



TRINITY COLLEGE

# APPLICATION FOR ENROLMENT



TRINITY COLLEGE

# APPLICATION INFORMATION

The Application for Enrolment is to be completed and returned to the Enrolment Officer together with the following:

- A non refundable application fee of \$25.
- A certified photocopy of the child's full birth certificate.
- If applicable, a copy of your child's most recent school report.
- Any current reports / assessments related to your child's needs, e.g. psychologist, speech pathologist.
- Any other information regarding the special requirements of your child.
- Any order relating to the child.

Upon receipt of the completed application, your child's name will be added to the waiting list of the required year, level and school.

## ENROLMENT INTAKE AND VACANCIES

Each year Trinity College accepts enrolments at Reception, Years 7 & 8 and Years 11 & 12.

Trinity College has two Reception student intakes per year. The first in Term 1 for children turning five between January 1 and March 31 or September 1 and December 31 the prior year.

The second intake is in Term 3 (mid year) for children turning five between April 1 and August 31. Term 3 Reception students will continue with their Reception course the following year.

In addition to enrolment intakes, casual enrolment vacancies occur at all year levels. These enrolment vacancies are offered to families on the waiting list or are advertised in school newsletters and through the local media.

The College will only confirm an enrolment offer when it receives a signed enrolment contract form and an enrolment guarantee. The College also requests a building fund contribution from all new families.

## SURVEY INFORMATION

What are your reasons for seeking enrolment to Trinity College?

- |                                                     |                                                          |                                               |
|-----------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Academic Excellence        | <input type="checkbox"/> Friends or family at the school | <input type="checkbox"/> Co-Curricula         |
| <input type="checkbox"/> Location                   | <input type="checkbox"/> Discipline                      | <input type="checkbox"/> Christian Foundation |
| <input type="checkbox"/> Curriculum                 | <input type="checkbox"/> VET Pathways                    | <input type="checkbox"/> Broad Subject Choice |
| <input type="checkbox"/> Other please specify ..... |                                                          |                                               |

Is Trinity College your first choice?  Yes  No

If not, which school was your first choice? .....

How did you hear about Trinity College?

- |                                        |                                                     |                                               |
|----------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Open Day                   | <input type="checkbox"/> Advertising          |
| <input type="checkbox"/> Web site      | <input type="checkbox"/> Indoor / Outdoor Billboard | <input type="checkbox"/> Old Scholar relation |
| <input type="checkbox"/> Newspaper     | <input type="checkbox"/> School Functions           | <input type="checkbox"/> Mail drop            |
| <input type="checkbox"/> Other .....   |                                                     |                                               |

# APPLICATION FOR ENROLMENT

## Student Name

Surname .....

Given Names ..... M  F

Preferred Name ..... Date of Birth ..... / ..... / .....

**(A certified\* photocopy of the full birth certificate must accompany this form)**

Residential address (if no street number is available, please give Emergency Response Number ERN).

..... Postcode .....

Religion (If applicable) ..... Church Attending .....

Country of Birth ..... Nationality .....

First language spoken at home .....

Is your child of Aboriginal, or of Torres Strait Island origin? Yes  No  Both

Australian Citizen Yes  No  Resident of Australia Yes  No

Entry Date Required ..... Year Level of Entry .....

School Preference (Please only number in order of preference the school/s in which you would consider a position).

Blakeview R-10  Gawler River R-10  North R-10  South R-10  Senior (11 & 12)

Does this child have a sibling attending Trinity College or who has been offered a position? Yes  No

Present school the child you are enrolling is attending (if applicable) .....

NB: If your child currently attends another school, please attach most recent school report.

Does your child have any special needs or conditions? Yes  No

(e.g. Learning difficulties or disabilities, physical disabilities, hearing or vision impairment, emotional disturbance, severe asthma, epilepsy, diabetes, restrictions on physical activity).

If yes, please give details and attach any current reports/assessments.

.....

Does your child have any other special considerations? Yes  No

.....

Child resides with Mother  Father  Both Parents

Other  (please specify relationship) .....

If parents are separated, does the child live with their other parent during any part of the week? Yes  No

Please advise contact arrangements with other parent (e.g. alternate weeks, collects from school, alternate weekends, holidays, no contact, court case pending).

.....

Are there any court orders relating to the child? Yes  No

If yes, please attach a copy.



TRINITY COLLEGE

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E office@trinity.sa.edu.au

W www.trinity.sa.edu.au

# APPLICATION FOR ENROLMENT

## Father or Guardian

Surname ..... Title .....

Given Names ..... Trinity College Old Scholar? Yes  No

Postal Address .....

..... Postcode .....

Occupation ..... Employer .....

Telephone (home) ..... Telephone (work) .....

Mobile ..... Email .....

Country of Birth ..... First Language .....

## Mother or Guardian

Surname ..... Title .....

Given Names ..... Trinity College Old Scholar? Yes  No

Postal Address .....

..... Postcode .....

Occupation ..... Employer .....

Telephone (home) ..... Telephone (work) .....

Mobile ..... Email .....

Country of Birth ..... First Language .....

## Declaration

I/we recognise that Trinity College is seeking to be a College of excellence open to all in a disciplined, caring and Christian environment and agree to support this in the education of my children.

I hereby certify that to the best of my knowledge, the information provided on this application is true and correct.

Signature (father/guardian)

Date

Signature (mother/guardian)

Date

Please return the completed form to the:

**Enrolment Office, Trinity College, PO Box 131, Gawler SA 5118**

accompanied by a \$25 non-refundable application fee, a certified\* photocopy of the full birth certificate, most recent school report, any assessment reports and any court order.

(\*can be certified as a true copy by Trinity College staff, Justice of Peace, Bank Manager, Policeman, Doctor, Certified Accountant)

## Payment – To pay by credit card please complete the following:

Please charge my Mastercard  Visa  Expiry Date:

Card Number  Amount \$.....

Card Holder's Name ..... Card Holder's Signature .....