



ENROLMENT APPLICATION FORM

VERITAS

Stories of the past, dreams of the future

APPLICATION PROCESS

After submitting your child's application, you will receive an acknowledgment from the College Registrar.

Enrolment applications will be reviewed 18 months prior to the date for which you are seeking enrolment. Following this review, we will contact you if we are in a position to offer a meeting to discuss your child's application. This meeting provides us with an opportunity to discuss the application in person and to learn more about your child. Our senior members of staff who conduct these meetings are also well placed to answer any questions that you might have.

Once we have completed the meeting process and considered all the applications for a particular intake, successful applicants will receive a letter with an offer of enrolment.

When we consider making offers of enrolment, we use the following criteria to guide our decisions:

- Children who are Catholic and active members of a parish community.
- Children who are currently attending a Catholic parish primary school.
- Children of alumni/old scholars.
- Siblings of current or past students.
- Children who are already enrolled in Catholic schools, in rural communities, interstate or overseas, and whose families are transferring.
- Children from other schools seeking a Catholic education.
- Date of application.

These priority considerations are not in hierarchical order. It is the responsibility of the Principal to enrol students at the College, who will consider the relevant circumstances when making decisions.

If we are not able to offer your child a place at Cabra, you will receive a letter inviting you to place their application onto our waiting list.

LATE APPLICATIONS

Applications received after the closing date are held and placed on our waiting list if there are no vacancies available at the time of submission.

MORE INFORMATION

Please visit our website to gain a deeper understanding of Cabra:

www.cabra.catholic.edu.au

The College Registrar is your point of contact during the application process.

Please email:

registrar@cabra.catholic.edu.au

STUDENT NAME

Surname/Family Name:		Given Name(s):		Preferred Name:	
Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Commencement Year:		Year Level:	
Residential Address: <i>(Street address where student resides)</i>					
				State:	Postcode:
Postal address: <i>(if different from above)</i>					
				State:	Postcode:

COUNTRY OF BIRTH

Was the student born overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth Country:		Date of arrival in Australia: / /	
If born overseas, please tick residency status: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Australian Citizen <input type="checkbox"/> International Student					
Does the student speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:					
Visa Type (if applicable)			Date first enrolled in a school in Australia:		
Visa Number:		Date Granted:		Expiry Date:	

ABORIGINAL OR TORRES STRAIT ISLANDER

Is the student of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Combination of Both					
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RELIGIOUS AFFILIATION

Religion:			Present Parish:		
Sacraments	Parish	Date	Sacraments	Parish	Date
Baptism			Reconciliation		
Confirmation			Eucharist		

SIBLING INFORMATION

Names of other school age children in the family	Male/Female/Other	Date of Birth	Current School (Enrolled/Attending)	Year Level

PREVIOUS SCHOOLING

Most recent Schools and Pre-schools attended *(include Kindergarten up to present time)*

	Name of School	Date commenced	Date left
1			
2			

ADDITIONAL LEARNING NEEDS AND CONSIDERATIONS FOR STUDENTS

Does your child have a known disability or any additional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If 'yes' please specify:		Emotional <input type="checkbox"/>	Social <input type="checkbox"/>	Physical <input type="checkbox"/>	Medical <input type="checkbox"/>
Name of Disability/Needs:		Diagnosed by:			
Has your child been assessed by a specialist service (e.g. psychiatrist, psychologist, occupational therapist, speech therapist, audiologist, optometrist, or other specialist clinic or service)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child attended any specialised educational settings e.g. units/centres, currently or in the past?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require enrolment into the St Mary's Unit? (for students diagnosed with mild/moderate intellectual disabilities)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any notifiable infectious diseases?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been suspended from school, expelled or refused admission to another school?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any particular circumstances (e.g. special needs, school based support programs, custody orders) of which the Principal should be aware?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered YES, to any of the questions above, please ensure you provide details below and attach relevant supporting documentation with your application.					

Additional Information:

3 PARENT/CAREGIVER INFORMATION AND CONTACT DETAILS

PARENT 1/CAREGIVER 1

Surname/Family Name:		Date of Birth: / /		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
Preferred Title (Mr/Mrs/Ms/Miss/Dr/Prof etc):			Given Name(s):		
Cultural Background		Religion:		Country of Birth:	
Date of arrival in Australia (if applicable)			School attended:		
Residential Address:					
				State:	Postcode:
Postal Address: ('As above' if same as Residential Address)					
				State:	Postcode:
Telephone Numbers	Home:		Work:		Mobile:
Email Address:					
Relationship to child (father, mother, foster parent, etc.):				Occupation:	
Employer:			If not employed, do you receive a government benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT 2/CAREGIVER 2

