

Application for Enrolment – Form A

Submission of this form does not guarantee that the applicant will receive an offer of enrolment to Quintilian School. Please ensure that all fields in this form are filled accurately and honestly, and all supporting documentation returned, as applications may be declined if information is incomplete or withheld.

You are HERE in the application process.

Application	Interview	Offer of enrolment	Payment of entry fees	Student approved to commence!
Submission of Form A and all supporting documents. Payment of application fee (\$300).	Parents and student meet the School Principal for an informal interview. Student overview (Form B) sent to student's current school.	Letter of offer issued for successful applicants. Signing and acceptance of the enrolment contract (Form C).	Student bond \$1600 Enrolment fee \$2500* *(PP and above only)	

Student Details				
Student's first name:		Preferred starting date:		
Middle name/s:		Applying to enrol in school year level:		
Last name:		Male	Female	Other
Preferred name:		Current school:		
Date of birth:		<i>Quintilian School will contact your child's current school while assessing their application to know more about their learning profile and school background.</i>		
Country of birth:				
Nationality/ies:				
Australian citizen or permanent resident? <i>If no – specify visa subclass:</i>				Yes No
Language/s that the student speaks at home				
English only				
English and other language(s) – please specify:				
Other language(s) only – please specify:				
Student's English language ability:				
Understands/uses only elementary phrases and a few simple words (hello, goodbye, my name is etc.)				
Understands simple conversations; gives 2-3 word answers to clear questions about family, personal info, hobbies, etc.				
Understands full sentences (familiar topics); speaks in full simple sentences				
Understands finer details when discussing familiar topics; speaks with moderate fluency and spontaneity				
Understands complex information and implied meanings; expresses fluently and with a wide vocabulary				
Near-fluent proficiency or above				
Parent / Guardian 1			Parent / Guardian 2	
Full name:			Full name:	
Preferred name:			Preferred name:	
Occupation:			Occupation:	
Country of birth:			Country of birth:	
Nationality/ies:			Nationality/ies:	
Date of birth:			Date of birth:	
Australian citizen/PR?			Yes	No
(if no above) Visa subclass:			(if no above) Visa subclass:	
Attended Quintilian School?			Yes	No
Attended Quintilian School?			Yes	No

Additional enrolment information

What attracted you to Quintilian School?

Do you intend for your child to attend Quintilian School until the end of Year 6?

Yes

No

If no – to which destination and at which year level do you estimate that your child will leave Quintilian School?

Educational background

Have you been made aware that your child is achieving outside their expected grade level in any areas of the curriculum?

Yes

No

How would you rate your child in the following academic areas? Please tick.

	They haven't learned these skills yet	Below average	Average for their age	Above average
Reading				
Writing and spelling				
Maths				

How would you rate your child in the following non-academic areas? Please tick.

	Needs help with this	Sometimes needs help with this	Mostly independent	No issues
Friendships				
Managing emotions				
Willingness to come to school				

Does your child receive/require any specific teacher adjustments to participate in learning?

Do they require acoustic or sensory considerations?

Does your child use/require any specialised equipment to participate in learning or manage day-to-day mobility?

Has your child's speech been assessed?

Yes

No

Please provide any background about their speech and language development, such as any specialist speech or language therapy services that they have accessed, reports from these services, or any language considerations that they require.

