

Application for Student Enrolment

(Complete one form per student. Please photocopy more if needed.)

Include a copy of each student's Birth Certificate or equivalent, eg. Birth Extract, Passport, displaying the student's date of birth.

Family Information	
Parent(s) Names	
Is the family an existing ACC family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide your customer code.	
Student Information	
Surname	Given Name
Preferred Name	Middle Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Has the student made a profession of Faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student of Aboriginal or Torres Straight Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student speak English as a second language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's residential address	
Postcode	
When will this student commence studying with ACC?	
Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/>	ASAP <input type="checkbox"/> Other <input type="checkbox"/>
Enrolment Information	
Grade last completed	Year
Last School attended	
School address	
Did the school use the ACE curriculum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluate progress in child's previous work	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good
<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Reading Level: <input type="checkbox"/> non-reader	<input type="checkbox"/> poor reader <input type="checkbox"/> confident reader
Other Information	
Is the student enrolled in any other Western Australian School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, on what date they will withdraw from that school?	
Has your child been diagnosed as having health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details. If applicable attach medical report.	
Has your child been diagnosed as having learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details. If applicable attach reports.	