CABRA
Dominican College

Enrolment Application

True Possibility

cabra.catholic.edu.au

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Application Process

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

Enrolment applications will be reviewed following the closing date. 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.

Considerations

When we consider applications for enrolment we are guided by criteria from our Enrolment Policy.

We consider whether the child is:

- from a practising Catholic family who has demonstrable and active links to their Catholic faith community (such as children attending a Catholic parish primary school), and/or who are prepared to support the ethos and values of Catholicism in the Dominican tradition;
- the child of alumni of the College; or
- a sibling of a current student (noting that siblings will be prioritised provided an application for enrolment form is submitted within 26 months of the start of the school year they are due to commence);
- a current student of a Catholic school, in a rural community, interstate or overseas, and whose family is transferring;

We also consider:

- the child's behavioural history;
- whether the values and beliefs of the child's family align with the vision, mission and values of the College.

Completed Applications

Please return completed and signed Enrolment Application form to:

College Registrar
PO Box 57
MELROSE PARK SA 5039

Email enquiries:
registrar@cabra.catholic.edu.au

Phone enquiries:
8179 2400

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.

Email enquiries:
registrar@cabra.catholic.edu.au

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Completing this form: This form can be filled in on your computer using the free Adobe Acrobat Reader, some browsers, or you can print pages 1 to 5.
Note: If you fill in a printed paper form, please use black or blue pen and mark check boxes with an '**X**'.

Details of Child

Personal Details

1. Name

Family Name | First Given Name

Second Given Name | Preferred Name

2. Date of Birth (DD MM YYYY)

Sex: ◯ Male ◯ Female

3. Status

Current School

Current Year Level

Year Level applying for | Year commencing **(YYYY)**

4. Child's Residential Address

Suburb | State | Postcode

5. Child's Postal Address *(if different from residential address)*

Suburb | State | Postcode

Family Circumstances

6. Living Circumstances *(Please tick all relevant options)*

Parents: ◯ Separated ◯ Divorced ◯ N/A

Deceased: ◯ Mother ◯ Father ◯ N/A

With whom does the child normally reside?
(Please tick all relevant options)

☐ Both Parents ☐ 1 Parent only ☐ Shared/Other Arrangement

Who is the primary contact for the student?

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any parent or guardian in relation to the child or access to the child?

No ☐

Yes ☐ ▶ **If Yes**, please provide the following:

- Copy of relevant documents with your application
- Provide any additional details below

Are there any other personal or living circumstances that the College should know prior to enrolment? (Eg. living apart from parental supervision, foster care arrangement, subject of a Court Order, out of home care arranged by the State)

No ☐

Yes ☐ ▶ **If Yes**, please provide the following:

- Copy of relevant documents with your application
- Provide any additional details below

Cultural Background

7. Origin, Citizenship, Language

Is your child of Aboriginal or Torres Strait Islander origin?

No ☐

Yes ☐ ▶ **If Yes**, Aboriginal, Torres Strait Islander or both:

Was your child born overseas?

No ☐

Yes ☐ ▶ **If Yes**, please provide the following:

Country of birth

Date of arrival into Australia **(DD MM YYYY)**

Residency status

◯ **Permanent** Resident
◯ **Temporary** Resident
◯ **Australian** Citizen

If your child is not an Australian citizen, advise:

Nationality | Visa type

Visa number

Date granted | Expiry date

- Please provide evidence of residency status with your application

Is English the **first** language for your child?

No ☐

Yes ☐ ▶ **If No**, please provide the following:

Child's first language

Which additional languages are spoken at home?

Sacramental Information

8. What religious affiliation (if any) does your child have?

Is your child baptised Catholic?

No ☐

Yes ☐ ▶ **If Yes**, please provide the following:

- Copy of certificates with your application
- Provide any additional details below

Date received **(DD MM YYYY)** | State Parish received

Medical and Educational Information

9. Medical History

Has your child been fully immunised?

No ☐
Yes ☐ ▶ **If Yes**, please specify relevant vaccinations

Does your child have any notifiable infectious diseases?

No ☐
Yes ☐ ▶ **If Yes**, please specify

Does your child have medical /other conditions that require attention (including the provision of medication) at school?

No ☐
Yes ☐ ▶ **If Yes**, please provide details about the condition, the severity, the child's symptoms, any treatment required and attach all relevant health management plans

Most recent school/pre-school attended

List name of school

Date commenced **(DD MM YYYY)** Date left **(DD MM YYYY)**

Has your child missed more than five days of school in a school term, each of the previous 3 years?

