

# WILLIAM CLARKE STARTING MY JOURNEY

## PURPOSE OF THIS FORM

*If you are a parent or carer use this form to:*

- Apply for your child to enter William Clarke College, **and**
- Make an Enrolment Application Registration Fee payment, **and**
- Confirm Enrolment Application Registration fee payment by recording your receipt number in the area provided



## IMPORTANT

After making your Enrolment Application Registration Fee payment, you will need to record your receipt number in the space provided at the end of this form. Application is not complete until payment is made and receipt number provided.

We welcome applications at any time, however we would encourage families to apply **24 months** prior to start date for Years K-12 and **12 months** prior to start date for Preparatory School

## FILLING IN THIS FORM

*Acrobat Reader:*

*Fill out the form using Acrobat Reader (not your web browser) to ensure all content is saved correctly. If you don't have Acrobat Reader download here: [get.adobe.com/reader/](https://get.adobe.com/reader/)*

- Please type directly into the PDF
- Make your Enrolment Application Registration Fee payment via the 'Make a Payment' button on page 4
- Record your Enrolment Application Registration Fee payment receipt number in the box provided on page 4
- Submit the form via email with copies of your child's birth certificate and immunisation record

*Manually:*

- Please use black or blue pen
- Print in BLOCK LETTERS
- Make your Enrolment Application Registration Fee payment via the payment portal on the William Clarke College website
- Record your Enrolment Application Registration Fee payment receipt number in the box provided on page 4
- Submit the form via email with copies of your child's birth certificate and immunisation record



## STUDENT DETAILS

Please print details of the student applying to enter the College.

First name

Second name

Family name

Preferred first name (if different to above)

Gender  Male  Female

Date of birth (dd/mm/yyyy)

Place of birth

Nationality

Is the student Aboriginal or Torres Strait Islander?  Yes  No

Please attach a copy of your child's:

- i. Birth certificate, and if applicable
- ii. Australian visa, current proof of Australian Citizenship or documentary evidence explaining the student's resident status

Street Address

Suburb

Postcode

With which parent(s) does the student live?

- Both parents at one address
- Mainly Mother
- Mainly Father
- Equal time with both parents at separate addresses
- Guardian
- Other

If a student is offered a place at the College, unless there are Court Orders in place, it is the College's practice to inform both parents of the offer. Therefore we ask that the contact details on pages 2 and 3 be completed as fully as possible.

## ENTRY LEVEL

Please tick appropriate entry point.

### PREPARATORY

A: Prep: 2 day program **OR**

B: Prep: 3 day program

### KINDERGARTEN - YEAR 12

- |                                       |                                 |                                  |                                  |
|---------------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2  | <input type="checkbox"/> Year 3  |
| <input type="checkbox"/> Year 4       | <input type="checkbox"/> Year 5 | <input type="checkbox"/> Year 6  | <input type="checkbox"/> Year 7  |
| <input type="checkbox"/> Year 8       | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | <input type="checkbox"/> Year 11 |
| <input type="checkbox"/> Year 12      |                                 |                                  |                                  |

YEAR OF ENTRY (eg 2026)

## CURRENT SCHOOL

(if applicable)

School name

Year level

## CHURCH ATTENDANCE

Which church is attended by student/family. Church name, denomination and location (eg Kellyville Anglican; St Matthew's Uniting Baulkham Hills; Dural Baptist; Beecroft Presbyterian).

## REGULARITY OF ATTENDANCE & INVOLVEMENT

(Please tick appropriate attendance & involvement by the student).

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Each week     | <input type="checkbox"/> Most weeks   | <input type="checkbox"/> Monthly                 |
| <input type="checkbox"/> Family events | <input type="checkbox"/> Baptism only | <input type="checkbox"/> Easter & Christmas only |
| <input type="checkbox"/> Sunday school | <input type="checkbox"/> Youth group  | <input type="checkbox"/> Church service only     |
| <input type="checkbox"/> Other         | <input type="text"/>                  |  |

## PARENT DETAILS

Please complete the following details as fully as possible to enable the College to communicate with all people who might have an interest in the student entering William Clarke College.

### A. Father Relationship to the student

Natural  Step  Foster  
 Other

Title  First name

Family name

Street Address (if different to student address)

Suburb  Postcode

Home phone

Mobile

Email

Occupation

Employer

Work phone

Work email

Church attended

Are you an ex-student of the College?  Yes  No

If yes, when

### B. Mother Relationship to the student

Natural  Step  Foster  
 Other

Title  First name

Family name

Street Address (if different to student address)

Suburb  Postcode

Home phone

Mobile

Email

Occupation

Employer

Work phone

Work email

Church attended

Are you an ex-student of the College?  Yes  No

If yes, when

Maiden name (if changed since attending the College)

## OTHER CAREGIVERS/GUARDIANS

Other significant caregiver / guardian who shares an address with the student. If necessary, please attach another sheet of paper with the details of other caregivers/guardians.

|   |                      |
|---|----------------------|
| Title   | First name           |
| <input type="text"/>  | <input type="text"/> |
| Family name   |                      |
| <input type="text"/>  |                      |
| Relationship to the student   |                      |
| <input type="text"/>  |                      |
| At which address listed on <b>page 2</b> of this application does the caregiver reside? <input type="checkbox"/> A <input type="checkbox"/> B |                      |
| Home phone  | Mobile               |
| <input type="text"/>  | <input type="text"/> |
| Email   |                      |
| <input type="text"/>  |                      |
| Occupation  |                      |
| <input type="text"/>  |                      |
| Employer  |                      |
| <input type="text"/>  |                      |
| Work phone  |                      |
| <input type="text"/>  |                      |
| Work email  |                      |
| <input type="text"/>  |                      |
| Church attended   |                      |
| <input type="text"/>  |                      |
| Are you an ex-student of the College? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |
| If yes, when <input type="text"/>   |                      |
| Maiden name (if changed since attending the College)  |                      |
| <input type="text"/>  |                      |

### ADDITIONAL NEEDS AND FURTHER INFORMATION

This section **MUST** be completed.

