

THE STUDIO SCHOOL

powered by

ALL SAINTS' COLLEGE

APPLICATION FORM



STUDENT DETAILS (PLEASE TICK WHERE APPROPRIATE)

Family surname (block letters please) Male Female

Given name/s (as shown on birth certificate).....

Preferred name.....

Date of birth/...../..... Country or Australian State of birth.....

Nationality..... Language spoken at home.....

Is the student Aboriginal or Torres Strait Islander

Religion..... Baptised Yes No Confirmed Yes No

Present school (if applicable)..... Current year level.....

I would like my child to enter Year in 20.....

Australian citizen or permanent resident? Yes No Passport number.....

Temporary resident? Yes No Visa category.....

(If on a visa please attach copy of parents' and student's Visa Grant Notice)

CUSTODY/GUARDIANSHIP

Student lives with:

Both Parents Parent 1 Parent 2 Other (please specify).....

Are there Court or Custody Orders enforced by law? Yes No

If 'yes' please provide details and a copy of the Court Order.

I/we agree to provide updated copies of these documents as appropriate.

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PARENTS' DETAILS

Parent 1

Family surname..... Title (Mr, Mrs, Ms, Dr, Other).....

Given name/s (as shown on birth certificate).....

Preferred name..... Relationship to student.....

Marital status Married Divorced Single Widowed Partner

Address.....

Suburb..... State..... Postcode.....

Home phone..... Mobile.....

Preferred email.....

Occupation..... Type of industry.....

Employer..... Business phone.....

Business address.....

Business email.....

Australian citizen or permanent resident? Yes No Passport number.....

Temporary resident? Yes No Visa category.....

(If on a visa, please attach copies of the parent's and student Visa Grant Notices)

Parent 2

Family surname..... Title (Mr, Mrs, Ms, Dr, Other).....

Given name/s (as shown on birth certificate).....

Preferred name..... Relationship to student.....

Marital status Married Divorced Single Widowed Partner

Address.....

Suburb..... State..... Postcode.....

Home phone..... Mobile.....

Preferred email.....

Occupation..... Type of industry.....

Employer..... Business phone.....

Business address.....

Business email.....

Australian citizen or permanent resident? Yes No Passport number.....

Temporary resident? Yes No Visa category.....

(If on a visa, please attach copies of the parent's and student Visa Grant Notices)

HEALTH AND WELLBEING

Does your child have any social, emotional or intellectual difficulties or specific medical or learning needs or disabilities?

Yes No

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In the past three years, has your child received or is she/he currently receiving support from any of the following professional services?

- | | |
|---|---|
| <input type="checkbox"/> Speech therapist | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Other/s (please specify) |

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If you answered 'yes' to any of the above, please submit supporting documents with this application. Failure to disclose an educational need may lead to the cancellation of the application and/or enrolment.

Does your child have any special talents which TSS may need to accommodate?

Yes No (if 'yes', please specify below)

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THANK YOU FOR YOUR INTEREST IN TSS

