



Gawura Enrolment *Application Form*

FIRST NATIONS PEOPLES

Student Name

Gawura Enrolment Application Form

Thank you for your interest in enrolling your child at Gawura. First Nations students who attend Gawura are supported through the School's scholarship program. Gawura offers up to six scholarships each year to new Kindergarten students.

Scholarships are provided for the duration of your child's schooling at Gawura from Kindergarten to Year 6. On completion of Year 6, students are typically offered a scholarship to complete their secondary education at St Andrew's Cathedral School. For more information on Gawura's Scholarships and Enrolment Policy, please go to www.sacs.nsw.edu.au/join-us/scholarships/indigenous-scholarships/

Gawura scholarships are funded by a combination of government grants together with the generous donations of individuals, corporate donors and philanthropic foundations. We thank each and every donor for their extraordinary generosity.

Scholarships cover Tuition Fees, except for a fee of \$250 per term (plus an extra \$50 per subsequent sibling), and additional needs like uniforms, participation in St Andrew's Cathedral School activities including camps & excursions, and additional classroom resources. Students have the opportunity to learn music and to attend a large variety of after school activities including Code Camp and dance classes.

All scholarships are subject to meeting the school's enrolment criteria outlined on the website.

To read more about Gawura, please go to www.sacs.nsw.edu.au/gawura

Checklist for ALL applications

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

Additional requirement for Kindergarten to Year 2 Enrolment

- Copy of the student's Immunisation History Statement

How to submit your application form

Please check application cut off date on the St Andrew's Cathedral School Website: sacs.nsw.edu.au/join-us/scholarships/indigenous-scholarships/

EMAIL: enrolments@sacs.nsw.edu.au
Scan and email to enrolment as a PDF
(please do not email as a photo)

POST: Enrolments Team
St Andrew's Cathedral School
Gadigal Country
Sydney Square
Sydney NSW 2000, Australia

Contact Details

For more information, please contact:

The Enrolments Department

PHONE: 02 9286 9500

EMAIL: enrolments@sacs.nsw.edu.au

1. Student information

Family Name	First Name/s	
Preferred Name in Conversation	Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Country of Birth	Date of Birth <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	
Student resides with... <input checked="" type="checkbox"/> Both parents <input checked="" type="checkbox"/> One Parent <input checked="" type="checkbox"/> Shared Residential <input checked="" type="checkbox"/> Guardian		
Student is Aboriginal <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Student is Torres Strait Island <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Point of Entry - Calendar Year <input type="text" value="YYYY"/>	Academic Year <input type="text" value="YY-YY"/> Term (If other than first)	
Religion	Parish (if applicable)	
Nation	Town	
Residential Address		
	Postcode <input type="text" value="2000"/>	
Home Phone	Work Phone	Mobile
Do you or your child have any affiliation with any student currently or previously enrolled in Gawura or St Andrew's Cathedral School? If yes, who?		

2. Medical information

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

Asthma	Hearing
Allergies	Heart
Epilepsy	Speech
Autism Spectrum	Disabilities
Sight/Contact Lenses	Diabetes
Attention Deficit Disorder	
Details of above or other conditions	Details of any regular medication
Hospital history	
Special medical details	

3A. Parent 1 information

Mother Father Other, please state

Title Family Name First Name/s

Religion Church Affiliation

Residential Address

Postcode

Home Phone Work Phone Mobile

Email

You are Aboriginal Yes No You are Torres Strait Island Yes No

Occupation Position Employer

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. If yes, please state which

3B. Parent 2 information

Mother Father Other, please state

Title Family Name First Name/s

Religion Church Affiliation

Residential Address

Postcode

Home Phone Work Phone Mobile

Email

You are Aboriginal Yes No You are Torres Strait Island Yes No

Occupation Position Employer

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. If yes, please state which

3C. Guardian/Homestay Details

Title	Family Name	First Name/s
Religion		Church Affiliation
Residential Address		
		Postcode 2000
Home Phone	Work Phone	Mobile
Email		
You are Aboriginal <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		You are Torres Strait Island <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Occupation	Position	Employer

4. Education

Present Preschool			
Academic Year	Date From	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Date To
		<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
Previous Preschool			
Academic Year	Date From	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Date To
		<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
Previous Preschool			
Academic Year	Date From	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Date To
		<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>

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)

Special learning or health needs, or other relevant information

5. 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.

6. Checklist for ALL applications

- | | |
|---|--|
| <input type="checkbox"/> Complete and sign the Enrolment Application Form | <input type="checkbox"/> Attach copies of Australian Driver's Licence or Passport for both parents |
| <input type="checkbox"/> Include the student's School or Preschool reports, if applicable | |
| <input type="checkbox"/> Certificate of Aboriginality or Torres Strait Islander | Additional requirement for Kindergarten to Year 2 Enrolment |
| <input type="checkbox"/> Read the School's Collection Notice attached | <input type="checkbox"/> Copy of the student's Immunisation History Statement |
| <input type="checkbox"/> Student's Birth Certificate or Passport | |

How did you hear about the Gawura Scholarship?

- Gawura Website Koori Mail Local Advert Friend or Associate Pre School Word of Mouth
- Other, please state

7. Signature of both Parents (or the Guardian)

<input type="text" value="Print Name 1"/>	<input type="text" value="Relationship to student"/>
<input type="text" value="Signature 1"/>	Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
<input type="text" value="Print Name 2"/>	<input type="text" value="Relationship to student"/>
<input type="text" value="Signature 2"/>	Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>

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

<input type="text" value="Title"/>	<input type="text" value="Family Name"/>	<input type="text" value="First Name/s"/>
<input type="text" value="Postal Address (if different to residential address)"/>		
<input type="text"/>	<input type="text" value="Postcode"/>	