Email address		

**NATIONALITY / LANGUAGE / RELIGION**

Country of birth		
Nationality		
Religion		

**SIGNATURE**

<i>It is a legal requirement that both parents / guardians sign this form</i>		
<b>Date</b>	/ /	/ /

RELATIONSHIP TO CATHOLIC REGIONAL COLLEGE NORTH KEILOR (CRCNK)			
Did the student's <b>Father / Male guardian</b> attend CRCNK?		<input type="checkbox"/> No <input type="checkbox"/> Yes, year graduated:	
Did the student's <b>Mother / Female guardian</b> attend CRCNK?		<input type="checkbox"/> No <input type="checkbox"/> Yes, year graduated:	
Does the student's <b>SIBLING/S</b> currently attend CRCNK?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have any of the student's <b>SIBLINGS</b> previously attended CRCNK?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, please provide details of current and/or past <b>SIBLINGS</b>			
Name	Current Year Level OR Graduation Year	Sports House	
Other children in family who DO NOT / HAVE NOT attended CRCNK			
Name	Date of Birth	Current School	Grade

APPLICATION TO OTHER CATHOLIC COLLEGES			
Have you applied for enrolment at another Catholic Secondary College? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, at which other College / Colleges?			
Which College would be your 1 <sup>st</sup> preference?			
Please briefly state reasons why 1 <sup>st</sup> preference?			

PASTORAL CONSIDERATION
Please provide a brief outline of any Pastoral concerns you wish to be taken into consideration

OFFICE USE ONLY					
Date received:    /    /		Acknowledged:    /    /		Received by:	
Proof of Residential Address received? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student ID:		SC1 ID:		SC2 ID:	
Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No	NK Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pastoral	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeder PS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Split Family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Other, please state:					