



Application Form - Domestic

All sections must be completed - Please fill in the space provided above the questions.

Parents/Legal Guardians wishing to apply for their child to be enrolled at Trinity Anglican School are required to complete this Application Form which should be returned to the Admissions Office, Trinity Anglican School, PO Box 110, Earlvile, Qld, 4870, together with the enrolment fee of \$110, a copy of the latest school reports (if applicable) and a copy of the child's birth certificate. The payment of this fee is non-refundable and does not guarantee enrolment at Trinity Anglican School or the opportunity for an interview.

By submission of this Application Form both you and your child are deemed to have accepted the conditions outlined in same.

Child Details (print in capitals only)		Gender Male/Female	Campus
Family Name	Given Names	Preferred Name	
Proposed Year Level	Proposed Year of Entry		
Date Of Birth (DD/MM/YYYY)	Citizenship	Birth Country	

If not Australian Citizen¹ please complete below:

Permanent Resident of Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If born overseas, please attach a copy of Permanent Residency Documentation and current passport. <input type="checkbox"/> Please attach a copy of the VISA and current passport
Temporary Resident of Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Parent/Legal Guardian 1

Family Name	Given Names
Residential Address	
Postal Address	
Occupation	Employer
Industry Description (please specify)	
Business Phone	Home Phone
Business Fax	Home Fax
Mobile Phone	Date of Birth
Email Address	

Parent/Legal Guardian 2

Family Name	Given Names
Residential Address	
Postal Address	
Occupation	Employer
Industry Description (please specify)	
Business Phone	Home Phone
Business Fax	Home Fax
Mobile Phone	Date of Birth
Email Address	

¹ By signing and submitting this Application Form you are authorising Trinity Anglican School to check visa entitlements electronically via VEVO on the Department of Immigration website.

Please complete if natural parents are not living together

(This information is important to help avoid confusion)

- Parents separated Father deceased
- Parents divorced Mother deceased
- Child living with mother Child living with father Child living with legal guardian

Who does the school communicate with regarding day to day matters?

- Mother Father Legal guardian

Who receives copies of school reports?

- Mother Father Legal guardian

Who has access to the Online School Portal?

- Mother Father Legal guardian

Name of stepfather/stepmother or legal guardian (attach official documentation if applicable)

Please indicate with whom the child resides


 Please attach recent Family Court Orders or Protection Orders relating to the child, of which the school should be aware.

Religious Affiliation

Father Mother Child

Schools Attended (If insufficient space, please attach a separate list)

Name of School Grades Year of Attendance

 When application is being made for entry within the next 2 years, A COPY OF THE MOST RECENT SCHOOL REPORT SHOULD BE ENCLOSED WITH THIS FORM

Other Information

Number of children in family _____ Birth order of present applicant _____

Members of family who are attending or have previously attended Trinity Anglican School:

