



# RESIDENTIAL COLLEGES

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 The place may be withdrawn if the information in your application is false or misleading.

### COLLEGE NAME

Name of Residential College

### STUDENT DETAILS

Student Surname

Given Names

Preferred Name (if different)

Date of birth (dd/mm/yy)	/	/	Gender	Male	Female	Not specified
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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. 2020)
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## STUDENT DETAILS (Continued)

**Address** (Student's usual place of residence)

Postcode

**The period for which a place at a residential college is requested:**

Start Date

/

/

Approx. End Date

/

/

**Has an application ever been made for a place at another residential college?**

NO

YES - *If Yes, which college?*

**Year made**  
e.g. 2019)

**Previous boarding facilities or boarding schools attended:**

**Does the student have a sibling residing at a residential college?**

NO

YES - *If Yes, which college?*

**Current Year level**

**Will the siblings be at a residential college in the same year?**

YES

NO

**Current school enrolment**

**Other schools in the last year**

**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:**

NO

YES - *If Yes, time at school*

## STUDENT DETAILS (Continued)

### The Australian Immunisation Register (AIR) immunisation history statement shows the immunisation status is:

Up to date      Not up to date      **as at:** (date on the AIR immunisation history statement)      /      /

*The Australian Immunisation Register (AIR) immunisation history statement is the only immunisation information the College can accept.*

### Does the student have behaviour, pastoral care, learning, attendance support needs and/or a disability?

NO      YES - *If Yes, please describe the student's current needs and additional supports the College may need to provide.*

*Providing this information will assist the College to identify the student's needs and to provide for their day to day care and welfare.*

### Does the student have a medical condition, a mental health condition or another health care need?

NO      YES - *If Yes,*      **Does the student have a documented health care management plan?**      YES      NO  
**Does the student have a documented emergency response plan?**      YES      NO

Please describe the health condition or care need and additional day to day supports the College may need to provide.

*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.*

### Does the student have any other needs that may require additional supports to provide day to day care?

NO      YES - *If Yes please describe the student's current needs and additional supports the College may need to provide.*

*Providing this information will assist the College to identify the student's needs and to provide for their day to day care and welfare.*

**Is the student an Australian citizen?**

YES      NO

*If no* - **Is the child a permanent resident of Australia?**

YES      **Visa subclass**

or

**Is the child a temporary resident of Australia?**

YES

**Visa subclass**

**Visa expiry date**      /      /

## STUDENT DETAILS (Continued)

### 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 the student subject to a Family Court or other court order?

YES

NO

#### Is there a parenting plan in place?

YES

NO

#### Is the student in the care of the Department for Communities, Child Protection and Family Support's (CPFS) Director General?

YES

NO

If Yes, please provide the name and contact details of the Case Manager.

#### Contact Name

#### Contact Number

## 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.

Assistance for Isolated Children Scheme (AIC)

Boarding Away from Home Allowance (BAHA)

Youth Allowance

ABSTUDY

Gifted and Talented Secondary Selective Entrance Boarding Allowance

### Has an application been lodged for this assistance?

YES

NO

Please contact the relevant organisations for details on the application processes. Further information can be found in the Residential College costs information sheet.

## PARENT 1 DETAILS

#### Title

#### First Name

#### Surname

#### Residential Address

(if different from student)

Postcode

#### Postal Address

(if different from above)

Postcode

#### Telephone Number

#### Mobile Number

#### Email Address

#### Other

## PARENT 2 DETAILS

**Title**

**First Name**

**Surname**

**Residential Address**

*(if different from student)*

Postcode

**Postal Address**

*(if different from above)*

Postcode

**Telephone Number**

**Mobile Number**

**Email Address**

**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.

the College Manager to seek and be given information about any training and/or employment activities related to the student's program.

## 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** / /

## PAYMENT OF THE APPLICATION FEE

Payment of the \$50 Application Fee may be made by one of these methods - further details on the college websites.



**IN PERSON**

cash, cheque, EFTPOS



**BY PHONE**

credit card



**BY MAIL**

cheque, money order



**VIA EFT**

electronic bank transfer