Does your child have a diagnosed or potential condition that may affect their participation, safety or engagement in learning? <i>If condition has been diagnosed – please include diagnosis report and any supporting information</i>			
ASD	Possibly – undiagnosed	Yes – diagnosed	No
ADHD	Possibly – undiagnosed	Yes – diagnosed	No
Anxiety	Possibly – undiagnosed	Yes – diagnosed	No
Other mental health condition	Possibly – undiagnosed	Yes – diagnosed	No
Intellectual or developmental delay	Possibly – undiagnosed	Yes – diagnosed	No
Other condition – please specify	Possibly – undiagnosed	Yes – diagnosed	No
Does your child/has your child previously had any kind of documented plan? <i>If yes – please attach</i>			
Individual Education Plan – this may set academic targets for a student who isn't working at normal grade level		Yes	No
Behaviour Management Plan – this may set goals and strategies for a student with challenging behaviours		Yes	No
Attendance Plan – this may set goals to improve or regulate attendance at school		Yes	No
Learning Adjustment Plan – this may be a plan of any other kind, established to identify goals and strategies for any individual circumstance, such as for students learning English or needing specific support.		Yes	No
Does your child have any particular hobbies or interests?			
Please give any additional details about your child that give us a complete picture about how to support them.			
Independence Note: Students must be 3 years old by June 30 and fully toilet trained to begin Pre-Kindergarten.			
Can your child manage personal care needs independently? (Toilet, dressing, eating, mobility)		Yes	No
Will your child be attending after-school care?		Yes	No
Have any of the following ever occurred for this student?			
	Accelerated by an academic year level		Enrolled in a Gifted and Talented program
	Delayed by an academic year level		Home schooling
	Suspended from school (<i>sent home for remainder of a school day or multiple days; or in-school suspension/withdrawal from class</i>)		Had an extended absence from school (more than two weeks)
	Been asked to leave/expelled from school		Changed school
Is the student of Aboriginal or Torres Strait Islander origin?			
	Yes, Aboriginal		
	Yes, Torres Strait Islander		
	Yes, both Aboriginal and Torres Strait Islander		
	No, neither Aboriginal nor Torres Strait Islander		

Mandatory Data Collection

These questions are required for the purpose of federal government data collection.

What is the highest year of primary or secondary school that you have completed?					
Parent/Guardian name:			Parent/Guardian name:		
Year 12 or equivalent			Year 12 or equivalent		
Year 11 or equivalent			Year 11 or equivalent		
Year 10 or equivalent			Year 10 or equivalent		
Year 9 or equivalent, or below			Year 9 or equivalent, or below		
What is the highest qualification you have completed?					
Bachelor degree or above			Bachelor degree or above		
Advanced diploma/diploma			Advanced diploma/diploma		
Certificate I to IV (including trade certificate)			Certificate I to IV (including trade certificate)		
No non-school qualification			No non-school qualification		
What is your occupation group? (See table below).					
Occupation group			Occupation group		
What language/s do you speak at home?			What language/s do you speak at home?		
I would like an interpreter to be present during formal school meetings		Yes	No	I would like an interpreter to be present during formal school meetings	
				Yes	No
Federal Data Collection – Occupation groups					
If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, please enter '8' as your occupation group number.					
GROUP 1 Senior management in large business, government administration & defence, and qualified professionals	Senior executive/ manager/ department head in industry, commerce, media or other large organization; Public service manager (section head or above), regional director, health/education/ police/ fire services administrator; Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]; Defence Forces Commissioned Officer ; Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others; Health, Education, Law, Social Welfare, Engineering, Science, Computing professional; Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]; Air/sea transport [aircraft/ships captain/ officer/pilot, flight officer, flying instructor, air traffic controller]				
GROUP 2 Other business managers, arts/media/ sportspersons and associate professionals	Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business; Specialist manager [finance/engineering/ production/ personnel/industrial relations/ sales/marketing; Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]; Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]; Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]; Author professionals generally have diploma/technical qualifications and support managers and professionals; Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional; Business/administration [recruitment/ employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]; Defence Forces senior Non-Commissioned Officer.				
GROUP 3 Tradesmen/women, clerks and skilled office, sales and service staff	Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group; Clerks [bookkeeper, bank/PO clerk, statistical/ actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/ shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]; Skilled office, sales and service staff ; Office [secretary, personal assistant, desktop publishing operator, switchboard operator]; Sales [company sales representative, auctioneer, insurance agent/ assessor/ loss adjuster, market researcher]; Service [aged/disabled /refuge/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]				
GROUP 4 Machine operators, hospitality staff, assistants, labourers and related workers	Drivers, mobile plant, production/ processing machinery and other machinery operators ; Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]; Office assistants, sales assistants and other assistants ; Office [typist, word processing/data entry/ business machine operator, receptionist, office assistant]; Sales [sales assistant, motor vehicle/ caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]; Assistant/aide [trades' assistant, school/ teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]; Labourers and related workers ; Defence Forces ranks below senior NCO not included in other groups; Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]; Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]				