Name _____ Relationship to applicant _____

Year left _____ Sports House _____

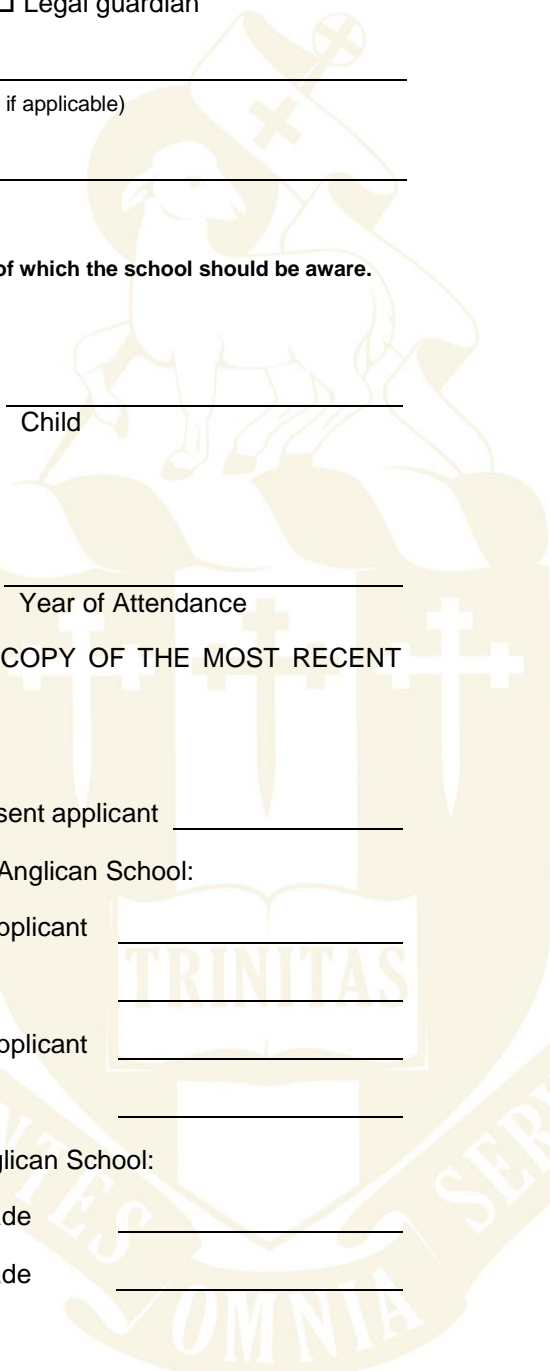
Name _____ Relationship to applicant _____

Year left _____ Sports House _____

Names of brothers and sisters presently registered for entry to Trinity Anglican School:

Name _____ Year of entry Grade _____

Name _____ Year of entry Grade _____



Co-curricular Activities (if you require further space please attach a note to the application)

Music: (please detail examination results, current ensembles or achievements that may be of interest)

Vocal:

Instrumental: (indicate instrument/s)

Sport: (please indicate the sports in which your child participated. You may detail your child's sporting achievements/experience)

Visual Arts: (please detail awards or prizes won by applicant)

Performing Arts: (Speech & drama, dance and other)

Student Profile

Has your child participated in an enrichment programme? Yes No

Has your child ever received "Learning Support" assistance?
(On-going assistance for the child and/or teacher provided by a specialist teacher, psychologist or other suitably trained professional practitioner) Yes No

Has your child ever been "Ascertained"?
If **Yes**, please state their current level. (Ascertainment is based on an educational need arising from a disability. It is a collaborative decision-making process used to recommend the level of specialist educational support needed by students with learning disabilities. The education support is provided by or accessed through specialist teaching personnel.) Yes No

Has your child ever repeated a year? Yes No

Has your child ever been accelerated (skipped a year)? Yes No

Does your child have a special need? Yes No

If **Yes**, please identify what type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Autism/Aspergers | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning Difficulty |
| <input type="checkbox"/> Other | _____ | |
| <input type="checkbox"/> Non-verbal learning disorders | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |

If your child has one of the above special needs, how does it impact on him/her as a learner?
Has a specialist ever assessed your child for exceptional development, learning or behavioural characteristics? Yes No

If **Yes**, please specify

- | | | |
|---|---|--|
| <input type="checkbox"/> Guidance Officer | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Child Psychologist |
| <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Developmental Optometrist |
| <input type="checkbox"/> Other | _____ | |

Do you have a report from the aforementioned specialist? Yes No

If **Yes**, would you be willing to share the report/s with the school? Yes No

Does your child take medication on a regular basis? Yes No

If **Yes**, what type of medication and how often? _____

Does your child have any social difficulties with other children? Yes No

Has behaviour management ever been an issue with your child in the school setting? Yes No

If **Yes**, please specify: _____

The School reserves the right to determine its ability to meet the needs of students with special needs.

Payment of fees

Who will accept responsibility for payment of school fees? _____

Postal Address (all accounts will be sent to this address unless otherwise specified)

Declaration and Acknowledgement

We declare that the information given in this Application Form is complete and correct. We understand that providing false or misleading information or non-disclosure of relevant information may result in cancellation of the Student's enrolment.

We acknowledge that:

- We have read and understood the TAS Policies
- By signing and submitting this Application Form we are agreeing to be bound by these terms and conditions, and all applicable TAS policies and procedures.

