

## STUDENT APPLICATION FOR ENROLMENT FORM

### Section 1 – Student Information

Student Details																			
Date of application:		Proposed Year of Entry		Year Level of Entry															
Legal Surname:				Legal Given Name/s:															
Preferred Name:				Mobile:			Phone:												
Date of birth:			Age:			LUI Number (if known):													
Sex according to documents (☑):	Male <input type="checkbox"/> Female <input type="checkbox"/>				USI Number (if known):														
Gender Identity (☑)	Man <input type="checkbox"/> Woman <input type="checkbox"/> Trans <input type="checkbox"/> Other <input type="checkbox"/>			Country of Birth:															
Students - Email:																			
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>																			
Student residential address:																			
Street address:																			
Suburb:				State:			Postcode:												
Student postal address: (if same as the residential address please write as above)																			
Street address:																			
Suburb:				State:			Postcode:												
Is the student in State Care? (☑):		No <input type="checkbox"/>		Yes <input type="checkbox"/>		If yes, date commenced in State Care:													
Option A: Data Collection – required for Government assessment and reporting purposes																			
Residential Status (☑)		Australian Citizen <input type="checkbox"/>		Permanent Resident <input type="checkbox"/>		New Zealand Resident <input type="checkbox"/>													
		Temporary Visa Holder (provide Visa Number and Class): _____																	
Does the student identify as Aboriginal and/or Torres Strait Islander (☑)		No <input type="checkbox"/>		Yes, Aboriginal <input type="checkbox"/>		Yes, Torres Strait Islander <input type="checkbox"/>													
		Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/>																	
Does the student speak a language other than English at home? (☑)		No, English only <input type="checkbox"/>																	
		Yes <input type="checkbox"/> (please specify): _____																	

## Section 2 – Parent/Carer’s Details

<b>Parent/Carer - 1</b>																													
Legal Surname:		Legal Given Name/s:																											
Relationship to student:		Preferred Name:																											
Residential address:																													
Suburb:						State:		Postcode:																					
Postal Address (if different):																													
Suburb:						State:		Postcode:																					
Home Phone:		Mobile:				Work Phone:																							
Parent/Carer 1 - Email:																													
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
Occupation:				Employers Name:																									
Does the student reside with you?					Yes <input type="checkbox"/>	No <input type="checkbox"/>																							
<b>Option A: Data Collection – required for Government assessment and reporting purposes</b>																													
Does the Parent/Carer 1 speak a language other than English at home? ( <input checked="" type="checkbox"/> )				No, English only <input type="checkbox"/> Yes <input type="checkbox"/> (please specify): _____																									
Occupation Group of Parent/Carer 1 ( <input checked="" type="checkbox"/> ) (see Occupational Groups over page)			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months please use the person’s last occupation If the person has not been in paid work in the last 12 months tick number 8																										
What is the highest level of primary or secondary education Parent/Carer 1 has completed ( <input checked="" type="checkbox"/> )				Year 9 or equivalent or below <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>																							
				Year 11 or equivalent <input type="checkbox"/>		Year 12 or equivalent <input type="checkbox"/>																							
What is the highest qualification that Parent/Carer 1 has completed? ( <input checked="" type="checkbox"/> )			No post school qualification <input type="checkbox"/>		Certificate I to IV (including Trade Certificate) <input type="checkbox"/>																								
			Advanced Diploma / Diploma <input type="checkbox"/>		Bachelor Degree or Above <input type="checkbox"/>																								

