



# Gawura School Enrolment Application form

## 1. Student Information

Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_

Preferred Name in Conversation \_\_\_\_\_ Gender  Male  Female

Point of Entry: Calender Year: \_\_\_\_\_ Academic Year: \_\_\_\_\_ Term if other than 1st: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Parish (if applicable) \_\_\_\_\_

Nation \_\_\_\_\_ Town \_\_\_\_\_

Residential Address \_\_\_\_\_ Postcode \_\_\_\_\_

Residential Telephone \_\_\_\_\_

Student resides with  Both parents  One Parent  Shared Residential  Guardian

### Please tick the appropriate boxes from the following:

Aboriginal  Yes  No Torres Strait Islander  Yes  No

Do you or your child have any affiliation with any student currently or previously enrolled in Gawura School or St Andrew's Cathedral School?  Yes  No If yes, who? \_\_\_\_\_

## 2. Parent/s Information

### Parent 1 Details

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Religion \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: Home: \_\_\_\_\_ Work \_\_\_\_\_

## Parent 1 Details continued

Please tick the appropriate boxes from the following:

Aboriginal  Yes  No Torres Strait Islander  Yes  No

### Current employment status

Full Time  Part Time  Casual  Unemployed Other / please state

Are you currently receiving any social security benefits eg: Family Tax Rebate A and/or B, unemployment benefits, disability etc

Yes  No If yes, please state which

## Parent 2 Details

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Religion \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: Home: \_\_\_\_\_ Work \_\_\_\_\_

Please tick the appropriate boxes from the following:

Aboriginal  Yes  No Torres Strait Islander  Yes  No

### Current employment status

Full Time  Part Time  Casual  Unemployed Other / please state

Are you currently receiving any social security benefits eg: Family Tax Rebate A and/or B, unemployment benefits, disability etc

Yes  No If yes, please state which

## Guardian/Homestay Details

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Religion \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: Home: \_\_\_\_\_ Work \_\_\_\_\_

Please tick the appropriate boxes from the following:

Aboriginal  Yes  No Torres Strait Islander  Yes  No

### 3. Education

Present Preschool: \_\_\_\_\_ Dates \_\_\_\_\_

Previous Preschools: \_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

#### Siblings (List other children in order of age, eldest first)

Name	Gender	Age	School	Year

Student's learning strengths (academic or social) \_\_\_\_\_

Student's learning areas of need (academic or social) \_\_\_\_\_

Other relevant information: \_\_\_\_\_

### 4. Medical Information

#### Please indicate any medical details of which the School should be aware:

Asthma: \_\_\_\_\_ Hearing: \_\_\_\_\_

Allergies: \_\_\_\_\_ Heart: \_\_\_\_\_

Attention Deficit Disorder: \_\_\_\_\_ Speech: \_\_\_\_\_

Autism Spectrum: \_\_\_\_\_ Disabilities: \_\_\_\_\_

Sight/Contact Lenses: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Details of above or other conditions: \_\_\_\_\_

Hospital history: \_\_\_\_\_

Details of any regular medication: \_\_\_\_\_

Special medical details: \_\_\_\_\_

#### Signature of both Parents (or the Guardian)

\_\_\_\_\_

Print Name	Relationship to Student	Signature	Date
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\_\_\_\_\_

Print Name	Relationship to Student	Signature	Date
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**Please note: This application requires the signature of BOTH parents or the guardian. If both parents signatures are not present, please indicate the circumstances.**

**OFFICE USE ONLY:**

**Accounts  
Accounts information**

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

**Application Declaration**

1. I/We are accepting of the Christian values of the School
2. I/We understand that if we live out of the Gawura bus route that I/we must arrange own transport. See website for more details.
3. I/ We understand that qualification for the Gawura Scholarship is reliant on proof of financial disadvantage. If our financial circumstances improve the Scholarship may be revised.
4. I/We are committed to the value of education and learning
5. I/We are committed to making a full commitment to the whole school life including sporting and music events.
6. I/We understand that we must truthfully disclose all details in relation to the applicant's school readiness.

**Checklist:**

**Checklist for ALL applications:**

- |   |   |
|---|---|
| <input type="checkbox"/> Complete and sign the Enrolment Application Form                 | <input type="checkbox"/> Attach copies of Australian Driver's |
| <input type="checkbox"/> Include the student's School or Preschool reports, if applicable | <input type="checkbox"/> Licence or Passport for both parents |
| <input type="checkbox"/> Certificate of Aboriginality or Torres Strait Islander           |   |
| <input type="checkbox"/> Read the School's Collection Notice attached                     |   |
| <input type="checkbox"/> Student's Birth Certificate or Passport                          |   |

**Additional requirement for Kindergarten to Year 2 Enrolment:**

- A copy of the student's Immunisation History Statement

**How did you hear about the Gawura School Scholarship?**

- |  |  |
|--|--|
| <input type="checkbox"/> Gawura Website      | <input type="checkbox"/> Pre School    |
| <input type="checkbox"/> Koori Mail          | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Local Advertisement | <input type="checkbox"/> Other? _____  |
| <input type="checkbox"/> Friend or Associate |  |