Is there any information about the student's needs or aptitudes which we should know?  Yes  No

Is there any physical or psychological condition or social situation which may affect the education of the student and/or their safety and/or the safety of others in the College?  Yes  No

*If yes to either question, please attach a letter explaining these needs in detail, including where applicable, Doctors and/or specialist reports / statements and other documentary evidence.*

Are there any Court orders or Parenting Plans in force in regard to the student?  Yes  No

*If yes, please attach a copy of the Orders or Plan.*

## OTHER FAMILY DETAILS

Please list students already enrolled, or previously enrolled, at William Clarke College.

|                            |                      |
|----------------------------|----------------------|
| 1. First name              |                      |
| <input type="text"/>       |                      |
| Family name                |                      |
| <input type="text"/>       |                      |
| Date of birth (dd/mm/yyyy) | College House        |
| <input type="text"/>       | <input type="text"/> |
| 2. First name              |                      |
| <input type="text"/>       |                      |
| Family name                |                      |
| <input type="text"/>       |                      |
| Date of birth (dd/mm/yyyy) | College House        |
| <input type="text"/>       | <input type="text"/> |

Please list other children for whom you have **ALREADY** submitted Enrolment Applications.

|                            |  |
|----------------------------|--|
| 1. First name              |  |
| <input type="text"/>       |  |
| Family name                |  |
| <input type="text"/>       |  |
| Date of birth (dd/mm/yyyy) |  |
| <input type="text"/>       |  |
| 2. First name              |  |
| <input type="text"/>       |  |
| Family name                |  |
| <input type="text"/>       |  |
| Date of birth (dd/mm/yyyy) |  |
| <input type="text"/>       |  |

Please list any other children for whom you might consider applying in the future.

|                            |  |
|----------------------------|--|
| 1. First name              |  |
| <input type="text"/>       |  |
| Family name                |  |
| <input type="text"/>       |  |
| Date of birth (dd/mm/yyyy) |  |
| <input type="text"/>       |  |
| 2. First name              |  |
| <input type="text"/>       |  |
| Family name                |  |
| <input type="text"/>       |  |
| Date of birth (dd/mm/yyyy) |  |
| <input type="text"/>       |  |

## IMPORTANT INFORMATION

Acceptance of this Enrolment Application and Registration Fee by the College does not constitute an offer of a place in the College or the guarantee of an interview.

### REQUIRED ATTACHMENTS

Please note that the following **MUST** accompany this application for it to proceed:

- A copy of a birth certificate, and, if applicable, citizenship papers, Australian Visa, or documentary explanation.
- A copy of immunisation history.
- Documentary evidence where asked for in the application eg. Court Orders, Parenting Plans, specialist reports.
- A non-refundable Enrolment Application Registration fee of \$115 per student.
- Cheques should be made payable to William Clarke College.

## SURVEY

*It would help us a great deal for our future development if you could answer these brief questions.*

### How did you hear of the College?

(Please tick as many as applicable).

- |  |  |
|--|--|
| <input type="checkbox"/> Friends                 | <input type="checkbox"/> Neighbours                        |
| <input type="checkbox"/> Church                  | <input type="checkbox"/> General 'word of mouth            |
| <input type="checkbox"/> Website                 | <input type="checkbox"/> Passing by                        |
| <input type="checkbox"/> Local Advertising       | <input type="checkbox"/> School Expo                       |
| <input type="checkbox"/> Seeing College Students | <input type="checkbox"/> Recommendation from local schools |
| <input type="checkbox"/> Other                   |  |

### Please indicate five (5) of the MAIN reasons as to why you are applying for a place at the College.

1 = most important reason; 2 = next most important; and so on

- |   |  |
|---|--|
| <input type="checkbox"/> Christian Ethos    | <input type="checkbox"/> Pastoral Care / Welfare           |
| <input type="checkbox"/> Student Management | <input type="checkbox"/> Academic Results                  |
| <input type="checkbox"/> Subject Choice     | <input type="checkbox"/> Co-curricula Opportunities        |
| <input type="checkbox"/> Affordability      | <input type="checkbox"/> Physical Resources                |
| <input type="checkbox"/> College Reputation | <input type="checkbox"/> Locality                          |
| <input type="checkbox"/> Staff              | <input type="checkbox"/> Good relationships in the College |
| <input type="checkbox"/> Other              |  |



## ONLINE PAYMENT

Click here to make the 'Application Fee' payment online

[MAKE A PAYMENT](#)

Alternatively: [wcc.onestopsecure.com/OneStopWeb/enrol/menu](http://wcc.onestopsecure.com/OneStopWeb/enrol/menu)



Don't forget to record your receipt number here!

## CONFIRMATION OF APPLICATION FOR ENROLMENT

By ticking this box I/we confirm that to the best of my/our knowledge, the information in the Application for Enrolment is complete and correct.

Both parents or legal guardian(s) have provided their full names below and support this application.

Father / Guardian 1

Date

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Mother / Guardian 2

Date

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|



## CLICK HERE TO SUBMIT YOUR FORM ONLINE

or mail to:

Enrolments  
William Clarke College,  
PO Box 6010,  
Baulkham Hills Business Centre,  
NSW 2153

or deliver to:

College Reception  
1 Morris Grove, Kellyville

or via email:

[apply@wcc.nsw.edu.au](mailto:apply@wcc.nsw.edu.au)

### Office Use Only (17/06)

Date Received

Amount

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Initials

Data entered

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|