

Family Details

Parent/Carer 1

*If applicable, copies of any relevant family law or other court orders must be provided.

Title (e.g. Mr/Mrs/Ms/Dr): _____ Sex (tick box below) _____ Relationship to student: _____
[] M [] F

Family name: _____ Given name: _____

Address (if different from child)

Occupation: _____ Country of Birth: _____

[] Occupation group (write 1,2,3,4 or 8) See following page for instructions

Work Phone: _____ Mobile: _____

Home Phone: _____ Email: _____

Marital Status (Please tick) : Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Church attended (if applicable): _____ Denomination: _____

Ministers Name: _____ Regularity: Weekly/ Most weeks/ Occasional/ Never

School education

What is the highest level of schooling completed? For persons who never attended school, mark 'Year 9' or equivalent or below (mark one box only)

[] Year 12 or equivalent

[] Year 11 or equivalent

[] Year 10 or equivalent

[] Year 9 or equivalent or below

Educational qualifications

What is the highest qualification completed?

[] Bachelor degree or above

[] Advanced diploma/diploma

[] Certificate I to IV (incl. Trade cert.)

[] No non-school qualifications

Languages other than English spoken at home

Does this *Parent/Carer* speak a language other than English at home?

[] No, English only [] Yes

If yes, what languages other than English are spoken at home?

Main language other than English spoken at home:

Family Details

Parent/Carer 2

*If applicable, copies of any relevant family law or other court orders must be provided.

Title (e.g. Mr/Mrs/Ms/Dr): _____ Sex (tick box below) _____ Relationship to student: _____
[] M [] F

Family name: _____ Given name: _____

Address (if different from child)

Occupation: _____ Country of Birth: _____

[] Occupation group (write 1,2,3,4 or 8) See following page for instructions

Work Phone: _____ Mobile: _____

Home Phone: _____ Email: _____

Marital Status (Please tick) : Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Church attended (if applicable): _____ Denomination: _____

Ministers Name: _____ Regularity: Weekly/ Most weeks/ Occasional/ Never

School education

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[] Year 11 or equivalent

[] Year 10 or equivalent

[] Year 9 or equivalent or below

[] No non-school qualifications

Languages other than English spoken at home

Does this *Parent/Carer* speak a language other than English at home?

[] No, English only [] Yes

Educational qualifications

What is the highest qualification completed?

[] Bachelor degree or above

[] Advanced diploma/diploma

[] Certificate I to IV (incl. Trade cert.)

If yes, what languages other than English are spoken at home?

Main language other than English spoken at home

Occupation Groups

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.

- **Senior executive/manager/department head** in industry, commerce, media or other large organisation
- **Public service manager** (Section head or above), regional director, health/education/police/fire services administrator
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility Senior executive/manager/department head in industry, commerce, media or other large organisation. director)
- **Defence Forces** Commissioned Officer
- **Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
 - **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional
 - **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
 - **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group 2: Other business managers, arts/media/sportspersons and associate professionals.

- **Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- **Specialist manager** (finance/engineering/production/personnel/industrial relations/sales/marketing)
- **Financial services manager** (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- **Retail sales/services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- **Arts/media/sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- **Associate professionals** generally have diploma/technical qualifications and support managers and professionals
 - **Health, Education, Law, Social Welfare, Engineering, science, Computing** technician/associate professional
 - **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
 - **Defence Forces** senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

- **Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All Tradesmen/women are included in this group
- **Clerks** (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Skilled office, sales and service staff.**
 - **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
 - **Sales** (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
 - **Service** (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

Group 4: Machine operators, hospitality staff, assistants, labours and related workers

- **Drivers, mobile plant, production/processing machinery and other machinery operators.**
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)
- **Office assistants, sales assistants and other assistants.**
 - **Office** (typist, word processing/data entry/business machine operator, receptionist, office assistant)
 - **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, care rental desk staff, street vendor, telemarketer, shelf stacker)
 - **Assistant/aide** (trades' assistant, school/teachers' aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- **Labourers and related workers**
 - **Defence Forces** ranks below senior NCO not included above
 - **Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
 - **Other worker** (labourer, factory hand, storeman, guard cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

Parent Information

Contact details for parent/carers with whom the student normally lives

Name to be used for all correspondence (e.g. Mr and Mrs A. Black, Ms B. Green):

Residential address (e.g. 5 Happy Place, Bonnells Bay, NSW, 2264):

Is this the student's residential address [] Yes [] No

Correspondence address (If you have a correspondence address that is different to your residential address please write it here e.g. PO Box 5, Morisset, NSW, 2264):

Email address for correspondence:

Should the school need to contact you, please specify, in order of preference, how you would like to be contacted:

Contact name:

Phone number:

Type (e.g. home, mobile, work):

Contact name:

Phone number:

Type (e.g. home, mobile, work):

Other Parent/Carer contact details for parent/carers not living with this student

*If applicable, copies of any relevant family law or other court orders must be provided.

