



Hard Provide

Trinity College Application for Enrolment

Trinity College is a multi school co-educational college of excellence, open to all in a disciplined, caring Christian environment.



With a passion for educating the whole person, Trinity College offers a



for your child.

Application for Enrolment

The Application for Enrolment is to be completed and returned to the Enrolment Office together with all requested documents and a non-refundable application fee of \$40.

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

Receipt of the application will be acknowledged in writing.

The completion of the Application for Enrolment will not necessarily result in the applicant being offered enrolment at the College.

Please read and complete all questions carefully. If your child has not yet started school, some questions may not be relevant. It is your obligation and responsibility to advise the Enrolment Office as soon as possible should any of the information you have provided, including medical, educational needs or contact details change in the future. Failure to provide this information may result in the school's inability to accommodate your child's individual needs and may affect the future enrolment of your child.

Enrolment Intakes and Vacancies

Each year Trinity College has major enrolment intakes at the Early Years (Reception), Years 7 and 8 (North and South only) and Years 11 and 12.

The 'Early Years' students progress at their own pace through the Reception and Year 1 curriculum over two to two and a half years. Trinity College has two 'Early Years' intakes per year. The Term 1 intake is for children turning five between January 1 and April 30 that year or October 1 and December 31 of the year prior to starting. The second intake is in Term 3 (mid-year) for children turning five between May 1 and September 30. Mid-year entry students gain the benefit of spending an extra six months in our 'Early Years' classes.

In addition to the major enrolment intakes, enrolment vacancies occur at other year levels subject to availability.

The College will only confirm an enrolment offer when it receives a signed Enrolment Contract together with the non-refundable Enrolment Acceptance Fee. The College also requests a voluntary Building Fund donation from all new families.

If an interpreter is required for communication with the parent/guardian(s), please provide details of an appropriate contact person:

Name Contact No Please state the relationship to the child

CRICOS 00374C | 02709B

Parent/Guardian Details

STUDENT RESIDENCY

Are there any court orders relating to the child? Yes No Court Case Pending (If Yes, please attach a copy) If both parents share parental responsibility then BOTH are required to sign this application. No Yes Are the biological parents separated? If No, go to Parent/Guardian details. If Yes, who does the child mainly reside with? Mother Father Equal Care Other (please specify) If the child mainly resides with one parent, does the child live with their other parent during any part of the school week?

Yes No (If Yes, BOTH parents must sign this application)

FATHER OR GUARDIAN

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

If parents have Equal Care of the child, please specify care arrangements.

Please nominate which parent will be Contact 1:

Contact 1 is the main contact for the student and will receive items such as forms and booklists when only one return is required.

Contact 1 is expected to notify **Contact 2** of any relevant information relating to the child and to organise for any documentation to be completed, signed and returned, as required. **Contact 2** will receive a copy of school reports and fee accounts.

MOTHER OR GUARDIAN

Title Surname	Title Surname
Given Names	Given Names
Preferred Name	Preferred Name
Date of Birth	Date of Birth
Relationship to Child	Relationship to Child
Residential Address	Residential Address
Postcode	Postcode
Postal Address	Postal Address
Postcode	Postcode
Tel (home) Tel (work)	Tel (home) Tel (work)
Mobile	Mobile
Email	Email
Occupation	Occupation
Company Name	Company Name
Are you a serving member of the Defence Force?	Are you a serving member of the Defence Force?
Yes No	Yes No
Country of Birth	Country of Birth
First Language	First Language
Are you a Trinity College Old Scholar? Yes No	Are you a Trinity College Old Scholar? Yes No
If Yes, year left Year levels attended	If Yes, year left Year levels attended
Trinity School attended	Trinity School attended
Surname at school	Surname at school

Student Details

Surname		
Given Names		
Preferred Name		
Male Female	Visa expiry date	
Date of Birth	If the child has recently arrived in Australia from a non-English speaking country, what is the child's level of English?	
Residential address	No ability	
	. Limited	
Postcode	Moderate	
(If no street number is available, please give Emergency Response Number ERN)	Fluent	
Religion (If applicable)	• What is the name of the school or preschool that the child is	
Church Attending (If applicable)	currently attending?	
Church Name & Location	Please list all previous schools that the child has attended and the years of attendance	
Country of Birth	(If there is insufficient space provided, please attach additional pages)	
Nationality		
First language spoken at home	FROM SEMESTERS 1 AND 2 AND HIS/HER YEAR(S) 3, 5, 7 AND 9 NAPLAN	
Is the child of Aboriginal and/or Torres Strait Islander origin?	In the previous school year, how many days was the child absent	
No Aboriginal Torres Strait Islander	and/or late?	
What is the child's residency status?	Days absent Days late	
Australian Citizen Bridging Visa	If the child was absent and/or late for more than 20 days, please explain why.	
Permanent Resident New Zealand Citizen (attach a	FF	
Copy of the child's passport)		
APPLICATION PREFERENCES	Do you have a sibling or parent Old Scholar association with a	

APPLICATION PREFERENCES

	particular House at Trinity College?
This application is for Early Years (Reception) to Year 12 only. Montessori Preschool applications must be completed separately.	Yes No
	If Yes, which House?
Preferred entry date to Trinity College	
Preferred year level of entry	MEDICAL/HEALTH ISSUES Does the child have any health issues?
School Preference: ONLY number, in order of preference, the school(s) in which you WOULD ACCEPT a position if offered.	Yes No
Please note the child cannot transfer between Early Years (Reception) to Year 10 schools once commenced.	If Yes, please provide details
Blakeview: Early Years (Reception) to Year 10 (located at Blakeview)	
Gawler River: Early Years (Reception) to Year 10 (located at Angle Vale)	Does the child have an Emergency Action Plan?
North: Early Years (Reception) to Year 10	(If Yes, please attach a copy)
(located at Evanston South)	Is the child on any regular prescribed medication?
South: Reception/Early Years to Year 10 (located at Evanston South)	Yes No
Senior: Years 11 and 12 (located at Evanston South)	If Yes, please provide details