Surname/Family Name:		Date of Birth: / /		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
Preferred Title (Mr/Mrs/Ms/Miss/Dr/Prof etc):			Given Name(s):		
Cultural Background		Religion:		Country of Birth:	
Date of arrival in Australia (if applicable)			School attended:		
Residential Address:					
				State:	Postcode:
Postal Address: ('As above' if same as Residential Address)					
				State:	Postcode:
Telephone Numbers	Home:		Work:		Mobile:
Email Address:					
Relationship to child (father, mother, foster parent, etc.):				Occupation:	
Employer:			If not employed, do you receive a government benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT 3/CAREGIVER 3 (IF APPLICABLE)

Surname/Family Name:		Date of Birth: / /		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
Preferred Title (Mr/Mrs/Ms/Miss etc):			Given Name(s):		
Cultural Background		Religion:		Country of Birth:	
Date of arrival in Australia (if applicable)			School attended:		
Residential Address:					
				State:	Postcode:
Postal Address: ('As above' if same as Residential Address)					
				State:	Postcode:
Telephone Numbers	Home:		Work:		Mobile:
Email Address:					
Relationship to child (father, mother, foster parent, etc.):				Occupation:	
Employer:			If not employed, do you receive a government benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PAST ASSOCIATION WITH CABRA DOMINICAN COLLEGE

Parent is a past scholar <input type="checkbox"/> Yes <input type="checkbox"/> No	If you ticked YES, please fill out the information below.	
Your name while attending Cabra:	How many years did you attend	Your graduation year
Other association (e.g., Grandparent):		

REASONS FOR APPLYING

Why Cabra Dominican College?
How did you first hear about Cabra?
<input type="checkbox"/> Friends and family <input type="checkbox"/> Child's primary school <input type="checkbox"/> Social media <input type="checkbox"/> Driving past <input type="checkbox"/> Principal's Tour
<input type="checkbox"/> Other – please describe:

PARENT/CAREGIVER LANGUAGE OTHER THAN ENGLISH

Does Parent 1/Caregiver 1 speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Parent 2/Caregiver 2 speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Parent 3/Caregiver 3 speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>(If yes, and more than one language is spoken, indicate the one that is spoken most often):</i>	<i>(If yes, and more than one language is spoken, indicate the one that is spoken most often):</i>	<i>(If yes, and more than one language is spoken, indicate the one that is spoken most often):</i>

PARENT/CAREGIVER SCHOOL EDUCATION

What is the highest year of primary or secondary school Parent 1/Caregiver 1 has completed? <i>Note: for persons who have never attended school, tick the 'Year 9 or equivalent or below' box.</i>	What is the highest year of primary or secondary school Parent 2/Caregiver 2 has completed? <i>Note: for persons who have never attended school, tick the 'Year 9 or equivalent or below' box.</i>	What is the highest year of primary or secondary school Parent 3/Caregiver 3 has completed? <i>Note: for persons who have never attended school, tick the 'Year 9 or equivalent or below' box.</i>
Mark one box only <input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Year 10 or equivalent (2) <input type="checkbox"/> Year 9 or equivalent or below (1)	Mark one box only <input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Year 10 or equivalent (2) <input type="checkbox"/> Year 9 or equivalent or below (1)	Mark one box only <input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Year 10 or equivalent (2) <input type="checkbox"/> Year 9 or equivalent or below (1) <input type="checkbox"/> N/A

PARENT/CAREGIVER NON-SCHOOL EDUCATION

What is the level of the highest qualification Parent 1/Caregiver 1 has completed?	What is the level of the highest qualification Parent 2/Caregiver 2 has completed?	What is the level of the highest qualification Parent 3/Caregiver 3 has completed?
Mark one box only <input type="checkbox"/> Bachelor Degree or above (7) <input type="checkbox"/> Advanced Diploma/Diploma (6) <input type="checkbox"/> Certificate I to IV (including trade certificate) (5) <input type="checkbox"/> No non-school qualification (8)	Mark one box only <input type="checkbox"/> Bachelor Degree or above (7) <input type="checkbox"/> Advanced Diploma/Diploma (6) <input type="checkbox"/> Certificate I to IV (including trade certificate) (5) <input type="checkbox"/> No non-school qualification (8)	Mark one box only <input type="checkbox"/> Bachelor Degree or above (7) <input type="checkbox"/> Advanced Diploma/Diploma (6) <input type="checkbox"/> Certificate I to IV (including trade certificate) (5) <input type="checkbox"/> No non-school qualification (8) <input type="checkbox"/> N/A

RELATIONSHIPS

Please complete if relevant: <input type="checkbox"/> Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased
With whom does the student normally reside? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Shared/Other Arrangement
Communication regarding day to day matters is with whom? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Caregiver
Family court order or other relevant court order: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide a copy of documentation with application.</i>

