



# Honours Scholarship - Years 3-6

## External Student Application

### Student

Name of Boy	FAMILY NAME		GIVEN NAMES		PREFERRED NAME
Date of Birth	<input type="text"/>	PLEASE ATTACH COPY OF BIRTH CERTIFICATE	Country of Birth		<input type="text"/>
Country of Citizenship	<input type="text"/>		Language spoken at home		<input type="text"/>
Religion	<input type="text"/>		Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Year Level of Entry in 2018	<input type="text"/>				

### Parent(s) or Guardian

FATHER / STEPFATHER / GUARDIAN PLEASE CIRCLE

FULL Name	TITLE	FAMILY NAME		GIVEN NAMES		PREFERRED NAME
Citizenship	<input type="text"/>		Occupation		<input type="text"/>	
Address	RESIDENTIAL					
	POSTAL					
Telephone	HOME		WORK		FACSIMILE	
	<input type="text"/>		Email <input type="text"/>			
Mobile	<input type="text"/>					
Drivers Licence	<input type="text"/>					
Living with student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, do you have access to your son?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

MOTHER / STEPMOTHER / GUARDIAN PLEASE CIRCLE

FULL Name	TITLE	FAMILY NAME		GIVEN NAMES		PREFERRED NAME
Citizenship	<input type="text"/>		Occupation		<input type="text"/>	
Address	RESIDENTIAL					
	POSTAL					
Telephone	HOME		WORK		FACSIMILE	
	<input type="text"/>		Email <input type="text"/>			
Mobile	<input type="text"/>					
Drivers Licence	<input type="text"/>					
Living with student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, do you have access to your son?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Previous Association with The Southport School PLEASE ATTACH LIST IF INSUFFICIENT SPACE

Do you have other sons registered or currently enrolled at the School?

Yes  No

NAME(S)	YEAR	HOUSE

Are any of the family former students of The Southport School?

Yes  No

NAME(S)	RELATIONSHIP TO APPLICANT	YEARS AT TSS	HOUSE

Do you have any daughters currently enrolled or registered at St Hilda's?

Yes  No

NAME(S)	REGISTERED	YEAR	NAME(S)	ENROLLED	YEAR

Are any of the family former students of St Hilda's School?


Yes  No

NAME(S)	RELATIONSHIP TO APPLICANT	YEARS AT ST HILDA'S	HOUSE

# Student Profile

Schools attended if applicant has previously attended school

NAME OF SCHOOL(S)	STATE	YEAR LEVEL/S ATTENDED	YEARS OF ATTENDANCE (E.G. 1999-2005)

 PLEASE ATTACH LAST TWO SCHOOL REPORTS.

## MUSIC

Please provide detailed examination results, current ensembles or achievements that may be of interest.

## SPORT

Please indicate the sports participated in. Detail achievements/experience or awards.

## VISUAL ARTS & PERFORMING ARTS

Detail achievements/experience or awards.

## OTHER

Detail achievements/experience or awards.

Has the applicant ever repeated a year? Yes  No  Details

Has the applicant ever been accelerated (skipped a year)? Yes  No  Details

Does the applicant have a special need? Yes  No   
If Yes, please identify what type:

Intellectual	<input type="checkbox"/>	Autism/Aspergers	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Social/Emotional	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Learning Difficulty	<input type="checkbox"/>	Non-verbal Learning Disorder	<input type="checkbox"/>
Other	<input type="text"/>				

If the applicant has one of the above special needs, how does it impact on him as a learner?

Has a specialist ever assessed the applicant for exceptional developmental, learning or behavioural characteristics? Yes  No   
If Yes, please specify:

Guidance Officer	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	Pediatrician	<input type="checkbox"/>
Child Psychologist	<input type="checkbox"/>	Speech Therapist	<input type="checkbox"/>	Developmental Optometrist	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	Other	<input type="text"/>		

Do you have a report from the above specialist? IF YES, PLEASE ATTACH IT WITH YOUR APPLICATION. Yes  No

Has the applicant ever received "Learning Support" assistance? Yes  No   
ONGOING ASSISTANCE FOR THE CHILD AND/OR TEACHER PROVIDED BY A SPECIALIST TEACHER, PSYCHOLOGIST OR OTHER SUITABLY TRAINED PROFESSIONAL PRACTITIONER.

Has the applicant ever been given a diagnosis from a specialist or paediatrician? Yes  No   
IF YES, PLEASE SUPPLY THE DIAGNOSIS OR ANY DETAILS.



PLEASE ATTACH A SPECIALIST REPORT OR LEARNING SUPPORT PLAN/S (IF APPLICABLE).

For how many years?   
Ongoing?

Has the applicant participated in enrichment programs such as "Gifted and Talented"?

Yes  No

If yes, please specify:

Does the applicant take medication on a regular basis?

Yes  No

If yes, please specify:


Has any school ever requested that the applicant leave the school?

Yes  No

 IF YES, PLEASE ATTACH DOCUMENTATION OF EVENT/S THAT LED TO SUSPENSION.


Has the applicant ever been suspended from any school?

Yes  No

 IF YES, PLEASE ATTACH DOCUMENTATION OF EVENT/S THAT LED TO WITHDRAWAL OF STUDENT..


Have you ever withdrawn the applicant from any school following any disciplinary incident?

Yes  No

 IF YES, PLEASE ATTACH DOCUMENTATION OF EVENT/S.

Has the applicant ever been found to be involved with illegal substances?

Yes  No

 IF YES, PLEASE ATTACH DOCUMENTATION OF EVENT/S.

**THE SCHOOL RESERVES THE RIGHT TO REJECT ANY APPLICATION IN ITS ABSOLUTE DISCRETION WITHOUT HAVING TO GIVE ANY REASON FOR SUCH REJECTION.**

# Recommendation

You must supply two referees' reports outlining your suitability for a 2017 scholarship at The Southport School. One referee report must be completed by your teacher. The second reference can be from another teacher, or a personal reference.

