

ENROLMENT APPLICATION



1. Details of student applicant (please use BLOCK LETTERS)

Application to enter year level	<input type="text"/>	Year	<input type="text" value="YYYY"/>	St Margaret's School	<input type="checkbox"/>	Berwick Grammar School	<input type="checkbox"/>	
Family name / surname	<input type="text"/>			Sex: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Given name	<input type="text"/>			Date of birth	<input type="text" value="DD/MM/YYYY"/>			
Preferred name	<input type="text"/>			Religion	<input type="text"/>			
Applicant's address	<input type="text"/>							
	<input type="text"/>							
Applicant's telephone number in home country (including international and area codes)	<input type="text"/>							
The applicant lives with:								
Both parents	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Other	<input type="text"/>	
Is there any court order (pending) or agreement in relation to this applicant?								
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	(Please attach documentation if order/agreement is in place translated into English)				
In which country was the student born?	Australia	<input type="checkbox"/>	Other	<input type="checkbox"/>	Nationality	<input type="text"/>		
Is the student of Aboriginal or Torres Strait Islander origin? (for persons of both Aboriginal and Torres Strait Islander origin, please tick both boxes)								
No	<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>	Torres Strait Islander	<input type="checkbox"/>			
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)								
No, English only	<input type="checkbox"/>	Yes, other please specify	<input type="text"/>					
Please complete the following, where applicable:								
Passport number	<input type="text"/>	Expiry date	<input type="text" value="DD/MM/YYYY"/>					
Visa Number	<input type="text"/>	Visa subclass	<input type="text"/>	Date of arrival in Australia	<input type="text" value="DD/MM/YYYY"/>			

2. English proficiency (overseas students)

Language/s spoken confidently	<input type="text"/>	Date of English proficiency test (AEAS)	<input type="text" value="DD/MM/YYYY"/>
Study of English at school for	<input type="text"/> years	AEAS Report	No <input type="checkbox"/> Yes <input type="checkbox"/>

3. Academic records

School/Kindergarten currently attending	<input type="text"/>	Location of school (country)	<input type="text"/>
Current year level	<input type="text"/>	Date of completion	<input type="text" value="DD/MM/YYYY"/>
Name of last school attended	<input type="text"/>	Victorian School Number (VSN)	<input type="text"/>
Do you give St Margaret's School and Berwick Grammar School permission to contact current/previous School?	No	<input type="checkbox"/>	Yes <input type="checkbox"/>

4. Special needs

Does your child have any special needs? No Yes (please attach a copy of specialists' reports)



If yes, please give further details:

Academic Physical Social Emotional English language support Other

Explanation:

Does your child have a medical condition? No Yes please provide details

Does your child take medication? No Yes please provide details

Does your child have any allergies? No Yes please provide details

5. Parent details

Parent 1 / Guardian 1

Dr Mr Mrs Ms Miss Other

Family name / surname Given names

Relationship to applicant

Address (if different to applicant)

Telephone (including international and area codes) Home

Mobile Work

Email Fax

Occupation Company

Does the Parent 1 / Guardian 1 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

No, English only Yes, other please specify

Parent 2 / Guardian 2

Dr Mr Mrs Ms Miss Other

Family name / surname Given names

Relationship to applicant

Address (if different to applicant)

Telephone (including international and area codes) Home

Mobile Work

Email

Occupation Company

Does the Parent 2 / Guardian 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

No, English only Yes, other please specify

6. St Margaret's and Berwick Grammar School Association

One parent or legal guardian is entitled to apply for membership to the St Margaret's and Berwick Grammar School Association.

I would like to apply for membership to the St Margaret's and Berwick Grammar School Association. Please mark one box only.

Parent 1 / Guardian 1 Parent 2 / Guardian 2 We do not wish to apply for membership

7. Billing Instructions

If different from Parent / Guardian please complete

Dr Mr Mrs Ms Miss Other

Family name / surname Given names

Relationship to applicant

Address (if different to applicant)

Telephone (including international and area codes) Home

Mobile Work

Email Fax

Occupation Company

8. Communication

To receive school reports, newsletters and other school communication, please indicate whom they should be sent to:

Both Parents Mother Father Guardian

Other Please specify

Email

9. Family Information

Name of siblings	Current Student	Previous Student	House (if applicable)	Application submitted	No application to date
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is either parent a past student of St Margaret's School and Berwick Grammar School? No Yes

Name at School Final Year at School Final Year level at School School House / Colour

Other family connections with St Margaret's School and Berwick Grammar School

Name		
Name at School	<input type="text"/>	<input type="text"/>
*Final year at School	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>	<input type="text"/>
School house name or colour	<input type="text"/>	<input type="text"/>

*The year the family member completed or would have completed Year 12

10. Marketing and promotion

What influenced you to enrol your child at St Margaret's School and Berwick Grammar School

