My School Passport

to

Trinity Catholic College

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 the interview).

My birthday is on: _____ My telephone number is: _____

Who I am ….

- I enjoy (interests and hobbies):

  _____

  _____

- People who know me well think I am:

  _____

  _____

- People who *don't* know me well probably think I am:

  _____

  _____

- I help at home by:

  _____

  _____

- My friends' names that might come to Trinity too, are:

  _____

  _____

  _____

- Other family members who attend Trinity Catholic College are:

  _____

  _____

- My jobs and / or responsibilities during 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 things I enjoy most about school:

- I hope to:

- My goal in life is to:

- What I would like to know about Trinity is:

- I would 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.

SPECIAL NEEDS

1) Does the student have any of the following disabilities:
   - Mobility Yes / No - Vision Yes / No
   - Hearing Yes / No - Learning Yes / No
   - Mental Health Yes / No - Autism Yes /No
   - Other _____

2) Has the student had an Educational Psychologist Assessment? Yes / No
   If Yes, when? _____
   Please supply a copy with application.

3) Will the student require support for Learning Difficulties? Yes / No
   If Yes, what for? _____

4) Has the student received intervention in any of the following?
   Speech Pathology Yes / No

   If Yes, When? Name? _____

5) Occupational Therapy Yes / No

   If Yes, When? Name? _____

6) Behaviour Management/Risk Assessment Yes / No

   If Yes, when? _____

7) Mental Health Care Plan Yes/No

8) Psychologist/Psychiatrist/Paediatrician names:

   _____

9) Individual Learning Plan? Yes/No
   Please supply a copy with application.

LITERACY/NUMERACY

10) Has the student attended any Gifted and Talented Programs? Yes / No
    If Yes, when? _____

11) Does the student have a particular area of strength or ability? Yes / No
    If Yes, in what area? _____

12) Have you included a copy of all documentation relevant to your child's special and / or additional needs? *Refer to previous questions* Yes / No
    If No, when will it be available? _____

ABORIGINALITY

13) Is the student of Aboriginal or Torres Strait Islander descent? Yes / No

GENERAL

14) Is the student on medication? Yes / No
    If Yes, reason? _____

    Name of Medication: _____

15) In what areas may the student require ongoing support at Trinity Catholic College?

    _____

    _____

    _____

Parent/Carer Name: _____

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 religious life of the school (eg school liturgies, retreat programs).
- ☐ Agree to support our child's participation in the outdoor education/camp program.

Parents / Carers

Name(s): _____ _____

Signature: _____ _____

Date: _____ _____

SCHOOL FEE PAYMENT

If this enrolment application is successful I/we agree to honour the financial commitments required by the school by signing below.

☐ Yes ☐ No

	Person 1	Person 2	Person 3
Name(s):			
Relationship to student:			
Home Address:			
Telephone:			
Signature:			
Date:			

All persons indicated on Enrolment Application as responsible for paying fees must sign

Privacy Amendment (Enhancing Privacy Protection) Act 2012

Trinity is bound by the Commonwealth Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

The College is committed to upholding these principles and complying with the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

A full copy of the Trinity Catholic College Privacy Policy can be found on the College Website at: www.trinitylismore.nsw.edu.au

Enrolment Fee Received: ☐	Commencement Date: _____
Acceptance Fee Received: ☐	House: _____