The Southport School will contact these people as part of the enrolment process.

## FIRST REFEREE

	FAMILY NAME	GIVEN NAMES
FULL Name	<input style="width: 100%;" type="text"/>	
Occupation	<input style="width: 100%;" type="text"/>	
Mobile	<input style="width: 250px;" type="text"/>	Email <input style="width: 350px;" type="text"/>

## SECOND REFEREE

	FAMILY NAME	GIVEN NAMES
FULL Name	<input style="width: 100%;" type="text"/>	
Occupation	<input style="width: 100%;" type="text"/>	
Mobile	<input style="width: 250px;" type="text"/>	Email <input style="width: 350px;" type="text"/>

With whom does the applicant reside? PLEASE ATTACH OFFICIAL DOCUMENTATION IF APPLICABLE.

Both Parents    
 Mother    
 Father    
 Guardian

With whom does the School communicate with regarding day to day matters?

Both Parents    
 Mother    
 Father    
 Guardian

Who receives copies of School Reports?

Both Parents    
 Mother    
 Father    
 Guardian

Are there any Court Orders/Parenting Plans which are relevant to this student?

IF THE CURRENT COURT ORDER/PARENTING PLAN IS NOT PROVIDED THE SCHOOL WILL ASSUME BOTH PARENTS HAVE EQUAL PARENTAL ACCESS.

IF YES, PLEASE PROVIDE COPIES OF DOCUMENTATION.
 Yes 
No

If Guardian, Please provide relevant details here

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**PHOTOGRAPH**

ATTACH A PASSPORT SIZED PHOTO HERE.

With whom does the applicant reside? PLEASE ATTACH OFFICIAL DOCUMENTATION IF APPLICABLE.

Both Parents  Mother  Father  Guardian

With whom does the School communicate with regarding day to day matters?

Both Parents  Mother  Father  Guardian

Who receives copies of School Reports?

Both Parents  Mother  Father  Guardian

Are there any Court Orders/Parenting Plans which are relevant to this student?

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IF YES, PLEASE PROVIDE COPIES OF DOCUMENTATION.

Yes  No

If Guardian, Please provide relevant details here

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PHOTOGRAPH  
ATTACH A PASSPORT SIZED PHOTO HERE.

## Declaration Statement

I/We

acknowledge that I/we have made a FULL AND FRANK DISCLOSURE of all required and relevant information in this Application. I/we are aware that failure to make full and frank disclosure will result in the rejection of a student's application.

I/we also acknowledge that I/we have read a copy and agree to each of the following Policies of The Southport School available online at [www.TheSouthportSchool.com/Policies](http://www.TheSouthportSchool.com/Policies).

- Student Protection in Anglican Schools
- Student Welfare Policy
- Privacy Policy
- Boarding Policy
- Student Discipline Policy
- Code of Behaviour - Preparatory
- Prep Bullying Policy
- Bullying and Harrassment Policy - Senior
- Student Code of Conduct
- Drug Policy
- Drug Testing Policy
- Collection Notice
- Conditions of Entry
- School Fees Policy
- IT Users Agreement

Signature

Signature

Date

Date

**APPLICATION WILL NOT BE PROCESSED UNLESS  
DECLARATION STATEMENT IS SIGNED BY ALL PARENTS/GUARDIANS.**



# Application Checklist

Should your Scholarship Application be successful, a \$200 Registration fee will be payable to cover administration costs and is non refundable.

(ADDITIONAL CHARGES WILL APPLY FOR ALL CREDIT CARD PAYMENTS. VISA/MASTERCARD 0.95% AND AMEX/DINERS 2.19%)

PLEASE SEND COPIES OF THE BELOW DOCUMENTS ONLY. ORIGINALS WILL NOT BE RETURNED.

A MAXIMUM OF 10 PAGES (*may be double sided*) NOT IN FOLDERS OR PLASTIC SLEEVES, *comprehensively outlining your achievements may be submitted. Copies of certificates, awards and copies of media articles about the applicant may be included within the maximum 10 page limit. Please do not send originals, as they will not be returned.*

- Copies of boy's last two school reports are attached.(Please print double-sided)
- A copy of boy's most recent NAPLAN results if applicable. (Please print double-sided)
- A copy of boy's Birth Certificate or Passport is attached.
- Evidence of Australian citizenship is attached if born overseas.
- A copy of any official documentation relating to custody or guardianship is attached if applicable. (Please print double-sided)
- A maximum of 10 pages of supporting paper work is attached. (Please print double-sided).  
Supporting documents such as certificates outlining achievements, an other intelligence or IQ test results.
- Policy documents ([www.TheSouthportSchool.com/Policies](http://www.TheSouthportSchool.com/Policies)) has been read and understood by parent(s) or guardians.
- Declaration (page 7) has been signed and read by all parent(s) or guardian.
- All 8 pages of this application is returned.
- A small recent photo is attached.

Prior to entry, the applicant will be interviewed by the Admissions Registrar or their representative, and if successful will be offered a place at The Southport School. So that future correspondence is addressed correctly we ask that you notify the Admissions Office of any change of address or telephone number.

This information may be passed on to the Manager of the ESOS Assurance Fund.

Please return this form when completed to

Admissions Registrar  
The Southport School  
Winchester Street  
Southport Qld 4215

Telephone: +61 1300 877 269

Facsimile: +61 7 5591 2124

Email: [admissions@tss.qld.edu.au](mailto:admissions@tss.qld.edu.au)

The Corporation of the Synod of the Diocese of Brisbane trading as  
The Southport School.

CRICOS Provider No. 00523F.