PRIVACY COLLECTION NOTICE

1. Cabra Dominican College (College) collects personal information, including sensitive information about students and parent(s) or caregiver(s) before and during the course of a student's enrolment at the College. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the College to provide schooling to students and to enable the students to take part in the activities of the College.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Laws governing or relating to the operation of a College require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act 1988. We may ask you to provide medical information and reports about students from time to time.
5. The College, as required by law or as appropriate to discharge its duties, may disclose personal and sensitive information for educational, administrative and support purposes to other schools, government departments, educational authorities, medical practitioners, and people and organisations providing educational, support, health, administrative and financial services to the College.
6. Personal information collected from students is regularly disclosed to their parent(s) or caregiver(s).
7. The College may store personal information online, which may mean that it resides on servers that are situated in and outside Australia.
8. The College Privacy Policy sets out how parents or students may seek access to personal information which the College has collected and holds. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.
9. The College Grievance Policy sets out how parent/caregiver(s) and student(s) can register a complaint about a breach of privacy and how the College will handle such a complaint.
10. The College may engage 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 private marketing purposes (separate to that of the College) without your consent.
11. On occasions, information including photographs and videos about academic and sporting achievements, student activities and similar news are published in College newsletters, magazines, social media platforms, or the College website. The College will obtain permissions from the parent.
12. We may include students' and parents' contact details in class lists and the College directory.
13. If you provide the College 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 College and why.
14. In situations where parents/caregivers are separated, it is the policy of the College to release school reports to both parent/caregiver of the student upon request. It is also our policy to allow both parents to attend parent/teacher/student interviews upon request, unless the release of such information is prevented by a Court Order.

ENROLMENT APPLICATION DECLARATION

In applying for enrolment of our child at Cabra Dominican College, we;

1. Accept that our child will be educated in the Catholic faith in the Dominican tradition within a Christian educational environment.
2. Accept that it is essential to support College staff and cooperate in College activities.
3. Accept the standards the College sets regarding appropriate wearing of the uniform and personal presentation.
4. Agree to abide by the Parent Code of Conduct as amended from time to time.
5. Agree to be bound by the Terms and Conditions of Enrolment at Cabra Dominican College

DECLARATION: PAYMENT OF SCHOOL FEES

If an offer is made:

1. We jointly and severally accept responsibility for the payment of school fees and all other costs associated with the education of our child, as determined, and amended from time to time by the College.
2. We agree that the College reserves the right to forward overdue accounts to debt collection agencies for recovery of debt and/or for placement of charge over property to secure the debt. When this occurs, we agree that personal information will be disclosed to the agencies, and we will pay the total collection and legal costs.
3. We give consent for the College to contact any other Catholic and non-government schools, which our child has attended for the purpose of ascertaining our fee-paying record.

SIGNATURES

- I/we acknowledge and accept all of the above terms and conditions and declarations.
- I/we declare that all of the information provided to the College to support the application is true to the best of our knowledge.

.....
Offeree 1 (signature)

Date:

.....
Offeree 2 (signature)

Date:

.....
Offeree 3 (signature)

Date:

This form MUST BE SIGNED by ALL OFFEREES (legal parents/caregivers) of the enrolling child.

APPLICATION CHECKLIST

Please include the following to assist your application:

- Application Fee \$100 (*GST inc and non-refundable*)
- Copy of the student's birth certificate
- If born overseas, a copy of the student's immigration visa subclass number or Australian citizenship certificate
- Copy of sacramental certificates (where applicable)
- Copy of most recent school report
- Copy of most recent NAPLAN report
- Copy of any court orders or related information regarding custody of the child (where applicable)
- Up-to-date copies of documents relating to special needs: e.g. psychological/ diagnostic assessments
 - Allied Health Provider reports e.g. OT, Speech etc.
 - Individual Education Plan, Personalised Learning Plan, One Plan (where applicable)

COMPLETED APPLICATIONS

Please return completed and signed Application for Enrolment form to:

College Registrar
PO Box 57
MELROSE PARK SA 5039

Or email: registrar@cabra.catholic.edu.au

For phone enquiries please call: 8179 2400

PAYMENT OF APPLICATION FEE

Payment of a \$100 non-refundable fee is required with this application:

Payment Method: Credit Card Cash Cheque Amount: \$100.00

For Credit Card Payments:

Card Number:

Name on Card:

Card Expiry Date:

Signature:

Date:

OFFICE USE ONLY

Application Fee Received: Credit Card Cash Cheque

Signature:

Date: / /

Data Received: / /

Deposit Paid: / /

Acknowledgement Sent: / /

Interviewed: / /

Offer Sent: / /

Offer Accepted: / /

Notice of Acceptance Sent: / /



CABRA
DOMINICAN COLLEGE



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