

**Campus Office**

Postal Address: PO BOX 652 Parramatta NSW 2150

Phone 02 8844 8000 Fax to 96873993

College Address: Level 5 Lachlan Tower 17-21 Macquarie St Parramatta

Email [rmckane@mtcwork.com.au](mailto:rmckane@mtcwork.com.au)



# WARAKIRRI COLLEGE

## APPLICATION FOR ENROLMENT

### Instructions

Please ensure all sections are filled out. The more details that are provided in this application will facilitate a decision regarding the young person's placement.

Please ensure the information release form is completed. This will enable us to gain access to any previous student reports that you may not have been able to access, if required.

A final decision regarding the young person's placement will only be decided AFTER all information required has been provided to the school and an interview with the student has been conducted.

Please only attach copies of any reports and certificates.

**DO NOT ATTACH ORIGINAL DOCUMENTS.**

**Places at *Warakirri College* are in high demand. All people applying for a position with the college need to be aware that an application does not automatically entitle the young person a place.**

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# Application for Enrolment

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

YEAR 10

## Section 1. PERSONAL DETAILS

Student Name : \_\_\_\_\_ DOB: / /19 Age: \_\_\_\_\_

Student Address: No: \_\_\_\_\_ Street: \_\_\_\_\_

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

Home Ph Number: ( ) \_\_\_\_\_ Student's Mobile: \_\_\_\_\_

**Mailing address** (if different)

No: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Living arrangements:** \* (please tick)

With parents

With Mother

With Father

With other relative

Independent

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

\*Note: Stable accommodation required by start of academic year.

**Parent / Guardian Contact Details** (if under 18yrs):

Name:

Relationship to Student:

\_\_\_\_\_

\_\_\_\_\_

Home Phone

Work Phone

Mobile Phone

( ) \_\_\_\_\_

( ) \_\_\_\_\_

\_\_\_\_\_

**IF DIFFERENT FROM ABOVE**

**Emergency Contact Details:**

Name:

Relationship to Student:

\_\_\_\_\_

\_\_\_\_\_

Ph Number

Home

Work

Mobile

( ) \_\_\_\_\_

( ) \_\_\_\_\_

\_\_\_\_\_

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**Referral Details: (if applicable)**

Referral From: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Service Description: \_\_\_\_\_

Referring/ Contact Worker: \_\_\_\_\_

Duration of Client Involvement with Service: \_\_\_\_\_ years \_\_\_\_\_ months

Comments: \_\_\_\_\_

**Assessment/ Support Details**

Has the young person ever received an assessment from a psychiatrist, psychologist, behavioral therapist or other practitioner: Yes  No

Source: \_\_\_\_\_ Date: \_\_\_\_\_  
(ie Doctor, school counselor etc)

***Please attach an outline of results or copy of report.***

Are they currently receiving any support from any other community agency/ counselling service or practitioner? Yes  No

<i>Name of Service</i>	<i>Type of Service</i>	<i>Name of Worker Involved</i>

**Statistics:**

Is the young person of Aboriginal or Torres Strait Islander decent?: Yes  No

Does the young person come from a Non English Speaking background?: Yes  No

Details: \_\_\_\_\_

Does the young person have a disability or current diagnosis?: Yes  No

Details: \_\_\_\_\_

Are they currently taking any medication: Yes  No

Brand Name/ Type	Dosage	Reason

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**Section 2. EDUCATIONAL DETAILS****Previous School Enrolments**

Year	School	Last date of attendance	Year	Completed	
				Yes	No
<i>E.g. 2005</i>	<i>Parramatta High School</i>		9	✓	

Reason for leaving school: (please provide attachment if additional space required)

**Self Assessment**

(1- poor, 5 – excellent)

Please indicate general level of:	1	2	3	4	5
Literacy Skills <i>(reading and writing)</i>					
Numeracy <i>(maths and money)</i>					
Communication <i>(speaking and listening)</i>					

**Other training or employment****Employment**

Year	Place of Employment	Role/ Duties

**Training**

Year	Place of Training	Completed	
		Yes	No

**Work Experience**

Year	Place of Employment	Role/ Duties

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**Section 3. ATTACHMENTS AND SIGNATURES****Please attach all supporting documentation**

Item	Attached	
	Yes	No
Most recent school report - Required		
Copy of birth certificate/Passport - Required		
Practitioners report		
Principals report		
Other: _____		

Is the student willing to check in Mobile phone at the beginning of each school day?

Yes  No 

Is the student willing to undertake an assessment to determine level of education support required?

Yes  No Signed: \_\_\_\_\_  
Student

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

Signed: \_\_\_\_\_  
Parent /Guardian /Caregiver

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

Signed: \_\_\_\_\_  
Referral Worker

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

**OFFICE USE ONLY**

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Location: \_\_\_\_\_

Attendance: Warakirri College Administrator/ Staff Student Parent/Guardian/ Caregiver Support Person Other:  Details: \_\_\_\_\_Assessment Completed: YES  NO Enrolment Accepted YES  NO 

If no, outline reasons for acceptance being denied &amp; attach

Warakirri College Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Information Release

I \_\_\_\_\_ give permission for Warakirri College to access any records regarding me/ my child which may be required to support their *Application for Enrolment* at Warakirri College.

I am aware that all records or reports will be filed in my child's individual file and will be maintained under the Privacy & Confidential Policy, which includes storage in a locked filing cabinet and access granted only to authorised staff.

The reports which may be required are:

- School
- Counselor
- Behavioural Assessment
- Health Assessment
- Juvenile Justice
- Case Worker
- Department of Community Services

Signed: \_\_\_\_\_  
(Student)  
Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent if student under 18 years)  
Date: \_\_\_\_\_