## HAILEYBURY RENDALL SCHOOL DARWIN

## APPLICATION FOR ENROLMENT

Please use blue or black pen and write in BLOCK LETTERS.

## THE ENROLMENT PROCESS

To apply for a place at Haileybury Rendall School Darwin, you should complete this Application for Enrolment form and return it to the Enrolment Officer with all relevant attachments and the non-transferable application fee of \$250. Your child's name will be placed on a waiting list for the entry year sought. As it may not be possible to accommodate all applicants, the waiting list will be ordered according to date of application but with preference given to the siblings of existing students and the children of past students. A small number of places will be kept for award at the Principal's discretion.

On receipt of all forms the applicant will be invited to attend an interview with the Principal. The purpose of this interview is for us to learn about your child and her/his needs so that we can ensure an appropriate program is available. If a place is available, we may then make an offer of enrolment. Please note that we may decline to make an offer without providing a reason.

we may then make an oner or emorment. Thease note that we may decline to make an oner without providing a reason.				
DETAILS OF APPLICANT				
Surname:	Given names:			
Preferred name:	Gender: M F			
Date of birth:	/ / Place of birth:			
Nationality:	Religion:			
Language spoken at h	anguage spoken at home: Current school:			
Current year level:	Commencement: Term , 20 Year level(s)			
Is the student of Abori	iginal or Torres Strait Islander origin? No Aboriginal Torres Strait Islander			
RESIDENTIAL ADDRESS				
Street/Unit number:	Street name:			
Suburb:	State:			
Postcode:	Country:			
POSTAL ADDRESS (if different to residential address)				
Street/Unit number:	Street name:			
Suburb:	State:			
Postcode:	Country:			
DETAILS OF I	PARENT OR GUARDIAN 1 (PRIMARY CONTACT)			
Relationship to child:				
Title:	Surname: Given name:			
Home phone:	( ) Work phone: ( )			
Mobile:	Email:			
CONTACT ADDRESS (if different from Child's residential address)				
Street/Unit number:	Street name:			
Suburb:	State:			
Postcode:	Country:			

DETA:	ILS	OF	PARENT OR GUARDIAN 2 (S	ECONDARY CONTACT)	
Relations	hip t	o child:			
Title:			Surname:	Given name:	
Home ph	one.			Work phone: ( )	
Mobile:			Fn	ail:	
	АСТ	' A D D	RESS (if different from Child's residen		
				iai address)	
Street/Un	nit nu	mber:	Street name:		
Suburb:				State:	
Postcode	:		Cour	:ry:	
SCHO	OI	. CO	NNECTIONS		
			nd Haileybury or Kormilda College?: Yes:	If yes, did either parent graduate from Year 12?: Yes:	
			member at Haileybury Rendall School Darwin		
	т на	ieybury	or Kormilda College? If yes, please provide nar		
Name:				Past: Current: Future:	
Name:				Past: Current: Future:	
Name:				Past: Current: Future:	
INTE	RVI	EW :	PROCESS		
You and your child will be invited to attend an enrolment interview. The purpose of this interview is to find out about your child's educational and developmental needs. In order to do this, we must consider any information that could be relevant. The purpose of this form is to obtain this information. However, we also need you to provide us with any other information that could assist us in a pathway for your child.					
Any offer of enrolment is conditional on you having given the School full details of any special needs (educational, medical or psychological) that your child might have. If you have not done so, Haileybury Rendall School Darwin reserves the right to terminate the enrolment.					
QUES	TI	NNC	AIRE		
<b>1</b> Is E	nglis	h your (	hild's first language?	Yes No	
lf n	ο,	a)	What is your child's first language?		
		If an In	ternational Student:		
		b)	Has your child attended language school?	Yes No No	
		If yes,	i) For how long?	Years Months	
			ii) For how long has your child attended a		
			is the language of instruction?	Years Months	
(The	2 Has your child had any social or emotional issues in the past?  (These include meetings with any School Welfare Coordinators, School Counsellors, Psychologists, Psychiatrists, Family Therapists, etc.)				
If y	es,	a)	Who provided the support?		
		b)	Is ongoing support required?		
		c)	Any other relevant details?		

3	Has your child	been involved in any disciplinary issues in their previous school/s?	Yes	No	
	If yes, please provide further details:				
	Daga yayır abil	d baye any additional learning peeds?	Va a	No 🗍	
4		d have any additional learning needs?	Yes	No	
	If yes, a)	Has there been any formal assessment of his/her needs?  If yes, please provide copies with this form.	Yes	No	
	<b>b</b> )	What support has been recommended/provided within or external to the School?			
		(e.g. Reading Recovery, speech therapy, private tuition, integration support, etc.)			
	c)	Has your child received funding for this support?	Yes	No	
		If yes, in which category?			
5	Has your child had their hearing checked?		No		
	If yes, a)	In which year?			
	<b>b</b> )	Were the results normal?	Yes	No	
		(If no, please attach details on a separate sheet of paper).			
6	Has your child	had their sight checked?	Yes	No	
	If yes, a)	In which year?			
	<b>b</b> )	Were the results normal?	Yes	No	
		(If no, please attach details on a separate sheet of paper)			
7	Do you give pe	ermission for Haileybury Rendall School Darwin to contact your child's current school?	Yes	No	
	<b>Note:</b> This is a	requirement of entry into Haileybury.			
	Name of curre	nt school: Contact phone number: ( )			
8	Are there any	court orders affecting care and custody of your child?	Yes	No	
		orward a copy for the School to keep on file.			

SIGNATURES						
I/We hereby apply for enrolment of our child to Haileybury Renda	Il School. I/We have read the terms and conditions of enrolment set out					
in the 'Business Notice' and agree to be bound by them. Signatur	res of both parents or guardians are required.					
Signature (Parent or Guardian 1)	Signature (Parent or Guardian 2)					
Name:	Name:					
Date: / /	Date: / /					
The following documents should be attached to this application:						
Birth Certificate						
<ul> <li>For non-citizens/permanent residences only: a photocopy</li> </ul>	of the relevant pages of the applicant's passport					
showing the applicant's visa details  For new citizens: a photocopy of the applicant's Australia.	a Citizanahin Cartificata					
<ul> <li>For new citizens: a photocopy of the applicant's Australia</li> <li>For guardians only: Legal Authority to Act as Guardian</li> </ul>	r Citizenship Certificate					
Application fee of \$250						
<ul> <li>Immunisation Records</li> </ul>						
<ul> <li>School reports</li> </ul>						
Medical reports						
<ul><li>Educational assessments</li><li>NAPLAN</li></ul>						
Court Orders						
PAYMENT						
Credit card Cardholder's name:						
Card type: MasterCard	Visa Amount paid: \$250.00					
Card number:						
Expiry date: /	Signature:					
Bank cheque enclosed						
Please note that cash payments cannot be accepted.						
OFFICE USE						
Student ID: Status:	Date of receipt: / /					
Credit card:						
Bank cheque:						
Please return this form together w	vith attachments to the Enrolment Officer.					