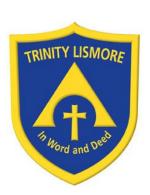
## My School Passport

## Trinky Catholic College



First Name: Surname:	First Name:	_ Surname:
----------------------	-------------	------------

**Applying for Year:**\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_

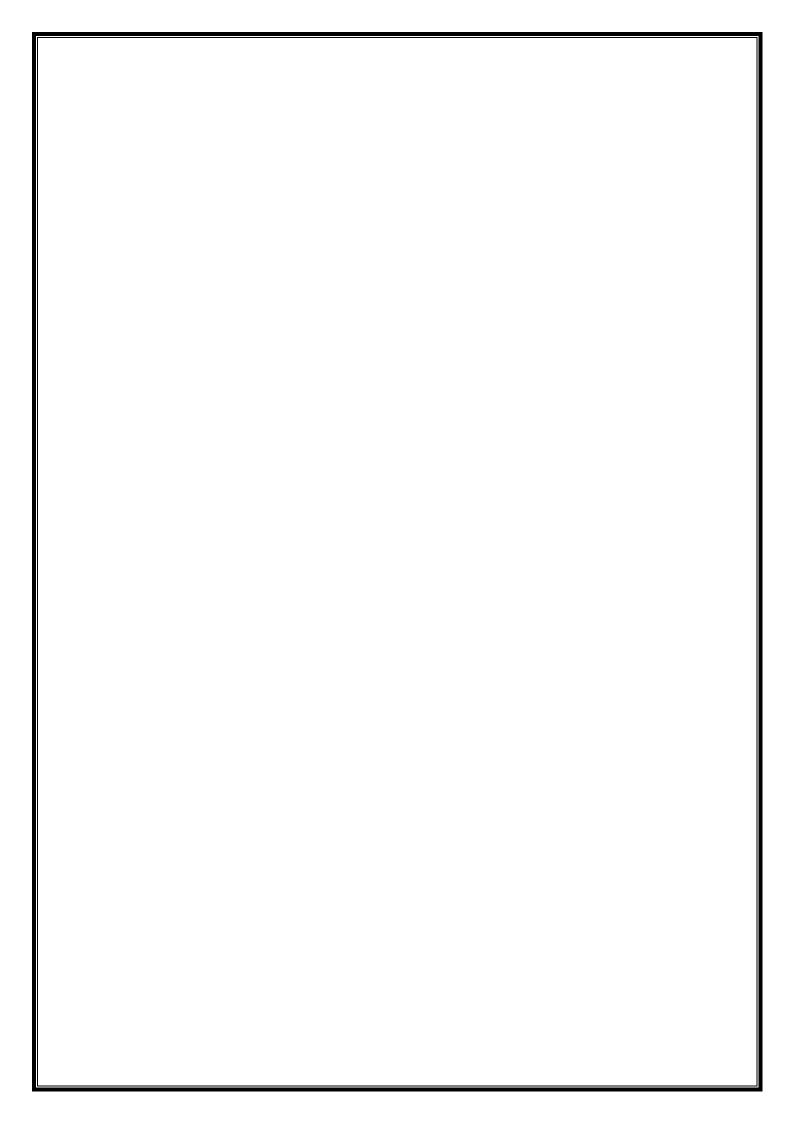
## **Information about You!**

The 'School Passport' is to help us learn more about you and your interests. The statements you make on these pages can be as long or short as you like. Please complete it in your own handwriting.

You are very welcome to bring one or two samples of your work (returned to you at the end of

oirthday is on:	My telephone number is:
W	/ho I am
I enjoy (interests and hobbies):	
People who know me well think I an	n:
People who don't know me well pro	bably think I am:
I help at home by:	
My friends' names that might come	to Trinity too, are:
Other family members who attend T	rinity Catholic College are:
My jobs and / or responsibilities dur	ing my school years have been:

I like	the kind of teacher who:
I feel	best when the teacher:
The \	way I learn best is:
The t	hings I enjoy most about school:
I hop	e to:
My g	oal in life is to:
What	I would like to know about Trinity is:
l wou	ıld like to come to Trinity because:



## Trinity Catholic College Lismore Confidential Background Survey for Student Support Services

Name of Student:	
	(please print)

Full and frank disclosure of all information requested by the College throughout the enrolment period must be provided and it is a continuing obligation to keep the College informed of any changes as they occur which may affect the student's well-being or progress at the College, in accord with the Australian Privacy Principle No. 3 "Collection of Solicited Personal Information". This includes any learning, physical, medical, social, or emotional needs, whether past or present. All known needs must be fully documented in the enrolment process with supporting evidence provided. Failure to provide such information will jeopardise the enrolment.