No ☐
Yes ☐ ▶ **If Yes**, please provide additional information for the reasons

10. Diverse Learning History

Does your child have (or has your child had) any needs (either diagnosed, undiagnosed or suspected) that may be relevant to the Colleg providing education to your child, your child's welfare, or the education and welfare of other students?

› Your child's relevant needs may relate (amongst other things) to allergies, health conditions, physical or intellectual disabilities, behavioural or learning challenges or difficulties, learning support requirements, and needs of a medical, psychological, health or dietary nature.

› Examples include (but are not limited to) an intellectual disability, Down Syndrome, Fragile X Syndrome, Autism Spectrum Disorder, language disorder, Attention Deficient/Hyperactivity Disorder, vision impairment, acquired brain injury, hearing impairment, cerebral palsy, mental health disorder, epilepsy, diabetes, and mobility or physical disabilities.

No ☐
Yes ▶ **If Yes**, please please provide details and attach copies of any relevant assessments or reports.

Please note that failure to provide full and complete information regarding a child's relevant needs may result in the student's application being withdrawn (or enrolment cancelled after commencement). For more information about the College's commitment to inclusivity, please consult the College's Enrolment Policy (available on the College's website).

Has your child ever received:

☐ Additional support in the classroom
☐ An individual learning, health or adjustment plan
☐ A diagnostic educational report
☐ Tutoring in any subject area
☐ Educational support (literacy/numeracy)
☐ Recent professional counselling
☐ Special physical facilities
☐ Government funding for individual support

If Yes to any, provide copies of reports and any additional details

Has your child ever accessed any of the following services:

☐ Speech/language pathologist
☐ Occupational therapist
☐ Physiotherapist
☐ Psychologist
☐ Counsellor
☐ Behavioural specialist
☐ Other

If Yes to any, provide copies of reports and any additional details

To your knowledge, is there any information about child's history or circumstances (including their medical history) that might pose an actual or apprehended threat or risk of harm to the care, safety and welfare of other staff, students or members of the school community?

No ☐
Yes ☐ ▶ **If Yes**, please specify details (including the names and contact details of health professionals or other relevant agencies that may have knowledge of these issues

11. Behavioural History

Does your child have (or has your child had) a history of aggressive or violent behaviour, including self-harm?

No ☐
Yes ☐ ▶ **If Yes**, please specify details

Has your child had any behavioural or disciplinary issues at any previous school(s)/ early learning centre(s)/ kindergarten(s) or extra-curricular activities?

No ☐
Yes ☐ ▶ **If Yes**, please provide any additional details below

Has your child ever been suspended (including on an interim basis during the course of an investigation) or expelled from or refused entry to any school or institution?

No ☐
Yes ☐ ▶ **If Yes**, please specify the surrounding circumstances

To your knowledge, is there any information about child's history or circumstances (including any medical history, criminal history/ record or intervention orders) that may be relevant to the College's assessment about your child's ability to comply with the College's student behavioural standards?

No
Yes ▶ **If Yes**, please specify the surrounding circumstances

To your knowledge, is there any information about child's history or circumstances (including any medical history, criminal history/ record or intervention orders) that may be relevant to the College's assessment about whether your child's behaviour may pose an actual or apprehended threat or risk of harm to the care, safety and welfare of other staff, students or members of the College community?

No
Yes ▶ **If Yes**, please specify the surrounding circumstances

Do you give permission for the College to contact your child's current and previous school(s)/ early learning centre(s)/ kindergarten(s) as listed above to discuss your child's behavioural and disciplinary history and needs?

Please note that if you select "No", the College may not make an offer of enrolment

No
Yes ▶ **If Yes**, please include any information that may assist the College in assessing reasonable adjustments

St Mary's Unit

The St Mary's Unit offers a mode of education for students assessed with mild to moderate intellectual disabilities to be integrated into mainstream schooling based on their cognitive, social and emotional capacity to do so. The St Mary's Unit is not a separate enrolment to Cabra, and thus students who access support through the SMU need to abide by the same policies and processes as all Cabra students.

12. St Mary's Unit

Are you seeking for your child to access support through the St Mary's Unit?

No
Yes ▶ **If Yes**, please answer the following questions:

Has your child previously been enrolled in a mainstream educational program?

No
Yes ▶ **If Yes**, please provide details

Has your child previously been enrolled at a specialist school?

No
Yes ▶ **If Yes**, please provide details

13. Educational Assessment

Please provide your child's educational assessment.

If no assessment is provided, do you agree to organise for your child to undertake an educational assessment for the purposes of ensuring that the College has an accurate, specific and informed understanding of your child's relevant needs and how the College may support the child's participation in the St Mary's Unit educational program (including what adjustments can reasonably be implemented to support your child) at your own cost?

