





## ENROLMENT APPLICATION FORM

PLEASE AFFIX  
PHOTOGRAPH HERE

*Only applicable if enrolment  
commences within the next two years*

### STUDENT DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Second Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Gender: M  F  Date of Birth: / /  (Please provide a photocopy of their Birth Certificate with this form)  
 Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Are you and your family permanent residents of Australia? Yes  No   
 If NO, please provide Visa details: \_\_\_\_\_  
 Is the applicant Aboriginal or Torres Strait Islander? Yes  No   
 Does the student speak another language other than English at home? Yes  No  Language: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Academic Year of entry into Northholm (eg. Year 7): \_\_\_\_\_  
 Year of entry into Northholm (Calendar Year eg. 2015): \_\_\_\_\_  
 With whom does the student live?  
 a. Both Parents  b. Mainly Mother  c. Mainly Father  d. Legal Guardian  e. Other: \_\_\_\_\_

### PARENT / GUARDIAN DETAILS

#### FATHER'S DETAILS - LIVING AT THE SAME ADDRESS AS THE STUDENT

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Are you an ex-student of Northholm? Yes  No

#### MOTHER'S DETAILS - LIVING AT THE SAME ADDRESS AS THE STUDENT

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Are you an ex-student of Northholm? Yes  No

### NON CUSTODIAL PARENT DETAILS (IF APPLICABLE)

#### NON CUSTODIAL PARENT DETAILS – A NATURAL PARENT NOT LIVING WITH THE STUDENT

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Are you an ex-student of Northholm? Yes  No

*Where parents are separated, or both parents named in this Enrolment Application Form are not the biological parents, please provide full details of custody, guardianship and attach any documentation pertaining to court orders and /or parenting arrangements.*

### PRIORITY ENTRANCE STATUS (IF APPLICABLE)

Please list any other family member who have previously attended or currently attend Northholm Grammar School:

1. Full Name: \_\_\_\_\_ Year(s) at Northholm Grammar School \_\_\_\_\_  
 Relationship to enrolling Student: \_\_\_\_\_ House \_\_\_\_\_  
 2. Full Name: \_\_\_\_\_ Year(s) at Northholm Grammar School \_\_\_\_\_  
 Relationship to enrolling Student: \_\_\_\_\_ House \_\_\_\_\_

Please list other children for whom you have already submitted an Enrolment Application Form:

1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Grade of Entry: \_\_\_\_\_ Year of Entry: \_\_\_\_\_  
 2. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Grade of Entry: \_\_\_\_\_ Year of Entry: \_\_\_\_\_

**Please list any other children in your family (under 18) who are not listed above:**

Given Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current School (if applicable): \_\_\_\_\_ Current Academic Year: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current School (if applicable): \_\_\_\_\_ Current Academic Year: \_\_\_\_\_

### THIS SECTION MUST BE COMPLETED - STUDENT LEARNING PROFILE

Please enclose a copy of your child's three most recent School Reports *(only applicable if enrolment commences within the next two years)*

#### SCHOOLING HISTORY

School Attended: \_\_\_\_\_ Years: \_\_\_\_\_  
 \_\_\_\_\_ Years: \_\_\_\_\_  
 \_\_\_\_\_ Years: \_\_\_\_\_  
 \_\_\_\_\_ Years: \_\_\_\_\_

Please list your child's academic, cultural, and sporting interests, and any hobbies and achievements:

\_\_\_\_\_  
 \_\_\_\_\_

Is there any information about your child's educational or health needs which we should know? Yes  No

Is there a diagnosed physical or emotional condition or social situation which may affect the education of your child? Yes  No

**If you answered yes to either of these questions, please provide more detailed information, including Doctors or Specialist Reports, or documented evidence where applicable.**

This information does not prejudice your child's enrolment application. The information you provide assists our staff to determine how they may best cater for your child's individual needs. Where necessary this may include the development of individual education plans that will enable us to more effectively support your child's learning, health or wellbeing needs.

*Please note: If this section is not completed we will assume your child has no special needs that we should be aware of.*