Date _____ Signature of Parent / Legal Guardian 1 _____

Date _____ Signature of Parent / Legal Guardian 2 _____

What To Do Now

-  The following documentation is needed to support this application:
 - School reports for the previous two years
 - A copy of birth certificate or passport
 - Written evidence of proficiency of English as a second language
 - Completed home stay application form (if applicable)
 - Application Fee
 - Copy of Australian student visa
- Please return your completed Application Form to:
Trinity Anglican School
PO Box 110
Earlville QLD 4870
- Successful applicants will receive an Acceptance and Confirmation of Place.

Data Collection Form

Information required for assessment and reporting purposes

Note: If you need assistance with this form please telephone the Enrolments Officer on 4036 8111.
Information collected from this form will be covered by the School's Privacy Policy.

1. Name of student

First name _____ Last name _____

2. Home address of student

Street Name & No. _____

Suburb _____

Postcode _____

Home Phone _____

3. Gender

Male

Female

4. Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No

4

Yes, Aboriginal

1

Yes, Torres Strait Islander

2

5. In which country was the student born?

Australia

1101

New Zealand

1201

England

2100

South Africa

9225

Philippines

5204

Taiwan

6105

Papua New Guinea

1302

United States of America

8104

Hong Kong

6102

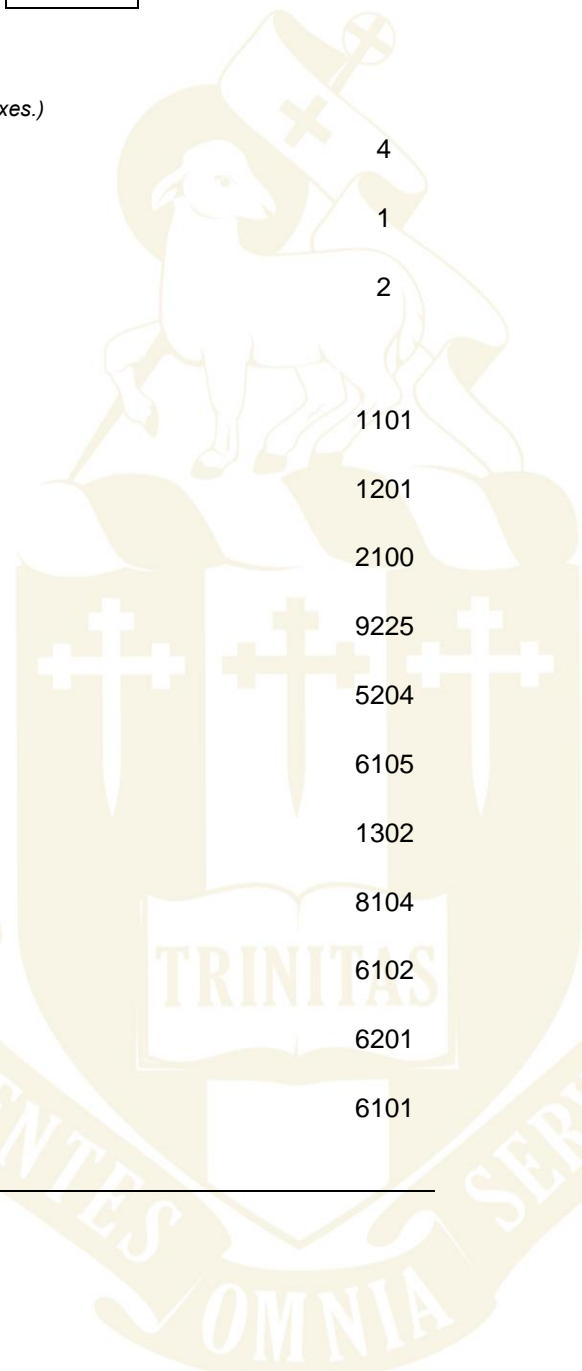
South Korea

6201

China

6101

Other – please specify _____



6. Does the student or their mother/guardian or their father/guardian speak a language other than English at home? *If more than one language, indicate the one that is spoken most often.*

