



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 photocopy of your child's full birth certificate.
- If applicable, a copy of your child's most recent mid year and end of year school report and all NAPLAN results (Yrs 3, 5, 7 & 9).
- 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 court 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. The completion of the Application form will not necessarily result in the applicant being offered enrolment at the College.

ENROLMENT INTAKE AND VACANCIES

Each year Trinity College has major enrolment intakes at Reception, Years 7 & 8 (North and South only) 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 the major 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 voluntary building fund donation 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"/> Sports Programme | <input type="checkbox"/> Music Programme | <input type="checkbox"/> Other |

How did you hear about Trinity College?

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Web site | <input type="checkbox"/> Open Day |
| <input type="checkbox"/> Letterbox Drop | <input type="checkbox"/> Parent Attended Trinity College | <input type="checkbox"/> Indoor / Outdoor Billboard |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> School Functions | <input type="checkbox"/> Local Resident |
| <input type="checkbox"/> STARplex Client | <input type="checkbox"/> Attend Montessori | <input type="checkbox"/> Other |

APPLICATION FOR ENROLMENT

Student Name

Surname

Given Names M F

Preferred Name Date of Birth / /

(A 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

Enrolling child's current school (if applicable)

NB: If your child currently attends another school, please attach most recent mid year and end of year school reports and Yr 3, 5, 7, 9 NAPLAN results as applicable.

Entry Date Required Year Level of Entry

School Preference (Please ONLY number in order of preference the school/s in which you WOULD ACCEPT a position if offered).

Blakeview R-10 Gawler River R-10 North R-10 South R-10 Senior (11 & 12)
(located at Blakeview) (located at Angle Vale) (located at Evanston South) (located at Evanston South) (located at Evanston South)

Does your child have any (or is currently being assessed for any) special needs, conditions or considerations? Yes No

(e.g. Learning difficulties or disabilities, physical disabilities, hearing or vision impairment, social or emotional disturbance, severe medical conditions, restrictions on physical activity, curriculum support inside or outside the classroom).

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

Does your child have any areas of special interest (eg. a particular sport or musical instrument, community service, art, drama, etc.)?

Yes No

Are the parents separated? Yes No

If Yes, child resides mainly with (please specify relationship)

If child resides with mainly one parent, does the child live with their other parent during any part of the school 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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F 08 8522 0631

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

If your employer is Department of Defence, are you a serving member? Yes No

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

If your employer is Department of Defence, are you a serving member? Yes No

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 photocopy of the full birth certificate, two most recent school reports, all NAPLAN results, any assessment reports and any court order relating to the child.
Incomplete applications will be returned. The completion of the Application form will not necessarily result in the applicant being offered enrolment at the College.

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