



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
------------	-------------------------	-----------	------

Print Name	Relationship to Student	Signature	Date
------------	-------------------------	-----------	------

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 | |

