



# TRANBY COLLEGE

*A College of the Uniting Church in Australia*

Application Received:	
Interview Date:	
Interview Time:	

## APPLICATION FOR ENROLMENT

Student First Name

Student Surname

Address

Suburb

Postcode

Year Level & Year of Admission to Tranby College  
(e.g. Year 7 2023)

**A non-refundable \$110 Application Fee  
is required with this Enrolment Form.**

6: The Tranby: A line drawing by artist R.H. Shardlow

Office Use Only:	
FAMILY KEY	
STUDENT KEY	
HOUSE	
SIBLING	
NOTES	

### STUDENT DETAILS

SURNAME		First Name	Second Name
		Preferred Name (if different from above)	
Sex M / F	Date of Birth / /	Year of Admission to Tranby	Year Level
Country of Birth	Nationality	<b>If your Child was not born in Australia please provide either a copy of your VISA including subclass number and arrival date of Citizenship Certificate/Australian Passport.</b>	
Language spoken at home		Subclass Number ..... Arrival Date ..... Expiry Date.....	
Is the student of Aboriginal or Torres Strait Islander origin?		No	
		Yes, Aboriginal	
		Yes, Torres Strait Islander	
		Yes, both Aboriginal & Torres Strait Islander	

Address \_\_\_\_\_ Home Ph No: \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Silent: Yes No

Current School	Year Level
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### PARENT/GUARDIAN DETAILS

**Parent/Guardian 1**  
*Please circle:* Dr Mr Mrs Ms Miss

Surname	First Name	Second Name
Address _____ _____ (If same, write 'As Above') Postcode		
Employer	Occupation	
Work Phone No.	Work Fax No.	
Home Phone No.	Home Fax No.	
Mobile No.	email	

**Parent/Guardian 2**  
*Please circle:* Dr Mr Mrs Ms Miss

Surname	First Name	Second Name
Address _____ _____ (If same, write 'As Above') Postcode		
Employer	Occupation	
Work Phone No.	Work Fax No.	
Home Phone No.	Home Fax No.	
Mobile No.	email	

Custody Advice: Parenting Plan or Family Court Order in place? **YES / NO (Please circle)**  
**If YES, copies will be required when enrolment is confirmed.**

## MEDICAL INFORMATION

*Please indicate all relevant medical history which will assist Tranby College in caring for your child.*

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?			
Allergies	YES / NO	Asthma	YES / NO
A.D.D. / A.D.H.D.	YES / NO	Blood Disorder	YES / NO
Bronchitis	YES / NO	Epilepsy	YES / NO
Speech Impairment	YES / NO	Heart Condition	YES / NO
Hearing Impairment	YES / NO	H.I.V.	YES / NO
Visual Impairment	YES / NO	Glandular Fever	YES / NO
		Hepatitis B	YES / NO
OTHER (Please state)			
IF YOU HAVE ANSWERED <b>YES</b> TO ANY OF THE ABOVE, PLEASE PROVIDE BRIEF DETAILS			

DO EITHER OF THE FOLLOWING APPLY?			
Physical Disability	YES / NO	Use of Wheelchair	YES / NO

DOES YOUR CHILD TAKE MEDICATION FOR A CHRONIC MEDICAL CONDITION?	
If YES, please specify:	YES / NO

### SPECIFIC EDUCATIONAL NEEDS

*The following information would help the School to determine the specific needs of your child.*

<b>a) Has your child ever been referred to a Psychologist for assessment?</b>	<b>YES / NO</b>
If yes, please state agency concerned (as an indication) and supply copies of any assessments before interview.	
<b>b) Has your child ever been referred for counselling or therapy e.g psychologist, counsellor, speech therapist, occupational therapist, physiotherapist or paediatrician?</b>	<b>YES / NO</b>
If yes, please specify (attach additional information or copies of reports)	
<b>c) Does your child require ongoing medication during College hours?</b>	<b>YES / NO</b>
If yes, please specify.	

### PLEASE LIST SIBLINGS ALREADY ATTENDING, ALREADY REGISTERED OR WHO WILL BE REGISTERED AT TRANBY COLLEGE

Name	D.O.B.	Present Year of Schooling	Year of Admission to Tranby	Year Level	Registered (YES / NO)

\* A separate application form must be submitted for each child you wish to enrol at Tranby College.

## PRIVACY INFORMATION

The Tranby College Privacy Policy is available on request. An abbreviated form of it is included below for your information.

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the school. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health (and Child Protections) laws.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers, sport coaches and volunteers.
6. It is a practice of this school to seek a copy of an enrolling student's educational record and other personal information from their previous school. If you do not agree with this, you must advise us now.
7. If we not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
8. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in School newsletters, magazines and on our website.
9. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
10. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.
12. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

### BOTH PARENTS/GUARDIANS MUST SIGN THE APPLICATION FORM.

Signature of Parent/Guardian 1 \_\_\_\_\_ Date / /

Signature of Parent/Guardian 2 \_\_\_\_\_ Date / /

**\*\*\*\*Copies of the last two school reports must accompany this form  
(unless entry at Kindergarten or Pre primary), along with a copy of Birth Certificate.\*\*\*\***

<b>Office Use Only:</b>	<b>Date</b>	<b>Copies Included</b>	<b>Date</b>
<b>Application Fee Paid:</b> <input type="checkbox"/>	_____ / /	<b>Birth Certificate:</b> <input type="checkbox"/>	_____ / /
	Receipt No		
<b>Enrolment Fee Paid:</b> <input type="checkbox"/>	_____ / /	<b>Visa:</b> <input type="checkbox"/>	_____ / /
	Receipt No		
<b>Conditions of Accept:</b> <input type="checkbox"/>	_____ / /	<b>Passport:</b> <input type="checkbox"/>	_____ / /
<b>Entered MAZE:</b> <input type="checkbox"/>	_____ / /	<b>Citizenship:</b> <input type="checkbox"/>	_____ / /
		<b>Immunisation Records:</b> <input type="checkbox"/>	_____ / /
		<b>Last 2 School Reports/NAPLAN:</b> <input type="checkbox"/>	_____ / /