



Department of  
Education

# BOARDING AT CITY BEACH 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 The place may be withdrawn if the information in your application is false or misleading.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

Student Surname					
Student Given Name/s					
Student preferred name/s (if different)					
Date of birth	____/____/____	Aboriginal or Torres Strait Islander origin	<input type="checkbox"/> NO <input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Islander <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO				
The student's secondary education program	General secondary <input type="checkbox"/> VET <input type="checkbox"/> ATAR <input type="checkbox"/> Clontarf Academy <input type="checkbox"/> Gifted and Talented <input type="checkbox"/> Follow the Dream <input type="checkbox"/> Other _____  The program includes off site training <input type="checkbox"/> employment <input type="checkbox"/>  A Year 11/12 Notice of Arrangements includes part-time schooling <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, time at school _____				

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, which college _____ Current Year level _____ Will the siblings be at a college in the same year? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> Up to date <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO If 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.	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO If Yes Does the student have a documented health care management plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the student have a documented emergency response plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Please 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.	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO If Yes, please describe the student's current needs and additional supports the College may need to provide _____ _____
Is the student an Australian citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO If No Is the child a permanent resident of Australia? <input type="checkbox"/> YES Visa subclass _____ or Is the child a temporary resident of Australia? <input type="checkbox"/> YES Visa subclass _____ Visa expiry date _____

Does the student speak a language other than English at home?	<input type="checkbox"/> NO, English only <input type="checkbox"/> YES, _____ (If more than one other languages, indicate the language that is spoken most often) Does the student mostly speak English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Court order, parenting plan or other statutory provision that is in place or affects the student	Is there a parenting plan in place? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the student subject to a Family Court or other court order? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the student in the care of the Department for Communities, Child Protection and Family Support's (CPFS) Director General? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the name and contact details of the Case Manager. _____ _____

### Financial Assistance Government subsidy or allowance

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.	<input type="checkbox"/> Assistance for Isolated Children Scheme (AIC) <input type="checkbox"/> Boarding Away from Home Allowance (BAHA) <input type="checkbox"/> Youth Allowance <input type="checkbox"/> ABSTUDY <input type="checkbox"/> Gifted and Talented Education (GATE) Boarding Allowance  An application has been lodged for this assistance <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Parent details:** Please provide the following parent information so your application can be considered.

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 different from above)	_____ _____ Post Code _____	Postal address (if different from 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.

Parent 1 Signature	_____  Date _____	Parent 2 Signature	_____  Date _____
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**Payment of the application fee**

\$50 application fee to be paid	
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