

## PROFILE SUMMARY FORM NON-RESIDENT PROGRAM

GENERAL							
Student's Name:							
Date of Birth:							
Home City/Town:							
*Boarding school students please list your home city/town, not school city/town							
How did you hear about us?							
,							
ACADEMIC							
School:		Years at this school (eg: 2010-2012):					
Day Student or Boarder:		Year 12 Graduation Year:					
1511: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		t currently at University, what have you done this year?					
GAP (details)	JOB (details)	OTHER (details)					
Leadership Roles at School:							
(Formal roles appointed by the Principal)							

OP (or equivalent) Estimate: (if given by school)					
<b>OP (or equivalent) Actual:</b> (if this is not your Year 12 Graduation Year	)				
UMAT Score: (if applicable to you)					
GIVIAT Score: (ij applicable to you)					
Intended (1 <sup>st</sup> Preference) Tertiary Course and University:					
Actual Tertiary Course and University: (if already at a University)					
Grade Point Average: (if already at a University)					
FAMILY AND FRIENDS					
Names of siblings who attended Cromwell College and years of attendance:					
Name	Years (eg: 2010-2012)				
Names of siblings who attended a College other than Cromwell and	years of attendance:				
Name	Years (eg: 2010-2012)				
Names of parents who attended Cromwell College and years of atte	ndance:				
Name	Years (eg: 2010-2012)				
Names of parents who attended a College other than Cromwell and	<u>-</u>				
Name	Years (eg: 2010-2012)				
Names of close friends who currently attend Cromwell College:					
Name	Years (eg: 2010-2012)				
	(-6)				

Do you have any close friends living in Brisbane next year: (to visit and support you at College)								
	YES	NO						
Do you have family living in Brisbane next year: (to visit and so	upport you at Colleg	ie)						
	YES	NO						
<b>HEALTH*</b> (False details, including the withholding of information	n may lead to termi	ination of enrolment without						
refund.)								
Give details of any physical health issues:								
Circ actume of any physical meanin issues.								
Cive details of any montal health issues								
Give details of any mental health issues:								
List medically diagnosed dietary or other allergies: (College staff to better cater for your needs)								

COLLEGE ACTIVITIES									
SPIRITUAL									
(Religious affiliation is n	ot a prerequisite fo	r entry, however a	ll students n	must comply with t	he mission and values				
statement of the College)									
Do you attend Church/Youth Group on a regular basis?				NO					
(If Yes) Name of Church	n/Youth Group:								
Would you like to be involved in Spiritual Activities (Bible Study/Discussion Groups/Church) at Cromwell College?									
			YES	NO					
SERVICE PROGRAMS									
Active involvement in S	Service Programs o	rganised by schoo	!?						
Active involvement in Service Programs independent of school?									
SOCIAL									
Activity	Never	Rarely		Sometimes	Regularly with friends to				
					relax and unwind				
Coffee Shops									
Alcohol									
Go to Movies									
Other Activities									
(List and Quantify)									