

ENROLMENT PROCESSING

For use in processing enrolment applications

OFFICE USE ONLY

STUDENT NAME:			<input type="checkbox"/> Sibling(s) currently at school	
Application for Enrolment Form Completed in Full	<input type="checkbox"/> Yes		<input type="checkbox"/> Follow Up	_____
Independent Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Documentation:				
• Birth Certificate	<input type="checkbox"/> Yes		<input type="checkbox"/> Follow Up	_____
• Australian Citizenship Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Current Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Current Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Health Care Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Current/Previous School Transfer Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Academic Reports				
• NAPLAN Results				
• Baptism Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Legal Documentation – Related Persons	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	
• Health or Medical Assessment Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Legal Documentation - Student	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
• Application Fee	<input type="checkbox"/> Yes	<input type="checkbox"/> N.A	<input type="checkbox"/> Follow Up	_____
Resultant Applicant Classification	_____			
Enrolment Category				
<input type="checkbox"/> Application Received	Date: ___ / ___ / ___	<input type="checkbox"/> Placement Not Offered	Date: ___ / ___ / ___	
<input type="checkbox"/> Application Withdrawn	Date: ___ / ___ / ___	<input type="checkbox"/> Placement Offer Accepted	Date: ___ / ___ / ___	
<input type="checkbox"/> Interview Arranged	Date: ___ / ___ / ___	<input type="checkbox"/> Placement Offer Declined	Date: ___ / ___ / ___	
<input type="checkbox"/> Interview Completed	Date: ___ / ___ / ___	<input type="checkbox"/> Wait List Offered	Date: ___ / ___ / ___	
<input type="checkbox"/> Placement Offered	Date: ___ / ___ / ___	<input type="checkbox"/> Wait List Offer Declined	Date: ___ / ___ / ___	
<input type="checkbox"/> Placement Offered Pending	Date: ___ / ___ / ___	<input type="checkbox"/> Wait List Offer Accepted	Date: ___ / ___ / ___	
Enrolment record entered in eMinerva	Date: ___ / ___ / ___	Student Id	s _____	
Application Fee Paid	Amount \$ _____	Date: ___ / ___ / ___	Receipt No. _____	
Confirmation of Enrolment				
Enrolment Confirmation Paid	Amount \$ _____	Date: ___ / ___ / ___	Receipt No. _____	
Confirmation of Enrolment Form Completed and Signed	<input type="checkbox"/> Yes	<input type="checkbox"/> Follow Up	_____	
Account Holders Updated	<input type="checkbox"/> Yes – completed <input type="checkbox"/> No - to be done at end of year	<input type="checkbox"/> Follow Up <input type="checkbox"/> Sibling fee information checked	<input type="checkbox"/> Checked by Finance	
Fee Payer(s) allocated - eMinerva debtor number	<input type="checkbox"/> Yes	_____	_____	
Additional Account Holder(s) added	<input type="checkbox"/> Yes	_____	_____	
OFFICE ADMIN SIGNATURE:	_____	PRINCIPAL SIGNATURE	_____	
OFFICE ADMIN NAME:	_____	PRINCIPAL NAME:	_____	
DATE:	___ / ___ / ___	DATE:	___ / ___ / ___	

INTERVIEW

OFFICE USE ONLY

For use in conducting enrolment interviews

STUDENT NAME:			
Interview Date:	___ / ___ / ___	Interview Time:	
Original Documents Sighted:	Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Australian Citizenship Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Current Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Current Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Health Care Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Current/Previous School Transfer Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Academic Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	NAPLAN Results	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Baptism Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Health or Medical Assessment Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Legal Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
	Outcome:		
Student's Current Year Level: <i>(Use "N.A" for new Prep enrolments)</i>	Yr ___ / N.A	Student's Year Level upon starting at your school:	Yr ___
Student's expected Enrolment Start Date at your school:	___ / ___ / ___	Student's expected Enrolment End Date at your school: <i>(If enrolling for a specific period of time)</i>	___ / ___ / ___
Validation of data provided on Application for Enrolment form <i>(Are the responses on the Application for Enrolment form current and consistent with findings at interview?) If No, provide details on a separate page and update records.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Circumstances:	<hr/> <hr/> <hr/> <hr/> <hr/>		
Notes:	<hr/> <hr/> <hr/> <hr/> <hr/>		
Interviewer's Signature:		Interviewer's Name:	