

# Application for Enrolment

**Waverley College**  
 enrolmentofficer@waverley.nsw.edu.au  
 T. 61 2 9369 0698 F. 61 2 9389 1272  
 www.waverley.nsw.edu.au  
 ABN. 88163305535



## Documentation required

Please ensure you include the following when you return the application for enrolment (please tick)

- Completed and signed Application Form
- Certified copy of Birth Certificate OR Passport
- Immunisation Certificate
- Copy of Residency Visa (if applicable)
- Baptismal Certificate (if applicable)
- Reconciliation Certificate (if applicable)
- Communion Certificate (if applicable)
- Reference from Parish Priest (if applicable)
- Last two Academic Reports
- NAPLAN results – Years 3, 5, or 7
- Medical or Diagnostic Reports (if applicable)
- Family Court Orders (if applicable)

This form, together with the requested copies of documentation should be returned with the application fee to: **The Registrar, Waverley College, 131 Birrell Street, Waverley NSW 2024.**

## Student details

Family name \_\_\_\_\_

First name(s) \_\_\_\_\_

Preferred name (This will be the name used on all school correspondence and reports) \_\_\_\_\_

Date of birth  
 \_\_\_ / \_\_\_ / \_\_\_\_

Nationality \_\_\_\_\_

Country of birth \_\_\_\_\_

Religion \_\_\_\_\_

Student's main residential address  
 \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Proposed school year of entry (eg. Year 5)	Proposed calendar year of entry (eg. 2016)
Residential telephone _____	
Student Mobile (if applicable) _____	
Student resides with:	
<input type="checkbox"/> Both parents <input type="checkbox"/> One parent <input type="checkbox"/> Shared custody <input type="checkbox"/> Guardian/Carer	
Aboriginal                      Torres Strait Islander	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Australian citizen	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OR</b> Permanent Resident of Australia	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa Class No: _____ Visa expiry date ___ / ___ / ____	
<b>OR</b> Temporary Resident of Australia	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa Class No: _____ Visa expiry date ___ / ___ / ____	

OFFICE USE							
Received		Entered		Paid		Acknowledged	
RELIGION		SIBLING(S)		OLD BOY (FATHER)			
Bapt.	Recon.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Euch.	Priest Ref.	<input type="checkbox"/> Current <input type="checkbox"/> Past	House	Year	House		

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## Parent/Guardian/Carer 1

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Title

Family name

First name(s)

Occupation

Residential address

Suburb

Postcode

Telephone Home

Telephone Work

Mobile

Email

Relationship to student eg. Mother, Father, Guardian, etc.

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## Parent/Guardian/Carer 2

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Title

Family name

First name(s)

Occupation

Residential address

Suburb

Postcode

Telephone Home

Telephone Work

Mobile

Email

Relationship to student eg. Mother, Father, Guardian, etc.

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## Connections with the College

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Is the student's father an Old Boy of Waverley College? If yes, please provide details.

Yes  No

Full name

Alumni Year

House

### SIBLING DETAILS

The student has siblings **attending the college**

Surname	First name	Year	House
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The student has siblings **who have attended the college**

Surname	First name	Final Year	House
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The student has siblings **who have applied to enrol**

Surname	First name	Academic Year	Calendar Year
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## Education

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Please list the schools the student is attending and has attended.

School	Dates
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Has the student had any psychometric, psychological or other assessment in relation to his learning?

No  Yes, please provide copies of DIAGNOSTIC REPORTS or provide details, including the purpose of the assessment and a summary of the results.

Has the student received or is the student currently receiving any of the following? If yes, please provide details in space below.

Developmental physiotherapy  Yes  No

English as a second language  Yes  No

Exam provisions eg. Reader or scribe, rest breaks  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

Details:

## Health

Has the student experienced or been diagnosed with any of the following? In addition, please give details of any regular medication, medical or other information of which the school should be aware including serious illnesses, accidents, operations, disabilities or disorders. If yes, please provide details in space below.

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma – <input type="checkbox"/> mild or <input type="checkbox"/> severe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attention deficit disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attention deficit hyperactivity disorder <input type="checkbox"/> hyperactive or <input type="checkbox"/> impulsive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism Spectrum (including Asperger's Syndrome)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye / vision / visual processing difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross or fine motor skill difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details:

## Additional Information

Please tell us why you have chosen Waverley College.

## Application declaration

- I/we request the above student to be admitted to Waverley College.
- I/we have read and understand the College Policy on Privacy ([waverley.nsw.edu.au](http://waverley.nsw.edu.au))
- I/we certify that the information given herein is true and correct.

Signature of both parents or the Legal Guardian in the event that there is a person who by Court Order has been appointed to act in place of the student's parents.

Signature of Parent/Guardian/Carer 1

Printed name of Parent/Guardian/Carer 1

Date

\_\_\_ / \_\_\_ / \_\_\_\_

Signature of Parent/Guardian/Carer 2

Printed name of Parent/Guardian/Carer 2

Date

\_\_\_ / \_\_\_ / \_\_\_\_

## Payment details

Application fee is \$275 and is non-refundable and non-transferable.

Student First Name

Student Surname

School Year (eg. Year 5)

Calendar Year

Method of Payment (please tick)

- Cash  
 Credit card  
 Cheque (made payable to Waverley College)

Card type (please tick)

- MasterCard  
 Visa  
 American Express

American Express cards incur a transaction fee of 2%. All other cards incur a transaction fee of 1%.

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder name

Expiry

\_\_\_ / \_\_\_

Signature

Date

\_\_\_ / \_\_\_ / \_\_\_\_

OFFICE USE

Paid