	Student	Mother/Guardian 1	Father/Guardian 2	
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1201
Yes, Tagalog (Filipino)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6506
Yes, Taiwanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7103
Yes, Pidgin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9401
Yes, Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7104
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7101
Yes, Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7301
Yes, Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7201
Yes, German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1301
Yes, Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2401
Yes, Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9308
Yes, Other – please specify				

7. (a) What is the highest year of primary or secondary school the parents/guardians have completed? *Mark one box only in each column. For persons who have never attended school, select option IV.*

	Mother/Guardian 1	Father/Guardian 2	
I. Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	4
II. Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	3
III. Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	2
IV. Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>	1

7. (b) What is level of the highest qualification the parents/guardians have completed? *Mark one box only in each column.*

	Mother/Guardian 1	Father/Guardian 2	
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>	7
Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	6
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>	5
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>	8

8 (a) What is the occupation of the mother/guardian1? (please specify industry)

8 (b) What is the occupation of the father/guardian2? (please specify industry)

(Please select the appropriate parental occupation group from the attached list.)

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.)

List of Parental Occupation Groups (for question 8a & 8b)

Group 1: Senior management in large business organisation, government administration and defence and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation
Public service manager (Section head or above), regional director, health/education/police/fire services administrator
Other administrator school principal, faculty head/dean, library/museum/gallery director, research facility director
Defence Forces Commissioned Officer
Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
Business management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer
Air/sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
Specialist manager finance/engineering/production/personnel/industrial relations/sales/marketing
Financial services manager bank branch manager, finance/investment/insurance broker, credit/loans officer
Retail sales/services manager shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency
Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official
Associate professionals generally have diploma/technical qualifications and support managers and professionals
Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
Business/administration recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager
Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group
Clerks bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk
Skilled office, sales and service staff
Office secretary, personal assistant, desktop publishing operator, switchboard operator
Sales company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher
Service aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators
Hospitality staff hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper
Office assistants, sales assistants and other assistants
Office typist, word processing/data entry/business machine operator, receptionist, office assistant
Sales sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker
Assistant/aide trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant
Labourers and related workers
Defence Forces ranks below senior NCO not included above
Agriculture, horticulture, forestry, fishing, mining worker farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand
Other worker labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor

Student Medical Form - C O N F I D E N T I A L

Student's Name: _____ Gender **Male / Female**

DOB: _____ **CAMPUS** **WRJ / KBJ / WRS** Year Level _____
please circle

Residential Address _____
 _____ P/Code _____

Medicare No. _____ Preferred Hospital _____

Private Health Insurance **Yes / No** Health Insurance Company _____

Emergency Contact Details *in order of priority*

Name	Private Address	Private Phone	Business Address	Business &/or Mobile Phone
1)				
2)				
3)				

Medical Conditions - Does your son/daughter suffer from:

Allergies	Yes / No	Hay Fever	Yes / No
Asthma	Yes / No	Headaches / Migraine	Yes / No
Bed Wetting	Yes / No	Heart / Lung complaints	Yes / No
Diabetes	Yes / No	Menstrual Pain	Yes / No
Epilepsy	Yes / No	Sleep Walking	Yes / No
Fits or Fainting Spells	Yes / No	Travel Sickness	Yes / No
Other	Yes / No		

If **Yes**, please advise details or attach a note *including allergies to medication*:

If your child suffers from asthma, hayfever, fits, fainting spells, diabetes, or any other illness requiring medication, the appropriate medication must be left in the sick bay. Clearly label medication with child's name and dosage details.

Will the school be required to hold medication in the sick bay for this child? **Yes / No**

If **Yes**, please advise which medications and the dosage details:

Your child's swimming ability in still water is *circle one*

Nil → 10m → 25m → 50m → 100m → 100m+


Immunisations: (Please include details of immunisation, eg Tetanus, Rubella, etc.)

