



## APPLICATION FOR ENROLMENT

**Student**

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

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

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Residential address: \_\_\_\_\_  
(If no street/lot number is available, please give Emergency Response Number ERN)

Postcode: \_\_\_\_\_

If applicable - Religion: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Language/s spoken at home (other than English): \_\_\_\_\_

Is your child of Aboriginal, or of Torres Strait Island origin? Yes  No  Both

Australian Citizen: Y  N

Resident of Australia: Y  N

Entry Date Required: \_\_\_\_\_ Year Level of Entry: \_\_\_\_\_

Campus Preference: (Please number in order of preference 1-2) Victor Harbor  Goolwa

**Present School/Pre-school Attending** (if applicable): \_\_\_\_\_

NB: If your child currently attends another school, please attach most recent school report.

**Has your child had:** Speech Pathology? Y  N  (*Please attach reports*);  
 Occupational Therapy? Y  N ; Physiotherapy? Y  N ; Other: \_\_\_\_\_

**Does your child have any special needs or conditions?** Yes  No   
 (Eg. Learning difficulties or disabilities, physical disabilities, hearing or vision impairment, emotional disturbance, severe asthma, epilepsy, diabetes, restrictions on physical activity). If yes, please give details and attach any current reports/assessments.

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

Is there any further information that you can provide that would assist the College to provide an optimum learning environment for your child?

\_\_\_\_\_

**Child resides with:** Both Parents  Mother  Father   
 Other  (*please specify relationship*) \_\_\_\_\_

Are there any court orders relating to the child? Y  N  If yes, please provide brief details  
 (a copy of current court orders will be required once a place has been formerly offered):

\_\_\_\_\_

Please list any other family members who may attend the College in the future.

Name (First & Surname)	M/F	DOB	Current School/ Preschool	Current Year level	Year level to Commence	Year to Commence

**Father  
or  
Guardian**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_  
Given Names: \_\_\_\_\_ (Preferred) \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ Telephone (wk) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ First Language: \_\_\_\_\_  
Investigator College Old Scholar: Y  N  If yes, previous surname: \_\_\_\_\_

**Mother  
or  
Guardian**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_  
Given Names: \_\_\_\_\_ (Preferred) \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ Telephone (wk) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ First Language: \_\_\_\_\_  
Investigator College Old Scholar: Y  N  If yes, previous surname: \_\_\_\_\_

**Declaration**

**I/we recognise that Investigator College Inc. is seeking to be a College of excellence open to all in a disciplined, caring and Christian environment and agree to support this in the education of my children.**  
**I/we hereby certify that to the best of my knowledge, the information provided on this application is true and correct.**

\_\_\_\_\_  
Signature (father/guardian)                      Date                      Signature (mother/guardian)                      Date

How did you hear about Investigator College?     Word of Mouth     Local Press     Website     White/Yellow Pages  
 A family with children currently at Investigator     Other \_\_\_\_\_

If you wish to acknowledge the referral by a current College family please provide their name/s below:

\_\_\_\_\_

**Please return the completed form to the Enrolment Office,  
Investigator College Inc., 2 Glendale Grove, Goolwa, South Australia 5214.**  
(Please note: an Application Fee is no longer charged)

**Office Use:**

Processed by: \_\_\_\_\_ Letter Sent: \_\_\_\_\_