SPECIAL INTEREST AREAS	Will the service continue if the child becomes a student at Trinity College?
Does the child have any areas of special interest (e.g. sports, musical instruments, performing arts) and what is their level of involvement	Yes No
(i.e. name of team/number of years played/had lessons/level)?	Are there any issues that need to be addressed by the school in regards to access to classrooms, playgrounds, toilet facilities, general facilities (e.g. ramps, lifts)?
	Yes No
	If Yes, please provide details
EDUCATIONAL NEEDS	
Trinity College aims to identify students with individual learning needs as soon as possible. The information you provide below will ease the transition of your child and in some circumstances avoid unnecessary delay in providing appropriate classroom support, should your child be offered a place at Trinity College.	Does the child require particular supervision or management in the classroom, moving between classrooms, in the yard or for participation in sport?
Has the child been (or is being) assessed for any special needs, conditions or considerations (e.g. learning difficulties or disabilities, physical disabilities, hearing or vision impairment, social or emotional disturbance, severe medical conditions, restrictions on physical	If Yes, please provide details
activity)?	Will the child require particular arrangements to participate in sports, games, camps and excursions?
Yes No	Yes No
If Yes, name of disability/difficulty	If Yes, please provide details
Diagnosed by	
Date of diagnosis (Please attach a copy of any relevant reports)	
Has the child been (or is being) assessed as Gifted?	BEHAVIOUR
Yes No	Has the child ever been placed on a behaviour management programme?
(If Yes, please attach a copy of the assessment)	Yes No
Does the child receive any additional support at school (e.g. learning support, adaptive ed., counselling, LAP, extension programme, social skills programme)?	If Yes, please provide details
Yes No	Does the child have any history of violent behaviour?
If Yes, please provide details	Yes No
	lf Yes, please provide details
Does the child receive any professional support (e.g. tutoring, psychologist, psychiatrist, physiotherapist, paediatrician, occupational	
therapist, speech pathologist, access assistants)?	Has the child ever been suspended or excluded from any school?
Yes No	Yes No
If Yes, which services are involved (e.g. Novita Children's Services, Disability SA, South Australian School for Vision Impaired (SASVI), Down Syndrome SA, Autism SA, Cora Barclay Centre, CAMHS, hospital-based child development units, community health services, private practitioners)?	If Yes, please provide details
	TRINITY COLLEGE
Please provide details including the type and amount of support?	
	Contraction of the second seco
	TRINITY COLLEGE

Declaration

As the parent/guardian of

(child's name)

I authorise the Principal or delegate of Trinity College to access information that may be of benefit to the education of the child from the relevant persons/organisations/previous school(s).

In granting this authority, I understand that it will remain current for the period of consideration of the child's application for enrolment and for such period as, and if, the child is enrolled at Trinity College.

I have read and understood the General Terms and Conditions of Trinity College Gawler Incorporated and the College policies available at **www.trinity.sa.edu.au/policies** including but not limited to:

- Sport
- Co-curricular Programme
- Uniform
- Christian Values
- Anti-Bullying
- Behaviour Management

Should the child be offered a position at Trinity College I agree to be bound by the Terms and Conditions and all College policies as varied or introduced from time to time. I recognise that Trinity College is seeking to be a College of excellence, open to all in a disciplined, caring Christian environment and agree to support this in the education of the child. I hereby certify that to the best of my knowledge, the information provided on this application is true and correct. If false or misleading statements are made within this application or relevant information is not disclosed at the time of enrolment, The Head of the College may terminate enrolment at any time where the Head of the College is reasonably justified to do so.

I understand that it is my obligation to notify the College of any changes to the information provided.

I understand it is my responsibility to inform the College in writing if any contact details change. Applications and enrolments may be cancelled if the College loses contact with parents or mail is returned.

I understand this is an application form only and not an assurance of admission.

Signed (Father/Guardian)	Date
Print Name	
Signed (Mother/Guardian)	Date

Print Name

Payment

\$40 application fee payment method:

Cash (in person at time of lodgement)

- Money order/cheque made payable to "Trinity College" is attached
- Credit card details below

To pay by credit card please complete the following:

Please charge my 📃 Mastercard 🗌 Visa
Expiry Date / CCV
Amount \$
Card Holder's Name
Card Holder's Signature

Checklist

Please ensure that all required documents are included with the application. Incomplete applications will be returned. I have enclosed a copy of:

Yes N/A

Birth Certificate
Visa Grant Notification Letter
Last two Semester School Reports
Years 3,5,7,9 NAPLAN results
Assessment Reports
Court Order
Medical Emergency Action Plan
PLEASE RETURN THE COMPLETED FORM
by post to:
The Enrolment Office
Trinity College
PO Box 131 Gawler SA 5118
or in person at:
Central Administration, Blakeview School office o
Gawler River School office.



Trinity College Enquiries	
Alexander Avenue Evanston South SA 5116	
tel: +61 8 8522 0666	
email: enquiry@trinity.sa.edu.au	
www.trinity.sa.edu.au	