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Mander Road
 Christie Downs SA 5164
 PO Box 545
 Noarlunga Centre SA 5168

APPLICATION FOR ENROLMENT

Student Name: _____

(as on birth certificate)

(Family Name)

(Christian Name)

Year of enrolment: _____

Year level of enrolment: _____

The completion of this application does not automatically guarantee a place in the College. Interviews are conducted prior to acceptance.

Please fill in all the information required and attach the required documents to this form and return it to:

Enrolment Officer
Marcellin Technical College
PO Box 545
Noarlunga Centre SA 5168

Attachments:

Enrolment applications will not be processed until the requested documents are received.

- Latest school report
- Evidence of VET program(s) undertaken or completed
- A detailed explanation as to why you would like to attend Marcellin Technical College
- Documentation relating to special needs (any reports, action plans, assessments etc)

How did you hear about Marcellin Technical College? _____

Were you referred by someone already attending the College? Yes No

If yes what is the student's full name: _____

OFFICE USE ONLY					
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Acknowledgement sent:	/ /	Interview date Interview time:	/ / am/pm	Letter of Offer sent:	/ /
Acceptance Fee paid:	/ /	Agreement Received:	/ /	Starting date:	/ /

FAMILY DETAIL		Mother/Parent1/Guardian1				Father/Parent2/Guardian 2			
Title		Mr Mrs Ms Miss Dr Rev (Please circle)				Mr Mrs Ms Miss Dr Rev (Please circle)			
Family Name									
Given Name									
Relationship to Child									
Date of Birth									
Employer									
Occupation									
Telephone Numbers	Home/Work	H		W		H		W	
	Mobile								
Email									
Country of Birth									
Date of arrival in Australia (if applicable)									
Religion									
Main language spoken at home									
Other languages spoken at home									
Residential status:		Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Length of stay:				Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Length of stay:			
Visa		Visa Type: Visa Number: Date granted:				Visa Type: Visa Number: Date granted:			
Residential Address									
Postal Address (if different)									
Living with child		YES, full-time <input type="checkbox"/> YES, part-time <input type="checkbox"/> NO <input type="checkbox"/>				YES, full-time <input type="checkbox"/> YES, part-time <input type="checkbox"/> NO <input type="checkbox"/>			
Family Court or other relevant Court Order/Intervention Order or Parenting Plan (Circle one) (if YES, please provide a copy of that order to the school)						YES NO			
OTHER INFORMATION									
Do you have any outstanding school fees with another school?								YES / NO	
Are you eligible for School Card?								YES / NO	
OTHER CHILDREN IN THE FAMILY		M / F	Date of Birth	School attending			Yr level/Homeroom		

STUDENT DETAIL

Family Name (as on Birth Certificate):	Given Name/s (as on Birth Certificate):
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Male / Female (Circle)	Date of Birth: / /	Preferred Name:	
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Address (Please note: where parents are separated, state the address where the child mostly resides):

 Postcode

Is your child of Aboriginal or Torres Strait Islander Origin?

No Yes, Aboriginal

Yes, Torres Strait Islander Yes, Both Aboriginal and Torres Strait Islander.....

RELIGIOUS INFORMATION

Religion:			Present Parish of worship:		
Sacraments	Parish	Date	Sacraments	Parish	Date
Baptism			Reconciliation		
Confirmation			Eucharist		

Current School:	Year Level:
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Previous Schools:			
1		From / /	to / /
2		From / /	to / /
3		From / /	to / /

Visa Information (if applicable)

Visa	Visa Type: Visa Number: Date granted:	Visa Type: Visa Number: Date granted:
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Does your child 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 Polish

Yes Italian Yes Tagalog (Filipino).....

Yes Greek Yes Arabic (incl. Lebanese)

Yes Vietnamese Yes Serbian

Yes Cantonese Yes German

Yes Other – please specify.....

Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> United Kingdom <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> United States of America <input type="checkbox"/> Bosnia and Herzegovina <input type="checkbox"/> Thailand <input type="checkbox"/> China <input type="checkbox"/> Other (please specify).....
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First enrolled in a school in Australia:	Date: / /	Year Level:
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ADDITIONAL NEEDS AND CONSIDERATIONS FOR STUDENTS *(The following questions are to assist us in facilitating the smooth transition of students into the school setting.)*

- (a) Does your child have any special achievements, talents? *YES / NO
- (b) Does your child have any learning needs? (please tick) *YES / NO
 Dyslexia Dysgraphia Dyscalculia Language Impairment ADD/ADHD
 Auditory Processing Disorder Other (please specify):
- (c) Does your child have any special needs or considerations? (please tick) *YES / NO
 Intellectual Disability Autism Asperger syndrome Down syndrome
 Other (please specify):
- (d) Does your child have any physical needs? (please tick) *YES / NO
 Vision impairment Hearing Impairment Cerebral palsy
 Other (please specify):
- (e) Other needs *YES / NO
 Social/Emotional Anxiety Depression
 Other (please specify):
 Gifted and Talented
 Other (please specify):
- (f) Has your child attended any specialised agencies, special schools, units or centres? *YES / NO
- (g) Has your child been assessed by a specialist service (such as speech pathologist, occupational therapist psychiatrist, psychologist, audiologist, optometrist or other specialist clinic or service)? *YES / NO
- (h) Does your child have any infectious diseases? *YES / NO
- (i) Has your child ever repeated a year level? If yes give details: *YES / NO
- (j) Has your child ever been suspended from school, expelled or refused admission to another school? *YES / NO
- (k) Is there any other information that the school should be aware of in order to meet your child's educational needs *YES / NO

*If YES to any of the above questions, please give details, using attachments if necessary.

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We consent to the School obtaining information about our child, where necessary, from previous schools or agencies/professionals.

Please state your reasons for choosing this Catholic school for your child's education.

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I hereby apply to Marcellin Technical College for the enrolment of the above student. I declare that all of the information provided in this application is, to the best of my knowledge, true and accurate. I understand that acceptance of this form by the College does not constitute admission of the student and that I will be required to sign an enrolment contract at the time the student is offered a place at the College.

This form must be signed by all legal guardians of the enrolling child.	Signature: _____ Name printed: _____ Date: _____ Relationship to student: _____	Signature: _____ Name printed: _____ Date: _____ Relationship to student: _____
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