Immunised for: _____ Year _____
Immunised for: _____ Year _____
Immunised for: _____ Year _____


Doctor Details:

Practitioner Type: (eg: GP) _____
Practitioner's Name: _____
Practitioner's Telephone No: _____

Is your child taking any medication or under any type of treatment, or has your child any condition or physical disability, which may prevent full involvement in the School activities? **Yes / No**

If **Yes**, please advise details or  attach a note

Has your child contracted, or been in contact with, any infectious diseases (including normal childhood diseases) in the past three (3) months? **Yes / No**

If **Yes**, please advise details or  attach a note

Are there any other details the school should be made aware of?

I understand that whilst every effort will be made to contact me in an emergency, I hereby authorise the Principal or his appointed Officer to administer life saving medication eg. Epipen or Ventolin and give permission for medical treatment (including Ambulance transport, the administering of an anaesthetic, blood transfusion, or the performance of any surgical operation) to be given to my son/daughter. I accept responsibility for any expenses incurred.

I agree to my child's returning home, if necessary, in the event of illness or injury and agree to pay any expenses incurred. I undertake to keep the School informed of any changes to the physical and medical condition of my child.

**SPECIAL INSTRUCTIONS IN THE EVENT OF AN ACCIDENT OR ILLNESS IF THE ABOVE
AUTHORITIES ARE NOT COMPLETED**

Name of Parent/Guardian: _____ Signature: _____
Relationship to Student: _____ Date: _____

Student medical records are updated each year.

Australian Business Notice

Applications for enrolment must be made on the official form and accompanied by:

- non-refundable application fee of \$110.00 (GST inclusive);
- a copy of the birth certificate of the student; and
- a copy of the student's most recent school report.

You will be advised in writing of the result of the application and offers for enrolment are valid for one month.

If your application is successful, you will be required to pay a confirmation fee of \$350.00 before the student commences study at the school. The \$350.00 confirmation fee is non-refundable.

If two or more members of the family attend the school concurrently, the following concessions apply:

- 10% of tuition fees in respect of the second child; and
- 30% of tuition fees in respect of the third and any subsequent child.

If a student is to be removed from the school, you are required to give ten (10) school weeks' notice in writing to the Principal or payment of one-half of one term's fees.

Application for exemption from this rule must be made in writing to the School Board via the Principal.

Every student admitted to the school is expected to conform in all respects to the School Rules.

Students returning to school must join classes on the date fixed for resuming. Students are not permitted to leave the school at the end of term until the recognised closing date except where express permission of the Principal is given.

The Principal may terminate a student's enrolment at the school if he considers such action to be in the best interest of the school. The parent or guardian will be liable for school fees incurred up to the date of notification by the Principal but will be discharged from any further financial obligation from that date.

The school reserves the right to alter from time to time the terms of enrolment contained in this Business Notice and any fees or charges referred to in this Business Notice.

Voluntary contributions to the school over and above your school fees are welcomed. The Foundation Building Fund and Trinity Anglican School Library Fund are funds endorsed as deductible gift recipients (DGR) under the *Income Tax Assessment Act 1997*. Voluntary contributions made by parents to these funds are tax deductible under the *Income Tax Assessment Act*. These funds are established exclusively to provide money for the acquisition, construction and maintenance of buildings and for library resources.

Terms of Payment of School Fees

I/We acknowledge and agree that:

1. School Fees are payable in advance by the due date.
2. The Principal is authorised by the School Board to take any steps deemed necessary to recover unpaid fees or accounts.
3. The School reserves the right to refuse permission for any student to commence a new term while any part of the fees or charges for the previous term remain unpaid.
4. Students admitted to the School during a term will be charged tuition fees on a pro rata basis. No refund will be made for the unexpired portion of a term already begun.
5. The School will charge an administration charge upon any amounts that are overdue for payment, calculated from the date the amount becomes overdue.
6. The School reserves the right to change School fees and charges from time to time. The School will notify you of any changes to School fees. You may obtain a copy of the current School fees at any time.

I have read, understand and agree to these terms for payment of school fees.

Date _____

Signature of Parent / Legal Guardian 1 _____

Date _____

Signature of Parent / Legal Guardian 2 _____