

John Colet School

6 Wyatt Avenue, Belrose NSW 2085
Phone - 9451 8395



APPLICATION TO ENROL FOR PLACEMENT ON THE WAITING LIST

Your child will be placed on the John Colet School Waiting List by completing the following steps.

1. Returning this completed form: Application to Enrol for Placement on the Waiting List.
2. Supplying copies of the requested Supporting Documentation (listed on page 4).
3. Paying a \$150.00 (non-refundable) administrative fee (payment options are listed on page 4).

Please contact the Registrar Mrs Belinda James if you have any questions – bjames@johncolet.nsw.edu.au

Acceptance of a child's enrolment is subject to:

1. The availability of a place in the relevant class.
2. Availability of a place in the School as a whole.
3. The ability of the School effectively to educate the child.
4. Priority placement on the Waiting List will be given to:
 - a. children of graduates of the School or affiliated Schools.
 - b. siblings of present students or graduates of the School or affiliated Schools.
 - c. should a sibling of a present student or graduate be offered a place in the requested class, take up the offer, but at the time of entry request a change of year entry, the application can remain on the waiting list for future entry. However the sibling priority placement may no longer apply.
5. The final decision that a child be accepted for enrolment is the Head of School's.
6. A child needs to have turned five by 31st July, the year he/she commences school.

The School will forward a letter of confirmation of enrolment to the parents.

I hereby apply to have _____
Child's name in full

of _____ Postcode _____
Address

placed on the Waiting List of John Colet School for entry into _____ class in 20_____

Date _____

Signature/s of Parent/s or Legal Guardian/s

Father/Guardian Name _____

Mother/Guardian Name _____

Signature _____

Signature _____

STUDENT DETAILS

Surname		Other Names	
---------	--	-------------	--

Address		Postcode	
---------	--	----------	--

Date of Birth		Male / Female (Circle One)	
---------------	--	----------------------------	--

Place in Family		Religion	
-----------------	--	----------	--

Australian Citizen	Yes / No	NOTE - (All non-Australian Citizens must provide a copy of the student's passport or evidence of citizenry. A copy of any applicable Visa's must be provided, including Visa's issued to a parent under which the student is covered.)
Permanent Resident	Yes / No	
Torres Strait Islander or Aboriginal	Yes / No	
Visa Status/Number (If from Overseas) _____ Visa Class _____ Visa Expiry _____		

Present Pre-School	
--------------------	--

Present School		Year Level	
----------------	--	------------	--

For applicants already enrolled in another school, please attach latest school reports, and where applicable, the most recent NAPLAN Test results.

Has your child ever been expelled from any educational institution including pre-school/child minding services Yes/No	
If yes, please give details including reason for expulsion:	

Language

Student's first language?	Which language _____
---------------------------	----------------------

Is any other language spoken at home? Yes / No	If Yes, which language _____
--	------------------------------

Main language spoken at home	Which language _____
------------------------------	----------------------

Disability

Does the child have any disability (physical, intellectual or emotional)? Yes / No	
If Yes, please state as fully as possible the details, including any past or planned assessments, interventions, action plans or treatments and who provided these (attach extra pages and documentation if needed):	

Gifted & Talented

Does the child have any gifted and talented focus areas? Yes / No	
If Yes, please provide details (attach extra pages and documentation if needed):	

Medical

Doctor's Name and Address _____ Doctor's Phone Number _____	
Medical Information (allergies, asthma etc)	
Note - Please attach a copy of the child's current Immunisation Record	

FAMILY RECORD

Surname		
Address		
		Postcode
Postal Address (if different from above)		
		Postcode

Father		Mother	
[Mr] [Dr] [] _____		[Mrs] [Ms] [Dr] [] _____	
Name		Name	
Preferred Name		Preferred Name	
Address (If different from above)		Address (If different from above)	
Occupation		Occupation	
Employer		Employer	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Email		Email	
Nationality		Nationality	
First Language		First Language	
Religion		Religion	
Marital Status		Marital Status	

Fees

Please nominate an email address for Fee Notices to be sent.

Email Address _____

Name of email recipient _____

In the absence of any further advice from you we assume both parents have joint custody of the child(ren). Please notify us in writing if this is not so. Please inform the school immediately of any change to your child's custodial/access arrangements. Should there be a family court order we require a copy of this with the application.