Student Medical Form



Student Details						
Child's full name:						
Date of birth:						
Siblings (sibling ages):						
Parent / Guardian 1			Parent / Guardian 2			
Name:			Name:			
Relationship to child:			Relationship to child:			
Child lives with this person?			Child lives with this person?			
Yes, but not full-time	Yes	No	Yes, but not full-time	Yes	No	
Mobile phone:			Mobile phone:			
Alt phone:			Alt phone:			
Email:			Email:			
Home address:			Home address:			
Suburb:	Post Code:		Suburb:	Post Code:		
Workplace:			Workplace:			
Please indicate if there are any legal orders in place relating to your child (custody arrangements, family court orders, etc). <i>If yes – a copy must be provided to the school.</i>					Yes	No

Emergency Contact Information (must be over 18 years of age, and not the parents).

Emergency and School Pickup Contacts	
<i>It is very important that you tell these people you have nominated them. In nominating them you give them the authority to act on the parent's behalf if neither parent can be contacted, to pick the child up in an emergency and care for the child until she/he can be returned home.</i>	
Primary emergency contact:	Secondary emergency contact:
Name:	Name:
Relationship to child:	Relationship to child:
Mobile phone:	Mobile phone:
Alt phone:	Alt phone:
Home address:	Home address:
Additional emergency contact (optional):	Additional emergency contact (optional):
Name:	Name:
Relationship to child:	Relationship to child:
Mobile phone:	Mobile phone:
Alt phone:	Alt phone:
Home address:	Home address:

Please notify administration immediately of any changes to the given information.

General medical information				
Medicare No:	Reference:	Expiry:		
Private health care provider:	Policy number:			
Child's blood type (if known):				
Usual doctor:	Doctor's phone number:			
Does your child experience the following?	If yes, please give details/any special care or treatment required /reaction or severity etc			
Medication allergy? <i>If yes, please give details:</i>		Yes	No	
Food allergy? <i>If yes, please give details:</i>		Yes	No	
Any other allergy? <i>If yes, please give details:</i>		Yes	No	
Asthma (or other respiratory condition) <i>If yes, please give details:</i>		Yes	No	
Travel sickness? <i>If yes, please give details:</i>		Yes	No	
Any ongoing illness or condition (eg. Diabetes, epilepsy, heart condition, or other)? <i>If yes, please give details:</i>		Yes	No	
Poor sleep (including in certain circumstances, eg. when away from home)?		Yes	No	
Any further information or previous medical history of note? <i>If yes, please give details:</i>		Yes	No	
Medication and Dietary				
Is your child currently taking any form of medication? <i>If yes, please give details:</i>		Yes	No	
Does your child self-administer the medication during the school day ? <i>If yes, please give details:</i>		Yes	No	
Does your child have any non-allergy dietary requirements? <i>If yes, please give details:</i>		Yes	No	
Does your child have any special religious or cultural requirements? <i>If yes, please give details:</i>		Yes	No	
Other healthcare needs				
Does your child have any additional healthcare needs or relevant medical information not listed above?				
Does your child usually require equipment of any kind (e.g. glasses, hearing aids, mobility aids, etc)?				
Swimming ability – please rate your child's ability in each environment.				
Closed water (eg. Pool)	Not at all or very weak	Weak	Competent	Very competent
Open water (eg. Ocean)	Not at all or very weak	Weak	Competent	Very competent

Certification of Information (Signature of enrolling parent/s, guardian/s)	
I/we certify that the information on this form is true to the best of my knowledge. I/we will inform Quintilian School if any of these details change.	
 Signature of parent/guardian:	Date:
 Signature of parent/guardian:	Date: