

# Application for Enrolment

Junior School  Middle/Senior School  Swan Trade Training Centre   
Year to Commence Academic  Calendar

## STUDENT DETAILS

Given Name  Surname   
Second Name  Date of Birth   
Preferred Name  Gender M  F   
Country of Birth  Nationality   
Main language (other than English) spoken at home  Place of Birth   
Telephone  Mobile   
Address   
 Postcode   
Boarding Address   
Present or Previous School (if applicable)   
Present Year Level  SCSA Number (8 digits if applicable)   
Aboriginal/Torres Strait Island descent?  No  Yes, Aboriginal descent  
 Yes, Torres Strait Island descent  Yes, both Aboriginal and Torres Strait Island descent

## Residency Status

Citizen  Permanent Resident  Temporary Resident  Overseas Resident  
Visa Class\*  Expiry  Passport Number   
Date of arrival in Australia   
Other  
 Exchange Student Name of Exchange Organisation

\*Please provide a copy of your passport/visa

## Custody/Guardianship

Name of person with legal guardianship of the student    
Are there any current Family Court Orders, Parenting Plans or Restraining Orders that would apply to the child? Yes No  
If applicable, please attach a copy outlining details of any special or restricted access arrangements.

## MEDICAL INFORMATION

Medicare Card Number  Reference No.  Ambulance Cover  Yes  No  
Private Health Fund  Blood Group (if known)   
Doctor's Name  Telephone

### Emergency Contact Details (other than a parent/guardian)

Name  Relationship to student   
Address   
 Postcode   
Telephone  Mobile

## STUDENT'S INDIVIDUAL NEEDS

The Education Act 1999 requires the provision of "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" – Section 16.1(g). To assist the College to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect learning, participation or welfare during College hours.

Medical/Health Care   
Medication   
Allergies  Current Treatment   
Physical/Occupational Therapy   
Psychological/Intervention/Support   
Vision/Speech/Hearing  Behavioural/Safety Issues   
Child Development Centre  Telephone   
Reason for Referral

Other: eg Special needs; gifted and talented; learning difficulties (be specific). Please attach any relevant reports.

Will staff members be required to provide medical/health care services during College hours?  Yes  No

If yes, please provide written authority with details of the health care required and a signed authorisation by the relevant practitioner.

### External Service Provision (Eg. Speech Therapist, Occupational Therapist, Psychologist, Tutoring)

Does your child receive any services from an external agency which may affect educational arrangements?  Yes  No

If so, please give details and name and contact number of service provider.

Name  Telephone   
Address  Postcode

Does your child require special transport arrangements to and from the College?  Yes  No

Does your child receive respite care on a regular basis?  Yes  No

### Photographic Permission Agreement

I/We give permission for photographs and videos of the student to be placed in the College's records, displayed from time to time around the College, published in College publications, on the College website and in other marketing and promotional material.

**Mother/Parent/Guardian 1** Signature   
**Father/Parent/Guardian 2** Signature

## PRIVACY STATEMENT

The College collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to respond to the child's needs.

From time to time the College discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners, and people providing services to the College, including specialists, visiting teachers, coaches and volunteers.

The College takes reasonable steps to ensure that the personal information collected and used is accurate, complete, and up-to-date. It also takes reasonable steps to protect the personal information held from misuse and loss and from unauthorised access, modification or disclosure. (All staff sign a confidentiality agreement form).

### Agreement

I/We request that the above student be admitted to a Swan Christian Education Association (SCEA) School. I/We have read the 'Statement of Faith and Educational Philosophy' and the 'College Community Agreement' and agree to cooperate with SCEA in upholding its principles and in requiring him/her to comply with the expectations, standards, and rules of the Association.

I/We have provided information relevant to the application/enrolment process, particularly in relation to the student's individual needs, medical conditions and health care requirements, and understand that if I/we failed to disclose any relevant information, the enrolment may be refused or terminated on this ground. I/We agree to update any information as required.

Signature of Mother/Parent/Guardian 1  Date   
Signature of Father/Parent/Guardian 2  Date

## FAMILY DETAILS

### Mother / Parent / Guardian 1

Title  Given Name (in full)  Nationality   
Family Name  Relationship to Student   
Home Address   
 Postcode   
Telephone  Mobile  Home Email   
Postal Address ('As Above' if the same)   
Occupation  Employer   
Work Phone  Work Facsimile   
Work Email

### PLEASE NOTE, THE FOLLOWING INFORMATION IS REQUIRED BY THE AUSTRALIAN GOVERNMENT

Country of Birth  Language spoken at home (other than English)

What is the highest year of primary or secondary school you have completed? (Please tick the appropriate box)

Year 9 or equivalent or below  Year 10 or Equivalent  Year 11 or equivalent  Year 12 or equivalent

What is the level of the highest qualification you have completed? (Please tick the appropriate box)

Bachelor degree or above  Advanced Diploma/Diploma  Certificate I to IV (incl. trade certificate)  No non-school qualification

What is your Occupation Group? (Please tick the appropriate box)

Senior management and qualified professionals  Other business managers, arts/media/sport, associated professionals  
 Tradesmen/women, clerks, skilled office, sales, service  Machine operators, hospitality, assistants, labourer, etc  
 Not in paid work in last 12 months  Not stated or unknown

**Father / Parent / Guardian 2**

Title	<input type="checkbox"/>	Given Name (in full)	<input type="text"/>	Nationality	<input type="text"/>
Family Name	<input type="text"/>			Relationship to Student	<input type="text"/>
Home Address	<input type="text"/>				
	<input type="text"/>			Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>	Home Email	<input type="text"/>
Postal Address ('As Above' if the same)	<input type="text"/>				
Occupation	<input type="text"/>		Employer	<input type="text"/>	
Work Phone	<input type="text"/>		Work Facsimile	<input type="text"/>	
Work Email	<input type="text"/>				

**PLEASE NOTE, THE FOLLOWING INFORMATION IS REQUIRED BY THE AUSTRALIAN GOVERNMENT**

Country of Birth	<input type="text"/>	Language spoken at home (other than English)	<input type="text"/>				
What is the highest year of primary or secondary school you have completed? (Please tick the appropriate box)							
<input type="checkbox"/>	Year 9 or equivalent or below	<input type="checkbox"/>	Year 10 or Equivalent	<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	Year 12 or equivalent
What is the level of the highest qualification you have completed? (Please tick the appropriate box)							
<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>	Advanced Diploma/Diploma	<input type="checkbox"/>	Certificate I to IV (incl. trade certificate)	<input type="checkbox"/>	No non-school qualification
What is your Occupation Group? (Please tick the appropriate box)							
<input type="checkbox"/>	Senior management and qualified professionals	<input type="checkbox"/>	Other business managers, arts/media/sport, associated professionals				
<input type="checkbox"/>	Tradesmen/women, clerks, skilled office, sales, service	<input type="checkbox"/>	Machine operators, hospitality, assistants, labourer, etc				
<input type="checkbox"/>	Not in paid work in last 12 months	<input type="checkbox"/>	Not stated or unknown				

**DUAL CUSTODY FAMILIES**

In the case of dual custody families, it is important that we are informed of the residential, access and fee billing responsibilities for children whose family arrangements are shared between parents/guardians. The College requires written confirmation of these arrangements. Please provide details separately.

**Communication**

All communication to be forwarded to

Mother - at listed address     Father - at listed address     Other - details below

Full Name	<input type="text"/>	Relationship	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

**Reason(s) for Application**

What are the reasons for your application?

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

**Church Information** (For statistical purposes only)

If you attend a Church or Fellowship please provide the name and address.

Name of Church/Fellowship

Address

Please describe your attendance:  Nominal  Regular

**FEES**

I/We acknowledge that I am liable/we are jointly and severally liable for all fees and charges stated in each tuition fee account relating to the child(ren) noted above. I/We acknowledge having read and understood the conditions printed overleaf and on the Fee Schedule, and agree to be bound by the provisions therein.

**Fee Paying Mother / Parent / Guardian 1**

Full Name (incl. second name)

Address

Pension Card Number  Expiry Date

Drivers Licence No  Date of Birth

Signature of fee payer 1  Date

**Fee Paying Father / Parent / Guardian 2**

Full Name (incl. second name)

Address

Pension Card Number  Expiry Date

Driver's Licence No  Date of Birth

Signature of fee payer 2  Date

**Please Note:**

- Fees are payable on the first day of each school term.
- A concession is offered on a year's fee paid in advance before 28 February each year (refer to Fee Schedule).
- Method of payment can be :
  - Bank Direct Debit
  - Cash or Cheque
  - Credit Card
  - Eftpos at the College office
- Payments made weekly, fortnightly or monthly will only be accepted using the bank direct debit authority system on your cheque, savings or credit card account (Authority forms for this method are available from the College Office).

## Terms and Conditions

### Notification of Acceptance

Parents will be given a written offer of enrolment subject to vacancies and outcome of the interview process, which must be accepted within two weeks.

### Enrolment Fee

A non-refundable enrolment fee is to be paid upon acceptance of the Enrolment Offer for the first enrolled child.

### Future Learning Fund

Upon commencement at the College, a compulsory fee to the future learning fund is payable per annum, per student.

### Notice of Withdrawal

One term's notice in writing must be given to the Principal before the withdrawal of a student from the College. Failure to give such notice will render parents or guardians liable for fees equivalent to one term's fees in lieu of notice.

### Variation of Conditions

The Association reserves the right to vary fees and conditions periodically.

For further information regarding the terms and conditions of fees please refer to the Fee Schedule.

## ENCLOSURES

Please enclose the following with your application for enrolment:

- Photocopy of Birth Certificate
- Immunisation Record
- College Community Agreement
- Photocopy of most recent semester report include NAPLAN/MSE9 (if available).
- Anaphylaxis Report (if applicable)
- Two written character references (Years 5 - 12 only)
- Copy of passport/visa (if applicable)

Additional Character Reference:

Name	Occupation	Company	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list other children in the family, their ages, schools they now attend (if appropriate), and present grades (if appropriate).

Name	Date of Birth	Present School (if applicable)	Present Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## FOR ADMINISTRATION USE ONLY

Application for Enrolment Received	<input type="text"/>	Enrolment Fee Received	<input type="text"/>
College Community Agreement	<input type="text"/>	Enrolment Offer Letter	<input type="text"/>
Comments	<input type="text"/>		
	<input type="text"/>		