	CIAL NEEDS  Does the student have any of the following disabilities:	LITERACY/NUMERACY	
	- Mobility Yes / No - Vision Yes / No - Hearing Yes / No - Learning Yes / No	10) Has the student attended any Gifted and Talented Programs? Y If Yes, when?	es / No
	- Mental Health Yes / No - Autism Yes / No - Other	11) Does the student have a particular area of strength or ability? Y If Yes, in what area?	es / No
2)	Has the student had an Educational Psychologist Assessment? Yes / No If Yes, when?	12) Have you included a copy of all documentation relevant to your child special and / or additional needs? Refer to previous questions Y If No, when will it be available?	d's 'es / No
3)	Will the student require support for Learning Difficulties? Yes / No If Yes, what for?	ABORIGINALITY	
4)	Has the student received intervention in any of the following?  Speech Pathology Yes / No		es / No
	If Yes, When? Name?	GENERAL  14) A self-control of the self-contro	/ / NI .
5)	Occupational Therapy Yes / No	14) Is the student on medication? Y  If Yes, reason?	es / No
	If Yes, When? Name?	Name of Medication:	
6)	Behaviour Management/Risk Assessment Yes / No		
	If Yes, when?	15) In what areas may the student require ongoing support at Trinity Ca College?	itilolic
7)	Mental Health Care Plan Yes/No		
8)	Psychologist/Psychiatrist/Paediatrician names:		
		Parent/Carer Name:	
9)	Individual Learning Plan? Yes/No  Please supply a copy with application.	Signature Required:	

Student's Name:					
Student's Home Address:					
DECLARATION OF ACCURACY AND SIGNATURE					
I / we affirm,  That all the information provided in and with this application is true and accurate. I / We understand that any deliberate misrepresentation made in this Enrolment Form may result in the withdrawal or termination of the enrolment.  Have provided all additional documentation required to allow Trinity Catholic College Lismore, to process this enrolment application.  Understand that Trinity Catholic College Lismore has a duty of care towards students and I/we therefore have fully disclosed all information concerning the learning, physical, mental and emotional health of my/our child necessary to enable the College to fully exercise this duty of care. Failure to do so, at the absolute discretion of the Principal, may result in termination of the enrolment.  I/we have included/disclosed fully any special needs of the student and acknowledge we have an ongoing obligation to update the College regarding the student's disability provisions or special needs if they change.  Understand and support the Catholic ethos of the College and agree to abide by the rules and regulations including those pertaining to program of studies, sport, pastoral care, school uniform, discipline/welfare and the general operation of the College.  Understand that if this application is successful the information that have I/we have provided must be kept up to date throughout the period of enrolment, eg change of address, medical plans, court orders, immunisation certificate (AIR).  Agree to support our child's participation in the outdoor education/camp program.					
	Parents / Carers				
Name(s):  Signature:  Date:  SCHOO  If this enrolment application is successful I/we agree to honour  Yes No	L FEE PAYMENT the financial commitments rec	quired by the school by signing below.			
Person 1  Name(s):  Relationship to student:  Home Address:	Person 2	Person 3			
Telephone:  Signature:  Date:  All persons indicated on Enrolment Apple	olication as responsible fo	or paying fees must sign			
The College is committed to upholding these principles Prote A full copy of the Trinity Catholic College Privacy Policy ca	38 and the Australian Privacy ng Privacy Protection) Act 20 and complying with the Priv ction) Act 2012.  In be found on the College W	y Principles contained in the Privacy 012. acy Amendment (Enhancing Privacy behavior at: <a href="https://www.trinitylismore.nsw.edu.au">www.trinitylismore.nsw.edu.au</a>			
Enrolment Fee Received:		e:			
Acceptance Fee Received:					