



# Villanova College

A Catholic College for Boys in the Augustinian Tradition

## APPLICATION FOR ENROLMENT

### APPLICATION CHECKLIST

Please ensure the following documentation is enclosed with this Application Form:

- Baptismal Certificate
- Birth Certificate
- Most recent School Report
- NAPLAN results
- Completed Reference Pro-Forma
- Application Fee (\$110)
- Recent Photograph (passport size, attached to top of this page)
- Court and/or Parent Agreements (where applicable)
- Copies of any reports/documents relating to;
  - Verification (ASD, ID, HI, VI, PI, SED, SLI)
  - Learning Support Profile
  - Therapy (OT;ST;Physio)
  - Medical Conditions
  - Counselling/Psychology

*The Government requires each school to collect mandatory data as part of its funding agreement. These mandatory data areas are collected through questions marked with an asterisk\**

### STUDENT DETAILS

Surname: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Given Names: \_\_\_\_\_

Visa: \_\_\_\_\_ Sub Class: \_\_\_\_\_

Address: \_\_\_\_\_

Present School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Year of Entry: \_\_\_\_\_ Year: \_\_\_\_\_

Parish usually attended: \_\_\_\_\_

Was this student born in Australia?  Yes  No

Sacraments Received:

Baptism  Eucharist  Reconciliation  Confirmation

\*Country of Birth: \_\_\_\_\_

Visa  Permanent Resident  Australian Citizen  Aboriginal  Torres Strait Islander

### SIBLING INFORMATION

Does the applicant have brothers currently at Villanova College?  Yes  No

Does the applicant have younger brothers who will attend Villanova College?  Yes  No

If yes, please provide details below:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Year of Entry: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Year of Entry: \_\_\_\_\_ Year: \_\_\_\_\_

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## VILLANOVA COLLEGE PAST STUDENT CONNECTION

Does the applicant have brothers who are past students of Villanova College?  Yes  No

If yes, please provide details below:

Name: \_\_\_\_\_

Year Left Villanova College: \_\_\_\_\_

Name: \_\_\_\_\_

Year Left Villanova College: \_\_\_\_\_

Does the applicant have a relative who is a past student of Villanova College?  Yes  No

If yes, please provide details below:

Father  Grandfather  Uncle  Cousin

Name: \_\_\_\_\_ Year Left Villanova College: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Year Left Villanova College: \_\_\_\_\_

Relationship: \_\_\_\_\_

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## STUDENT MEDICAL DETAILS

Does the applicant suffer from any of the following?  
(Please tick appropriate boxes)

Asthma  Diabetes  Epilepsy

Allergic Reactions: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Does the applicant suffer from any disability which would affect his participation in College activities?

Yes  No

If yes, please provide details below:

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

Does the student take any medication?  Yes  No

If yes, please provide full details:

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

Has the student missed substantial periods of school time due to illness or for any other reasons?

Yes  No

If yes, please provide full details:

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

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## FURTHER INFORMATION

The student resides with:

Both parents  Mother  Father  Guardian/Carer

To avoid confusion and embarrassment please complete if natural parents are not living together:

Please tick whichever applies:

Parents separated  Parents divorced

Father deceased  Mother deceased

Father remarried  Mother remarried

*Where relevant, please attach copies of any Family Court or other court orders.*

Who does the College communicate with for day-to-day matters? (More than one box can be ticked)

Father  Mother  Guardian

Other: \_\_\_\_\_

Who receives copies of correspondence from the College? (More than one box can be ticked)

Father  Mother  Guardian

Other: \_\_\_\_\_

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## PARENT/GUARDIAN DETAILS

### MOTHER'S DETAILS

Title:  Mrs  Ms  Other: \_\_\_\_\_

Surname: \_\_\_\_\_

Christian Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

\*Country of Birth: \_\_\_\_\_

\*Education:  Yr 9  Yr 10  Yr 11  Yr 12

Tertiary, Bachelor Degree or above

Advanced Diploma

Certificate I - IV

Non-school qualification

\*Occupation: \_\_\_\_\_

\*Group No.  1  2  3  4

*(Please see attached form for group descriptions)*

### FATHER'S DETAILS

Title:  Mr  Other: \_\_\_\_\_

Surname: \_\_\_\_\_

Christian Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

\*Country of Birth: \_\_\_\_\_

\*Education:  Yr 9  Yr 10  Yr 11  Yr 12

Tertiary, Bachelor Degree or above

Advanced Diploma

Certificate I - IV

Non-school qualification

\*Occupation: \_\_\_\_\_

\*Group No.  1  2  3  4

*(Please see attached form for group descriptions)*

## LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does the student or their mother or father speak a language other than English at home?  Yes  No

If yes, what language(s) other than English is/are spoken at home?

*Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.*

Student:  Yes  No

If yes, please list language/s \_\_\_\_\_

Mother:  Yes  No

If yes, please list language/s \_\_\_\_\_

Father:  Yes  No

If yes, please list language/s \_\_\_\_\_

## EDUCATIONAL SUPPORT

Has the student received any of the following?

Learning Support  Yes  No

Professional assessment for learning difficulties  Yes  No

ESL Assistance  Yes  No

Gifted and Talented Extension Assistance  Yes  No

Professional Counselling  Yes  No

Has the student had contact with any of the following Allied Health Services?

Paediatrician  Yes  No

Audiologist  Yes  No

Occupational Therapist  Yes  No

Speech Therapist  Yes  No

Psychologist  Yes  No

Psychiatrist  Yes  No

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## EDUCATIONAL SUPPORT (CONTINUED)

Has the student been diagnosed with any of the following?

Attention Disorder (ADHD, ADD)  Yes  No  
Central Auditory Processing Deficit  Yes  No  
Dyslexia  Yes  No  
Dyscalculia  Yes  No  
Dysgraphia  Yes  No  
Dyspraxia  Yes  No  
Other  Yes  No

Please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student receive any additional support either inside or outside the classroom?

Please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been diagnosed/verified for any of the following?

Autistic Spectrum Disorder  Yes  No  
Speech Language Impairment  Yes  No  
Physical Impairment  Yes  No  
Visual Impairment  Yes  No  
Hearing Impairment  Yes  No  
Intellectual Impairment  Yes  No  
Social Emotional Disorder  Yes  No

*If selected yes, please provide documentation, IEP and Specialist reports.*

Does the student have a current Individual Education Programme (IEP) or Learning Profile?

Yes  No

*If yes, please provide details below and attach IEP, Learning Profile and specialist reports to this Application Form.*

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

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## DISCLOSURE OF INFORMATION

Villanova College is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act. A privacy statement detailing Villanova College's practices and procedures for the use and management of personal, sensitive and health information it collects and records can be accessed on our website, [www.vnc.qld.edu.au](http://www.vnc.qld.edu.au).

### INFORMATION REQUIRED

If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol your son. By completing and submitting the school application for enrolment form, you have confirmed your understanding of, and agreement, with the above.

I/We give permission for Villanova College to contact appropriate agencies and professionals and request reports which may assist in the placement of my son at the College and in future education planning.

I/We have provided full disclosure of all relevant information pertaining to this application. I/We acknowledge failure to provide relevant details will affect initial and/or ongoing enrolment.

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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## PAYMENT DETAILS – Application fee (\$110 non-refundable)

Cash (do not send by post)  Cheque (payable to Villanova College)  Visa  MasterCard

Cardholders Name: \_\_\_\_\_

Cardholders Number: \_\_\_\_\_

Card Expiry: \_\_\_\_ / \_\_\_\_ Cardholder's Signature: \_\_\_\_\_