**Section 2 – Parent/Carer’s Details continued**

Parent/Carer - 2																													
Legal Surname:			Legal Given Name/s:																										
Relationship to student:			Preferred Name:																										
Residential address:																													
Suburb:						State:		Postcode:																					
Postal Address (if different):																													
Suburb:					State:		Postcode:																						
Home Phone:				Mobile:				Work Phone:																					
Parent/Carer 2 - Email:																													
<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
Occupation:			Employers Name:																										
Does the student reside with you?					Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Option A: Data Collection – required for Government assessment and reporting purposes																													
Does the Parent/Carer 2 speak a language other than English at home? ( <input checked="" type="checkbox"/> )					No, English only <input type="checkbox"/> Yes <input type="checkbox"/> (please specify): _____																								
Occupation Group of Parent/Carer 2 ( <input checked="" type="checkbox"/> ) (see Occupational Groups over page)			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months please use the person’s last occupation If the person has not been in paid work in the last 12 months tick number 8																										
What is the highest level of primary or secondary education Parent/Carer 2 has completed ( <input checked="" type="checkbox"/> )				Year 9 or equivalent or below <input type="checkbox"/>			Year 10 or equivalent <input type="checkbox"/>																						
				Year 11 or equivalent <input type="checkbox"/>			Year 12 or equivalent <input type="checkbox"/>																						
What is the highest qualification that Parent/Carer 2 has completed? ( <input checked="" type="checkbox"/> )			No post school qualification <input type="checkbox"/>		Certificate I to IV (including Trade Certificate) <input type="checkbox"/>			Advanced Diploma / Diploma <input type="checkbox"/>																					
					Bachelor Degree or Above <input type="checkbox"/>																								

## List of Parental Occupation Groups

### Occupation Group 1

*Senior management in large business organisation, government administration and defence, and qualified professionals*

- **Senior Executive/Manager/Department Head** in industry, commerce, media or other large organisation
- **Public Service Manager** (Section head or above), regional director, health/education/police/fire services administrator
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence Forces** Commissioned Officer
- **Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:
  - \* *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
  - \* *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
  - \* *Air/sea transport* (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

### Occupation Group 2

*Other business managers, arts/media/sportspersons and associate professionals*

- **Owner/Manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- **Specialist Manager** (finance/engineering/production/personnel/industrial relations/sales/marketing)
- **Financial Services Manager** (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- **Retail sales/Services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- **Arts/Media/Sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- **Associate Professionals** generally have diploma/technical qualifications and support managers and professionals:
  - \* *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician/associate professional
  - \* *Business/administration* (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
  - \* *Defence Force* - senior Non-Commissioned Officer

### Occupation Group 3

*Tradespeople, clerks and skilled office, sales and service staff*

- **Tradespeople** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen /women are included in this group
- **Clerks** (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording /registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Skilled office, sales and service staff:**
  - \* *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
  - \* *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
  - \* *Service* (aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### Occupation Group 4

- **Machine operators, hospitality staff, assistants, labourers and relate related workers**
- **Drivers, mobile plant, production/processing machinery and other machinery operators**
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)
- **Office assistants, sales assistants and other assistants:**
  - \* *Office* (typist, word processing/data entry/business machine operator, receptionist, office assistant)
  - \* *Sales* (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
  - \* *Assistant/aide* (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- **Labourers and related workers:**
  - \* *Defence Forces* - ranks below senior NCO not included above
  - \* *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
  - \* *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

### Section 3 – Court Orders (to be completed if parents are not living together)

Please bring a copy of any relevant Orders to the Student Interview.	
Are there any Court Orders or Parenting Plan in place? ( <input checked="" type="checkbox"/> )	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, please provide copies of any relevant orders/plans at interview</i>
Is there a Protection Order involving the student in place? ( <input checked="" type="checkbox"/> )	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, please provide copies of any relevant orders/plans at interview</i>

### Section 4 – Student Residential Contact (only complete if student does not reside with Parent/Carer 1 or 2)

If the Student does not reside with Parent/Carer 1 or 2 please complete the details below					
Legal Surname:		Legal Given Name/s:			
Relationship to student:		Preferred Name:			
Residential address:					
Suburb:		State:		Postcode:	
Home Phone:		Mobile:		Work Phone:	

### Section 5 – Emergency Contact Details

Please complete this section with an alternate Emergency Contact (these details will be used when parent/carers aren't able to be contacted).					
Preferred Name:					
Relationship to Student:		Home phone:			
Work Phone:		Mobile:			
Residential Address:					
Suburb:		State:		Postcode:	

## Section 6 – Referring Agency Details *(Referring Agency only to complete)*

This section is **only** to be completed if you are referring a student to Arcadia as an outside party or organisation.  
If you are applying for yourself or your child to attend Arcadia College please go straight to Section 7.

Referring Agency												
Preferred Name:												
Organisation name (If applicable):												
Position (if applicable):							Phone:					
Email:												

## Section 7 – Agency / Ohana for Youth Involvement

Ohana for Youth Involvement											
Has the student been referred to Ohana for Youth? <input checked="" type="checkbox"/>						No <input type="checkbox"/> Yes <input type="checkbox"/>					
Case Worker Name:						Contact number:					
Other Agency Involvement											
Does the Student receive support from any of the following? <input checked="" type="checkbox"/> <i>If you tick yes, please provide details below:</i>											
<input type="checkbox"/> Health			<input type="checkbox"/> Mental Health			<input type="checkbox"/> Youth organisation			<input type="checkbox"/> Other		
<input type="checkbox"/> Job Network			<input type="checkbox"/> Centrelink			<input type="checkbox"/> Department of Child Safety					
Agency 1 Name:											
Contact Persons Preferred Name:											
Position (if applicable):						Phone:					
Email:											
Agency 2 Name:											
Contact Persons Preferred Name:											
Position (if applicable):						Phone:					
Email:											
<b>Do you authorise Arcadia College to contact these agencies and obtain information relevant to your application <input checked="" type="checkbox"/></b> :											
No <input type="checkbox"/> Yes <input type="checkbox"/>											

## Section 8 – Student Profile

Previous Education Details			
Date the student last attended school:		Year level last enrolled in:	
Name of Previous / Current School:			
Has the student been enrolled in any other schools in the last two years? (If yes please list):			
1.			
2.			
3.			
Please describe why the young person has disengaged from mainstream schooling:			
Can you provide past / present school reports? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> Please bring copies to the Student Interview No <input type="checkbox"/> If No, Arcadia College will contact the schools to obtain relevant information		
What are you and the student hoping to gain by enrolling in Arcadia College?			
Has the Student ever been suspended, excluded or expelled from school? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> Please bring copies of relevant reports/documents to the Student Interview  No <input type="checkbox"/>		

**Section 8 – Student Profile continued....**

Educational Background			
Indicate the Student's Numeracy skills (☑)	Poor <input type="checkbox"/>	Ok <input type="checkbox"/>	Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Indicate the Student's Literacy skills (☑)	Poor <input type="checkbox"/>	Ok <input type="checkbox"/>	Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Has the student ever been assessed as having learning difficulties? (☑)		No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide details below: <i>Please bring report to the Student Interview</i>	
1. Assessors Name:			
Date of Assessment:			
2. Assessors Name:			
Date of Assessment:			
Has the student ever received learning support or Early Intervention? (☑)		No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide details below: <i>Please bring report to the Student Interview</i>	
Has the student ever had a Hearing Test? (☑)	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide - Date of Test: <i>Please bring report to the Student Interview</i>		
Has the student ever had an Eye Test? (☑)	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide - Date of Test: <i>Please bring report to the Student Interview</i>		
Does the Student have an Individual Education Program (IEP) or have a disability that is identified through the education adjustment program?		No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes has the Student been verified? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Please bring any relevant reports to the Student Interview</i>
Does the Student have any physical impairment that may affect their involvement in physical activities? (☑)		No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide details below: <i>Please bring any relevant reports to the Student Interview</i>	



**Section 8 - Student Profile continued....**

Possible Barriers - Please tick all barriers relating to the student (☑)	
<p><b>Educational</b></p> <p><input type="checkbox"/> Poor literacy / numeracy skills</p> <p><input type="checkbox"/> Low school achievement</p> <p><input type="checkbox"/> Behavioural issues</p> <p><input type="checkbox"/> High incident of truancy</p> <p><input type="checkbox"/> History of suspension</p> <p><input type="checkbox"/> History of expulsion</p>	<p><b>Personal</b></p> <p><input type="checkbox"/> Self-esteem issues</p> <p><input type="checkbox"/> Poor social skills</p> <p><input type="checkbox"/> Mental health issues</p> <p><input type="checkbox"/> Substance misuse issues</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Medical condition</p> <p><input type="checkbox"/> Carer responsibilities</p>
<p><b>Social, cultural, community</b></p> <p><input type="checkbox"/> Bullying</p> <p><input type="checkbox"/> Family difficulties</p> <p><input type="checkbox"/> Homelessness or at risk of</p> <p><input type="checkbox"/> Out of home care</p> <p><input type="checkbox"/> Long term unemployed (&gt; 6 months)</p> <p><input type="checkbox"/> Significant financial issues</p>	<p><b>HISTORY OF SUPPORT</b></p> <p>To the best of your knowledge, is the young person receiving, or has recently received, support from any of the following services:</p> <p><input type="checkbox"/> In school support (i.e. learning, counselling)</p> <p><input type="checkbox"/> Aboriginal Community Liaison Officer</p> <p><input type="checkbox"/> Distance Education</p> <p><input type="checkbox"/> Other / Alternative Education</p> <p><input type="checkbox"/> Job Services Australia</p> <p><input type="checkbox"/> Reconnect</p> <p><input type="checkbox"/> Youth Worker</p> <p><input type="checkbox"/> Headspace or other counselling service</p> <p><input type="checkbox"/> Sexual Health</p> <p><input type="checkbox"/> Supported Accommodation</p> <p><input type="checkbox"/> Juvenile Justice</p> <p><input type="checkbox"/> Other: _____</p>

Psychological Support						
Does the Student have a current Mental Health Care Plan? (☑)				No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes provide details below:
Year of Plan:		Number of sessions used:		General Practitioner:		
Is the Student currently seeing a Psychologist or Psychiatrist? (☑)				No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes provide details below:
Practitioners Name:						

**Section – 9 Parent/Carer Declaration:**

*If submitting this form as a referral, this section can be skipped.*

I/We understand that this application does not guarantee enrolment for the student at Arcadia College.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We verify that the information provided herewith is true, accurate and complete in relation to the questions asked.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We understand that the Students initial and continuing enrolment at Arcadia College is dependant upon honest disclosure of information relating to the Students health, well-being and educational needs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We agree to inform Arcadia College of any changes to the Students living arrangements and family contact details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We agree to notify Arcadia College of any situation that may affect the Students attendance (including notifying the college on the morning of any absences e.g. sickness).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We accept that Arcadia College reserves the right to cancel the Students enrolment at the College in following circumstances: <ul style="list-style-type: none"> <li>• Non payment of school fees</li> <li>• Continual Expectation Breaches by the Student</li> <li>• If I/we have provided false or misleading information to Arcadia College</li> <li>• If I/we failed to disclose relevant information as requested by Arcadia College</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent / Carer 1. Legal Name:		
Parent / Carer 1. Signature:		Date: _____
Parent / Carer 2. Legal Name:		
Parent / Carer 2. Signature:		Date: _____

**Evidence of Identity & Date of Birth**

**Regardless of age, evidence of the student’s identity and date of birth must be proven when enrolling the student at Arcadia College. This information is collected confidentially.**

**Please be aware one of the following forms of ID must be bought to the Student Interview as proof of identity (☑):**

Birth Certificate or Extract

Passport

Drivers Licence

**Plus a secondary document from the follow list below:**

Centerlink or Pension Card

Medicare Card

*Office Use Only*

Evidence of age and identity sighted

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: ..... / ..... / .....