Yes
No ▶ **If No**, *the College will not be able to proceed with the enrolment.*

Other Connections

14. Returning Student

This child is a past student of the College (returning)

No
Yes ▶ **If Yes**, please provide the following:

Year when left **(YYYY)** ____ Year level ____

Other children in the family:

Name	Gender	Date of Birth	School Now Attending	Year level

If either parent attended Cabra, please provide the following information, during school years.

Parent Name	Final Year	Family Name

Please give details of any other family members enrolled to attend Cabra in future, or relatives who have attended Cabra in the past.

Name	Relationship	Proposed Year of Entry	Year of Entry	Year at Cabra

Are there any other links with Cabra?

No
Yes ▶ **If Yes**, please provide details:

Parent's Details

Parent/Caregiver 1

15. Name

Title ____ Family Name ____

First Given Name ____ Second Given Name ____

Preferred Name ____ Relationship to Student ____

16. Date of Birth (DD MM YYYY) ____ ____ ____

Sex: ◯ Male ◯ Female

17. Centrelink Customer Reference Number
(issued by Centrelink and required to claim CSS)

18. Cultural Background

Country of Birth ____ Nationality ____

Main language spoken at home ____

Date of arrival in Australia (if applicable) (DD MM YYYY) ____ ____ ____

School attended ____ Religion ____

19. Employment

Occupation | Employer

Position/Title

If not employed, do you receive a government benefit?

No ◯ Yes ◯

20. Contact Details

Home Phone | Business Phone

Mobile number | Email

21. Residential Address

Suburb | State | Postcode

Postal address (if different from residential address)

Suburb | State | Postcode

22. Education

What is the highest year of primary or secondary school completed?

☐ Year 12 or equivalent ☐ Year 11 or equivalent

☐ Year 10 or equivalent ☐ Year 9 or equivalent or below

What is the highest qualification completed?

☐ Bachelor degree or above ☐ Advanced diploma/Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

Parent/Caregiver 2

23. Name

Title | Family Name

First Given Name | Second Given Name

Preferred Name | Relationship to Child

24. Date of Birth (DD MM YYYY)

Sex: ◯ Male ◯ Female

25. Centrelink Customer Reference Number
(issued by Centrelink and required to claim CSS)

26. Cultural Background

Country of Birth | Nationality

Main language spoken at home

Date of arrival in Australia (if applicable) **(DD MM YYYY)**

School attended | Religion

27. Employment

Occupation | Employer

Position/Title

If not employed, do you receive a government benefit?

No ◯ Yes ◯

28. Contact Details

Home Phone | Business Phone

Mobile number | Email

29. Residential Address

Suburb | State | Postcode

Postal address (if different from residential address)

Suburb | State | Postcode

30. Education

What is the highest year of primary or secondary school completed?

☐ Year 12 or equivalent ☐ Year 11 or equivalent

☐ Year 10 or equivalent ☐ Year 9 or equivalent or below

What is the highest qualification completed?

☐ Bachelor degree or above ☐ Advanced diploma/Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

Past Associations

31. Past scholars

Parent /parents are past scholars

No ☐

Yes ☐ ▶ **If Yes**, please provide the following:

Your name(s) while attending Cabra

How many years did you attend and what year(s) did you graduate?

Other association (e.g. grandparent)

Emergency Contacts

32. Personal details

Emergency Contact 1

Full name

Relationship to child

Home Phone | Mobile number

Email

Emergency Contact 2

Full name

Relationship to child

Home Phone | Mobile number

Email

Feedback

33. Optional

Although there is no obligation to complete this section, your answers will assist us in improving the College's service.

What prompted you to submit an Application for Enrolment to the College? (Please rank your top 3 reasons in priority order, with 1 being highest priority)

- ☐ Academic excellence
- ☐ Coeducation
- ☐ Continuing the family tradition
- ☐ Entry open to all, regardless of ability or background
- ☐ Excellent reputation
- ☐ Holistic education focus
- ☐ Location
- ☐ Wide range of choices and opportunities
- ☐ Sustainability focus
- ☐ Relationship with the Catholic Community or Catholic College in the Dominican tradition
- ☐ Other (please specify)

34. How did you learn about the College?
(Please tick as many as relevant)

- ☐ Advertisement or promotional materials
- ☐ Billboards
- ☐ Employer
- ☐ Local newspaper
- ☐ Media
- ☐ Online directories (please list) _____
- ☐ Past student
- ☐ Previously enrolled at the College
- ☐ Social media
- ☐ Website
- ☐ Word of mouth (eg family, friend, neighbour, colleague)

Date attended College tour **(DD MM YYYY)**

What are you hoping from your child's experience at the College?

