**BOARDING AT**

**NARROGIN**

**RESIDENTIAL COLLEGE**

**APPLICATION FOR A RESIDENTIAL PLACE**

Thank you for your interest in a residential place for your child at a Department of Education residential college.

Please use this form to apply for a residential place at a residential college by:

1. ensuring you answer all questions or insert “N/A” if the question does not apply to your child; and
2. submitting this application form and the $50 application fee to your preferred college.

Applying for a residential place does not guarantee your child will be able to reside at a residential college. A place is offered on the understanding that the information you provide in your application is accurate and complete. The place may be withdrawn if the information in your application is false or misleading.

**Student details**

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| Student Surname |  |
| Student Given Name/s |  |
| Student preferred name/s (if different) |  |
| Date of birth | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Aboriginal or Torres Strait Islander origin  | [ ]  NO[ ]  YES, Aboriginal[ ]  YES, Torres Strait Islander [ ]  YES, Both Aboriginal and Torres Strait Islander |
| Level of entry(e.g. Year 7) |  | Year of entry (e.g. 2019) |  | Gender |  |
| Address – Student’s usual place of residence  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ |
| The period for which a residential place is requested | Start Date \_\_\_\_/\_\_\_\_/ \_\_\_\_ Approx. End Date \_\_\_\_/\_\_\_\_/ \_\_\_\_ |
| Has an application been made for a place at another residential college? | [ ]  YES [ ]  NO If Yes, which College? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| The secondary school at which the student will be enrolled while boarding at the college | School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The school has approved the enrolment [ ]  YES [ ]  NO |
| The student’s secondary education program  | General secondary [ ]  VET [ ]  ATAR [ ]  Clontarf Academy [ ]  Gifted and Talented [ ]  Follow the Dream [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The program includes off site training [ ]  employment [ ]  A Year 11/12 Notice of Arrangements includes part-time schooling[ ]  YES [ ]  NO If Yes, time at school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Previous boarding facilities or boarding schools |  |
| Current school enrolment Other schools in the last year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the student have a sibling residing at a residential college?  | [ ]  YES [ ]  NO If YES, which college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year level \_\_\_\_\_Will the siblings be at a college in the same year? [ ]  YES [ ]  NO |
| Student immunisation status**The Australian Immunisation Register (AIR) immunisation history statement is the only immunisation information the College can accept.** | **The Australian Immunisation Register (AIR) immunisation history statement shows the** immunisation status as [ ]  Up to date [ ]  Not up to date as at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date on the AIR immunisation history statement) |
| Does the student have behaviour, pastoral care, learning, attendance support needs and/or a disability?Providing this information will assist the College to identify the student’s needs and to provide for their day to day care and welfare.  | [ ]  YES [ ]  NOIf Yes, please describe the student’s current needs and additional supports the College may need to provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the student have a medical condition, a mental health condition or another health care need?Providing this information advises the College of day to day health care needs and of specific physical or mental health needs that could affect the student in an emergency.You will need to provide additional health information if you accept a place at the College.  | [ ]  YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NOIf YesDoes the student have a documented health care management plan? [ ]  YES [ ]  NODoes the student have a documented emergency response plan? [ ]  YES [ ]  NOPlease describe the health condition or care need and additional day to day supports the College may need to provide\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the student have any other needs that may require additional supports to provide day to day care?Providing this information will assist the College to identify the student’s needs and to provide for their day to day care and welfare.  | [ ]  YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NOIf Yes, please describe the student’s current needs and additional supports the College may need to provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the student an Australian citizen? | [ ]  YES [ ]  NOIf NoIs the child a permanent resident of Australia? [ ]  YES Visa subclass \_\_\_\_\_\_\_\_\_\_\_orIs the child a temporary resident of Australia? [ ]  YES Visa subclass \_\_\_\_\_\_\_\_\_\_\_ Visa expiry date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Does the student speak a language other than English at home?  | [ ] NO, English only [ ] YES, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*If more than one other languages, indicate the language that is spoken most often)* Does the student mostly speak English at home?[ ] YES [ ] NO |
| Court order, parenting plan or other statutory provision that is in place or affects the student | Is there a parenting plan in place? [ ]  YES [ ]  NO Is the student subject to a Family Court or other court order? [ ]  YES [ ]  NO Is the student in the care of the Department for Communities, Child Protection and Family Support’s (CPFS) Director General? [ ]  YES [ ]  NOIf Yes, please provide the name and contact details of the Case Manager.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Financial Assistance Government subsidy or allowance**

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| Please indicate any Government subsidy or allowance that is expected to be received by the student or parent.Any financial assistance must be paid directly to the College to reduce the accommodation fee that is payable by parents. | [ ]  Assistance for Isolated Children Scheme (AIC)[ ]  Boarding Away from Home Allowance (BAHA)[ ]  Youth Allowance[ ]  ABSTUDY[ ]  Gifted and Talented Education (GATE) Boarding AllowanceAn application has been lodged for this assistance[ ]  YES [ ]  NO |

**Parent details:** Please provide the following parent information so your application can be considered.

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| Parent 1 full name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent 2 full name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Residential address if different from the student | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ | Residential address if different from the student  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ |
| Postal address (if differentfrom above) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ | Postal address (if differentfrom above) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_ |
| Contact details | Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact details | Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Release of information**

* I give consent for the College Manager to seek and be given information about the enrolment and education program for the student from the school/s listed in this application.

 [ ]  YES [ ]  NO

* I give consent for the College Manager to seek and be given information about any training and/or employment activities related to the student’s program.

 [ ]  YES [ ]  NO

**Declaration**

* I declare the information provided in this Application Form to be correct and complete.
* If this application is approved, I understand I will be required to enter into a Boarding Agreement with the College Manager and to provide a $300 bond that will be held by the College.
* If this application is approved, I understand additional information will be requested to allow the College staff to properly provide the student with necessary day to day care and assistance in an emergency.

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| Parent 1 Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_ | Parent 2 Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_ |

**Payment of the application fee**

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| Payment can be made by:-Cheque: made out to ‘Narrogin Residential College’Cash: in personCredit Card: in person or over the phone 08 9881 1066Bank Transfer: Westpac Account Name ‘Narrogin Residential College’, BSB: 036167 Account Number: 680786, please reference your child’s surname |  |