EXPRESSION OF INTEREST FOR ENROLMENT FORM

Thankyou for your interest in applying for enrolment at William Campbell College. Please fill in the information below and return to the College at your earliest convenience.

1. STUDENT INFORMATION	
Last name	
Given names	
Age	
Date of Birth	
Gender	☐ Male ☐ Female ☐ Not Specified
Commencing calendar year sought at WCC *(e.g. 2022)*	
Grade Level sought at WCC	
Current/Last school attended	
Present/Last class and year attended	

2. PARENT/CARER INFORMATION		
PARENT/CARER 1:		
Relationship to Student		
Gender		☐ Male ☐ Female
Last name		
Given names		
Date of Birth		
Phone	**Home/Mobile**	
	Work	
Email		
Residing at same address as student?		☐ Yes ☐ No
Emergency Contact		☐ Yes ☐ No
PARENT/CARER 2:		
Relationship to Student		
Gender		☐ Male ☐ Female
Last name		
Given names		
Date of Birth		
Phone	**Home/Mobile**	
	Work	
Email		
Residing at same address as student?		☐ Yes ☐ No
Emergency Contact		☐ Yes ☐ No

3. GENERAL INFORMATION	
Students seeking enrolment at William Campbell College must meet the criteria for enrolment based on their diagnosis and/or needs (please refer to attached Enrolment Policy). Please provide an overview of student's diagnosis and needs. You will be asked to provide further information on this at the next steps of Enrolment.	
Primary Diagnosis/Needs	
Other Diagnosis/Needs	
Medical Conditions and Medication	

Please tick the way it is anticipated that your student would travel to and from school		
☐ Private Car	☐ Assisted Transport	☐ Public Transport

OTHER CHILDREN IN THE FAMILY				
Name	**Age**	**Applying for Admission**	**Current Class**	**Grade/Year at Commencement**

4. ENROLMENT FEES

A student's placement at the College is partially funded by the state and federal governments. However, these contributions do not cover all the costs of our individualised approach to education.

The balance of this cost is met through school fees.

One Term

$2460

Half Year

$4920

Full Year

$9840

Please indicate whether you are applying for a full fee paying, partial or full sponsorship position

☐ Full Fee Paying	☐ Partial Sponsorship	☐ Full Sponsorship

I have read the provided *William Campbell College Enrolment Policy* and understand the criteria for enrolment for students and are able to provide the necessary information moving forward through the application process.

Please return the completed application to office@williamcampbellcollege.nsw.edu.au and we will be in contact with you regarding the next steps in your enrolment process.

Name			
Signature		**Date**	