



THE
McDONALD
COLLEGE

Discover Your Journey

APPLICATION FOR ENROLMENT SIP Program

THE McDONALD COLLEGE

APPLICATION FOR ENROLMENT FORM

APPLICANT'S DETAILS

Surname:

Given Names:

Date of Birth:

Country of Birth:

Is applicant of Aboriginal/Torres Strait Islander descent? Y / N

Residential Address:

.....

Previous Schools attended:

.....

.....

Current School:

.....

Applying as: Day Student Boarder (Female Only)

International Student

Home Phone (incl. area code):

Mobile Phone:

Gender:

Current School:

Current Grade:

Proposed Year of Entry

(e.g. Year 4, 2018):

FAMILY DETAILS

Applicant lives with:

Both parents Parent 1 Parent 2 Guardian Other (Please specify person and their relation to the applicant)

Court Order or Parenting Plan, if any, relevant to the applicant: No Yes (Please attach a copy)

Parent 1 / Guardian

Title:

Surname:

Given Names:

Address/Home:

Address/Postal:

Home Phone:

Mobile Phone:

Email:

Occupation:

Employer:

Work Phone:

Parent 2 / Guardian

Title:

Surname:

Given Names:

Address/Home:

Address/Postal:

Home Phone:

Mobile Phone:

Email:

Occupation:

Employer:

Work Phone:

GENERAL INFORMATION

Person responsible for prompt payment of School Fees and Accounts:

Name:

Address:

Phone:

Signature:

Date:

School Reports and correspondence should be addressed to:

- Both parents Parent 1
 Parent 2 Guardian

LEARNING & SUPPORT INFORMATION

The College maintains a high commitment to inclusive schooling by supporting students with additional needs. The College recognises that adjustments may be required for students with learning and support needs so that they can participate at school to their full potential.

Does the student have any psychometric, psychological or other assessment in relation to their learning?

No

Yes (If 'Yes' please attach documentation to provide details on assessment and summary of findings)

Does the student receive or has received any of the following?

Developmental Physiotherapy Yes No

English as a Second Language Yes No

Exam Provisions Yes No

Hearing Impairment Support Yes No

Individual Teacher/Aide Time Yes No

Intervention for Behaviour Yes No

Occupational Therapy Yes No

Personal Care Support Yes No

Physical Adjustments to the Environment Yes No

Signing or Braille Yes No

Speech Therapy Yes No

Vision Impairment Support Yes No

Other Support Yes No

If so, please specify:

HEALTH INFORMATION

Does the applicant currently take medication (Please list):

.....

.....

Is applicant fully immunised? Yes No

(Please attach immunisation record):

Does the applicant have any specific health problems which the school should be aware of, including serious illnesses, accidents, operations, disabilities or disorders. If yes, please provide details in the space below:

.....

.....

Allergies Yes No

Anxiety Yes No

Asthma Yes No

Mild Severe

Attention Deficit Disorder Yes No

Attention Deficit Hyperactivity Disorder Yes No

Hyperactive Impulsive

Autism Spectrum (including Asperger's Syndrome) Yes No

Depression Yes No

Diabetes Yes No

Epilepsy Yes No

Eye /Vision /Visual Processing Difficulties Yes No

Motor Skill Difficulties Yes No

Heart Condition Yes No

Language Disorder Yes No

Respiratory Problems Yes No

Other Yes No

If so, please specify:

INTERNATIONAL STUDENTS

This section should only be completed if the student is not an Australian citizen or permanent resident in Australia.

Passport Number of Student:

Country of issue:

Expiry Date:

Is the student currently in Australia on a VISA?

Yes No

Visa Type:

Visa Number:

Visa Expiry:

Languages spoken:

Current IELTS/English Testing Requirements score:
(Documentation must be submitted with application)

.....

Student's Email:

Address:

.....

Student's Mobile No:

With whom will the student reside while in Australia:

Parent Suitable Relative

Homestay Family (that includes guardianship)

Note: Where a student is not in the care of a parent or legal guardian while living in Australia, enrolment at the College will be dependent on the student having accommodation which is approved by the School.

If the parents of the applicant are unable to nominate a suitable relative to act as the student's guardian, the parents must employ the services of a professional guardian/homestay services that includes guardianship. The College does not provide guardianship services for its international students.

Details of Appointed Guardian

An Appointed Guardian must be:

– Appointed by the parent/s of the applicant or a person who has custody of the applicant

– Over twenty-one (21) years of age

– Of good character

– Able to communicate effectively with school staff in English and be able to look after the student at home during a period of ill health

– Be the first point of contact with the school and be able to communicate with the parents on behalf of the school.

Written approval of a nominated suitable relative to act as the student's guardian must be provided by the parent/s together with a copy of the Family Census (translated to English) which shows the family relationship. The Department of Immigration and Border Protection (DIBP) defines a 'suitable relative' as a person who is: a grandparent, brother, sister, aunt, uncle, niece or nephew, or a step-grandparent, step-brother, step-sister, step-aunt, step-uncle, step-niece or step-nephew.

Guardian's Relationship to Student:

.....

Mr/Mrs/Ms/Miss/Dr/Rev

Surname:

Given name/s:

Residential Address:

..... Postcode:

Postal Address:

..... Postcode:

Telephone (H).....

(W).....(M).....

Email:

Occupation Employer:

Homestay Parent Details:

.....

Mr/Mrs/Ms/Miss/Dr/Rev

Surname:

Given name/s:

Residential Address:

..... Postcode:

Postal Address:

..... Postcode:

Telephone (H).....

(W).....(M).....

Email:

Occupation Employer:

PAYMENT OF APPLICATION FEE

\$110 inc. GST (Domestic Student)

\$250 inc. GST (International Students)

Method of Payment:

Cash

Cheque (Please make payable to The McDonald College)

Credit Card

Visa

Mastercard

American Express (2% surcharge)

Name on Card:

Card Number: Expiry Date: /

This Application for Enrolment Form must be signed by each parent or guardian listed on the form. Where only one parent/guardian has signed, that person must satisfy the College that he/she is the sole parent or guardian and will be responsible for all fees and charges.

Declaration

I/We hereby apply to enrol the above student at The McDonald College.

I/We have read and understand the College Collection Notice, which can be found on the College website (mcdonald.nsw.edu.au).

I/We certify that the information given herein is true and correct.

I/We understand that acceptance of this Application Form by the College does not constitute enrolment of the student.

Should the student be accepted for enrolment at The McDonald College, I/we undertake to conform to the College's regulations and Conditions of Enrolment.

Parent 1/Guardian: Date:

Parent 2/Guardian: Date:

It is recommended that you retain a copy of the completed application form for your records. Please return the completed Application for Enrolment Form and documentation to:

The Registrar

The McDonald College

17 George Street, North Strathfield NSW 2137

Scanned applications can also be emailed to

registrar@mcdonald.nsw.edu.au. If you have any questions please call the College Registrar on **+61 2 9752 0507**.

Disclaimer

The information provided on this application form will be used by the College for the purpose of communication such as but not limited to; matters related to the student's schooling through correspondence, student reports, newsletters, invoices, day-to-day administration and marketing for the College. Medical and educational information on this student may be provided to College staff with the aim of providing social, emotional, academic and performance development. This information will also be used to satisfy the College's legal obligations and assist in enabling the College to satisfy its duty of care. All data will be stored securely and will not be on-sold for commercial purposes.

The McDonald College Limited

ABN 27 002 567 197

CRICOS NO 02293K

17 George Street,

North Strathfield NSW 2137

P (02) 9752 0500

F (02) 8765 0195

mcdonald.nsw.edu.au