	Strong Influence	Moderate Influence	No influence
Academic excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single gender (in the senior years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coeducation (in the junior years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family connection with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School's reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School's philosophy and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptional staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rank the five most useful sources below that assisted you in learning about the School (with one being the most useful)

<input type="checkbox"/>	Advertisement or news item please • relevant box)		
	Radio	<input type="checkbox"/>	Cinema
	Local Newspaper	<input type="checkbox"/>	Which School Magazine
	Independent Schools Guide	<input type="checkbox"/>	Advertisements/flyers
	Outdoor Billboards/Signage	<input type="checkbox"/>	Letterbox advertising

New Media/Digital Media (ie websites, wikis or social media), please specify:

Directories/Listings (ie Good Schools Guide, Yellow Pages, White Pages), please specify:

<input type="checkbox"/> Family member attends or has attended School	<input type="checkbox"/> Friend or colleague referral / word of mouth
<input type="checkbox"/> The school's website	<input type="checkbox"/> Prospectus
<input type="checkbox"/> School tour	<input type="checkbox"/> Open Day
<input type="checkbox"/> Agent (International or Relocation) Name?	<input type="text"/>
<input type="checkbox"/> Other, please specify	<input type="text"/>
<input type="checkbox"/> What has prompted you to apply at this time?	<input type="text"/>

11. Credit Card Payment Details

Credit card details

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Amount \$ <input type="text"/> AUD
Card number <input type="text"/>	Expiry date <input type="text"/> / <input type="text"/>
Name on card <input type="text"/>	
Signature <input type="text"/>	Date <input type="text"/>

12. Please return the following documents

- Completed and signed Enrolment Application form (this form)
- Application fee of \$100 (non-refundable). Cheques / money orders made payable to St Margaret's School.
- Child's Immunisation History Statement from Medicare
- Copy of birth certificate or passport with birth date (translated to English)
- Copy of Australian visa (overseas students, if already received)
- Copy of most recent school report (translated to English)
- Copy of most recent NAPLAN test report
- Copy of English Proficiency Test results (overseas students)
- Copy of specialists' reports (if any)



Postal Address:

The Registrar

St Margaret's School and Berwick Grammar School

PO Box 138

Berwick Victoria 3806

Australia

T: +61 3 9703 8111 F: +61 3 9703 8121 E: enrol@stmargarets.vic.edu.au

OFFICE USE ONLY

Student code: _____

Family code: _____

Application fee paid: \$ _____ AUD
cash / cheque / credit card / money order

Date of application: _____

13. Privacy statement

Information is collected on this form and during your enrolment in order to meet our obligations under the Education Services for Overseas Students Act 2000 and the National Code 2007; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the ESOS Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

The National Privacy Principles contained in the Commonwealth Privacy Act require St Margaret's School and Berwick Grammar School to advise all families, future, current and past, of the need from time to time to disclose personal information to other people providing services to the School, or others who provide information related to your child's educational needs. Information such as medical and personal details of students and their families will be held by the School, before and during the course of the student's enrolment. The School will also hold and may utilise information to assist with maintaining the school's past student database and for fundraising purposes.

The School has a duty of care throughout your child's period of enrolment and may need to disclose to others such as organisers of excursions, camps and sports programs information to assist in the duty of care of your child. There will also be times when information may need to be provided regarding fundraising and social activities.

14. Declaration statement (Application will not be processed unless Declaration is signed)

I/We

acknowledge that I/we have made a full and frank disclosure of all required and relevant information in this application. I/We are aware that failure to make a full and frank disclosure may result in the cancellation of this application and/or cancellation of a student's enrolment. I/We also acknowledge that I/we have read and understood the information from the School, and agree to abide by all school policies for the duration of the enrolment.

I/We also acknowledge that I am liable/we are jointly and severally liable for all fees, interest and charges stated in each School account relating to the student above, and for any expenses, cost or disbursements incurred by St Margaret's School or Berwick Grammar School in recovering outstanding monies.

Parent 1 / Guardian 1

Parent 2 / Guardian 2

This application requires the signature of both parents. If both signatures are not appended, the circumstances should be stated below.

SCRICOS Provider No. 00344J
CRICOS Provider: St Margaret's School
Course Name: Secondary Years 7 - 12
CRICOS Course Code: 019219C

ABN: 49 004 260 995



St Margaret's School
27-47 Gloucester Avenue,
Berwick 3806.
www.stmargarets.vic.edu.au
(03) 9703 8111
Berwick Grammar School
80 Tivendale Road,
Officer 3809.
www.berwickgrammar.vic.edu.au
(03) 5943 2600
Postal Address: PO Box 138
Berwick, Vic 3806.
ABN 49 004 260 995

...inspire a sense of the extraordinary...