CLEAR ALL FORM FIELDS

Consent

35. I/we understand that:

- The College has obligations under the Education and Early Childhood Services (Registration and Standards) Act 2011 and Education and Children's Services Act 2019.
- In taking any action or making any decision under the Act, the safety, welfare, and wellbeing of students (including my/our child) are paramount.
- Under those Acts, the College may share information (by requesting information from or providing information to, certain parties such as other schools, health care providers, and government agencies).
- The College will, as a matter of best practice, make every effort to work with me/us in meeting their information-sharing obligations under the Acts.
- Under those Acts, the College may share information with or without my/our consent.
- The College's information-sharing obligations under those Acts override any other personal privacy protection laws.
- The College uses CCTV to monitor its grounds, buildings and some learning spaces for security and safety purposes.

36. Media Consent

- I/we give consent to photographs, visual or audio content, or other identifying material, relating to my/our child and their "works" as defined in the Copyright Act 1968, being used in hard copy, digital form or online for the promotion and communication of the College.

Declaration

37. Agreement

- I/We declare that the information contained in this application for enrolment form is true and correct.
- I/we also understand that such information must be kept up to date prior to and throughout a child's enrolment at the College. Updates can be provided prior to a place of enrolment being offered by contacting the College.
- I/We understand that if our child receives an offer of enrolment at the College, each parent will be required to agree to be bound by the College's Terms and Conditions of Enrolment. A copy of the current Terms and Conditions of Enrolment is available on the College's website.
- I/We agree that if our child is enrolled at the College, we will be jointly and severally liable for the payment of all tuition fees and course levies, and other charges and levies, imposed by the College (collectively, College Fees) during our child's enrolment, and to pay all College Fees by the due dates, and in accordance with the payment terms, set out in the College's fee schedules. A copy of the current fee schedule is available on the College's website.
- 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.
  (If only one parent is agreeing to be liable for the payment of College Fees, a Change of Financial Responsibility Form must also be completed).
- I/We understand that submitting this form and paying the enrolment application fee does not guarantee my/our child a place at the College.
  (For more information about our enrolment process, please see the Enrolment Policy available on the Cabra website).

Signatures

RESET SIGNATURE FIELDS

- 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.

Parent/Caregiver 1 Name

Relationship to Child

Parent/Caregiver 1 (signature).

Date: **(DD MM YYYY)**

Parent/Caregiver 2 Name

Relationship to Child

Parent/Caregiver 2 (signature).

Date: **(DD MM YYYY)**

This form must be signed by all legal parent/caregivers of the child applying for enrolment.

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Application Checklist

Please include the following to assist your application:

- ☐ Proof of payment of the enrolment application fee
- ☐ Evidence of permanent residency in Australia (eg birth certificate, or evidence of lawful right to reside in Australia)
- ☐ Copy of the child's birth certificate
- ☐ Copy of the child's current Visa Grant Notice (if not an Australian Citizen) and passport
- ☐ For guardians (other than than parents), authority to act as a guardian
- ☐ Copy of each parent's drivers licence
- ☐ Copy of the child's Baptismal Certificate and any other Sacramental information (if applicable)
- ☐ Any court orders, parenting agreements, foster care arrangements (if applicable)
- ☐ A copy of child's two most recent school reports (if applicable)
- ☐ Medical/health reports, action plans etc. (if applicable)
- ☐ NAPLAN results (if applicable)
- ☐ Change of financial responsibility form
- ☐ Copies of documents with relation to additional learning difficulties/disabilities:
  Most current One Plan, IEP, PLP or NEP, psychological or Educational Assessments indicating diagnosis of learning disability, difficulty or intellectual disability, Allied Health Provider reports

Payment of Application Fee

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

1. **Payment Method**
   - ☐ Cash
   - ☐ Credit Card

Amount: $100.00

Payment Information and Instructions

2. **Cash**
   Please bring your completed application and cash amount to reception at Cabra Dominican College
3. **Credit Card**
   We currently accept Visa and Mastercard only

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card Expiry Date: **(MM YY)** ☐☐

CCV: ☐☐☐

Name on Card: _____

Signature: _____

Date Signed **(DD MM YYYY)** ☐☐ ☐☐ ☐☐☐☐

SAVE FORM | PRINT FORM | SUBMIT FORM

Office Use Only

Application Fee Received: ☐ Credit Card ☐ Cash

Signature: Date: ..... / ..... / .....

Data Received: ..... / ..... / .....

Deposit Paid: ..... / ..... / .....

Acknowledgement Sent: ..... / ..... / .....

Interviewed: ..... / ..... / .....

Offer Sent: ..... / ..... / .....

Offer Accepted: ..... / ..... / .....

Notice of Acceptance Sent: ..... / ..... / .....

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