Title (e.g. Mr, Ms): _____ Sex: M F Relationship to student (e.g. mother, father): _____

Family Name: _____ Given Name: _____

Phone number: _____ Type (Home, mobile, work): _____

Residential address (e.g. 10 Love St, Balcolyn , NSW, 2264):

Does the student sometimes reside at this address? Yes No

Correspondence address (e.g. PO Box 10, Morisset, NSW, 2264)

Emergency contacts

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts. Please nominate people who may be contacted in the event of an emergency when the parents cannot be contacted. Ideally, the contact person should be someone who lives in the neighbourhood of the school. **Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.**

Contact name 1
_____Phone number
_____Relationship to student (e.g. aunt, family friend etc)
_____Contact name 2
_____Phone number
_____Relationship to student (e.g. aunt, family friend etc)
_____**Student medical details**Doctor's name/medical centre
_____Doctor's address (e.g. 1 Happy Place, Bonnells Bay, NSW, 2264)

_____**Parent/Carer permission**

I give permission for the school to seek information from the doctor/medical centre named above about how to manage any allergy or medical condition experienced by the student. Yes No

Doctor's phone number
_____Student's Medicare Number

Student Information

Please circle:

Is your child Aboriginal or Torres Strait Islander origin?

Yes/No

Aboriginal /Torres Strait Islander

Does your child speak a language other than English at home?

Yes/No

Language _____

Can your child speak and understand English clearly?

Yes/No

Would your child benefit from English as a Second language help if available? Yes/No

Has your child received Special Education?

Yes/No

Has your child received Special Services?

Yes/No

Does your child have and specialist Reports? (e.g. Psychometric, Speech) Yes/No

Does your child have any of the Special Needs identified below? Yes/No

- ADD ADHD ODD Aspergers Autism
- Anaphylaxis Epilepsy Asthma Diabetes Food allergies Medication
- Allergies Other allergies Sight impairment Hearing Impairment
- Physical Impairment

Please give details or add any other not listed: _____

Special Gifts/Talents (please provide details and copies of any assessment reports):

In what subjects does your child have strengths?

What are your child’s current interests, hobbies and sport?

It is essential you tell the Principal before your child starts school if he or she has any allergies or other medical conditions. You should also let the school know as soon as you are aware of any new allergies or other medical conditions.

Medication – Please specify any prescribed medication to be taken by the student. (Please provide list if insufficient space)

Kindergarten students

For **Kindergarten** students, what type of care did this child have in the year prior to enrolling at school?

- Long day care Family day care
- Occasional care Pre-school
- Other formal care
- Other care e.g. parent/carer, relative, playgroup

Amount of formal care each week, prior to enrolling in school:

- Up to 6 hours per week
- Up to 12 hours per week
- 12 hours to fulltime each week

Name of pre-school, long day care centre or other formal care service:

At your last school did the school provide?

- alternative teaching and learning strategies
- signing Braille
- a reader or scribe access to technology
- modifications to equipment, furniture and learning spaces
- personal carer support
- Other (please specify)

Is there anything that you do or modify at home that may help us at school to meet your child's special needs?

What may be required for your child in this school?

- alternative teaching and learning strategies
- signing Braille
- a reader or scribe access to technology
- modifications to equipment, furniture and learning spaces
- personal carer support
- Other (please specify)

Student Details

Special Circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?

Yes No

If yes, please provide a brief description of the circumstances:

Student's history relevant to risk assessment

Brightwaters Christian College has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide us with information that will help facilitate the smooth transition of students into our school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in the school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school?

Yes No

If yes, please provide brief description of your child's medical or other history which might pose a risk of any type to him or her, other students, or staff at this school.

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does your child have any history of violent behaviour?

Yes No

If yes, please provide details:

Has your child ever been suspended or expelled from any previous school?

Yes No

If yes, was this for:

Actual violence to any person:

Yes No

Possession of a weapon or any item used to cause harm or injury?

Yes No

Threats of violence or intimidation of staff, students, or others at the school?

Yes No

Illegal drugs?

Yes No

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?

Yes No

If yes, please provide a brief outline of these incidents

Applicant's declaration

In dealing with this application, it may be necessary for the school to look at documents held by previous schools, health care professionals or other government agencies.

This information will be collected, used and stored consistent with the Privacy and Personal Information Protection Act 1998 and Health Records and Information Privacy Act 2002. The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

Acknowledgement

I acknowledge that Brightwaters Christian College may seek and gain access to relevant information about this student related to one or more of the questions in this application that is held by previous schools, health care professionals or other government agencies.

I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

Declaration of accuracy

I declare that the information provided in this Application to Enrol is, to the best of my knowledge and belief, accurate and complete.

I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Signature of applicant:

Print name:

Date:

___/___/___

Signature of second applicant (if applicable):

Print name:

Date:

___/___/___

Record of evidence

Original documents must be sighted and photocopied.
All students:

Student Identity (name and age e.g. birth certificate, passport etc)
 Yes No

Residential address (e.g. rates notice, rental agreements, electricity accounts etc)
Evidence supplied In area?
 Yes No Yes No

In addition, for students who are not permanent residents they have to produce more information.

Passport or travel documentation no.

Country of issue:

Current visa sub-class (if applicable)

Previous visa sub-classes (if applicable)

In addition (for temporary visa holders) Authority to Enrol no.

Other issues

Immunisation certificate/history statement sighted (Primary Schools only)
 Yes No Complete Incomplete

Any family law, AVOs or other relevant court order (if applicable)
 Yes No

For parent not living with student

- Receive invoice
- Receive academic report
- Receive Back to School Allowance
- Shared parental responsibility

Enrolment Notes

Principal's checklist and certification

Special Circumstances and Student History assessed?
 Yes No

Risk Assessment required?
 Yes No

Risk Assessment conducted?
 Yes No

Risk management Plan and Resources in place?
 Yes No

On the basis of the information provided on this form and gained from the required assessments, **I accept** or **decline** this application to enrol.

Signature of principal:

Print name:

Date:
___/___/___