

APPLICATION FOR ENROLMENT

Date: _____ School Year Applying for: ☐ Year 9 ☐ Year 10

Details

Student Name

Family Name: _____

First Name: _____ Middle Name(s): _____

Email Address: _____

Date of Birth: ____/____/____ Gender: Male ☐ Female ☐

EAL Stage: _____ EAL Receiving Support: _____ EAL Last Assessment Date: _____

Permission to Photograph ☐ Yes ☐ No

Student's Phone Number: _____

For office use only

Student Code: _____ BOSTES Number: _____

Barcode: _____

Information

Country of Citizenship: _____ Country of Birth: _____

Place of Birth: _____ Religion: _____

Student's First Language: _____

Aboriginal ☐ Yes ☐ No Torres Strait Islander ☐ Yes ☐ No

Passport Number: _____ Passport Expiry: _____

Has Youth Allowance ☐ Yes ☐ No Has Abstudy ☐ Yes ☐ No

Previously Enrolled in Home Education ☐ Yes ☐ No

History

Have you successfully completed	Year 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year 9	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tick subjects completed	English	<input type="checkbox"/>	English	<input type="checkbox"/>	English	<input type="checkbox"/>
	Maths	<input type="checkbox"/>	Maths	<input type="checkbox"/>	Maths	<input type="checkbox"/>
	Science	<input type="checkbox"/>	Science	<input type="checkbox"/>	Science	<input type="checkbox"/>
	HSIE	<input type="checkbox"/>	HSIE	<input type="checkbox"/>	HSIE	<input type="checkbox"/>
	PDHPE	<input type="checkbox"/>	PDHPE	<input type="checkbox"/>	PDHPE	<input type="checkbox"/>
	Languages	<input type="checkbox"/>	Languages	<input type="checkbox"/>	Languages	<input type="checkbox"/>
	Technology	<input type="checkbox"/>	Technology	<input type="checkbox"/>	Technology	<input type="checkbox"/>
Continued over page...						

	Year 7		Year 8		Year 9	
Please tick subjects completed	Creative Arts		Creative Arts		Creative Arts	
	Dance	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Dance	<input type="checkbox"/>
	Drama	<input type="checkbox"/>	Drama	<input type="checkbox"/>	Drama	<input type="checkbox"/>
	Music	<input type="checkbox"/>	Music	<input type="checkbox"/>	Music	<input type="checkbox"/>
	Photography & Digital Media	<input type="checkbox"/>	Photography & Digital Media	<input type="checkbox"/>	Photography & Digital Media	<input type="checkbox"/>
	Visual Arts	<input type="checkbox"/>	Visual Arts	<input type="checkbox"/>	Visual Arts	<input type="checkbox"/>
	Visual Design	<input type="checkbox"/>	Visual Design	<input type="checkbox"/>	Visual Design	<input type="checkbox"/>

Please indicate name of School/s where Years 7, 8 and/or 9 were completed (feedback will be received from schools to confirm): _____

Please indicate the name of your recent/current school: _____

Country: _____

Start Date: ____/____/____ End Date: ____/____/____ Expelled or Suspended ☐ Yes ☐ No

Reason for Change: _____

For office use only Records Received ☐ Yes ☐ No

Additional Fields

Is Repeating Current Year on Enrolment ☐ Yes ☐ No

Morning Bus Number: _____ Afternoon Bus Number: _____

Transportation Company: _____

Confidential

Is Student Subject to Any Court Order ☐ Yes ☐ No

If YES Please Specify: _____

Medical Data

Has Disability ☐ Yes ☐ No

If YES Please Specify: _____

Has Medical Condition ☐ Yes ☐ No

If YES Please Specify: _____

_____ Vaccinations/ Immunisations ☐ Yes ☐ No

Learning Difficulties Analysis Completed (Pages 7&8) ☐ Yes ☐ No

Medical History Analysis Completed (Page 9) ☐ Yes ☐ No

Medical Practice Details:

GP Name: _____

GP Address: _____

Suburb: _____ Post Code: _____ Phone Number: _____

Permission to Administer Over the Counter Medicine:

Salbutamol (Ventolin) ☐ Yes ☐ No

Paracetamol (Panadol) ☐ Yes ☐ No

Ibuprofen/ Nurofen (Not for asthmatics) ☐ Yes ☐ No

Antihistamine (Claratyne) ☐ Yes ☐ No

Date of Last Tetanus Injection: ____/____/____

Medicare Number: _____ Expiry Date: ____/____/____ Position on Card: ____

Private Medical Fund ☐ Yes ☐ No Private Medical Fund Name: _____

Private Medical Fund Number: _____ Private Medical Fund Expiry Date: ____/____/____

Ambulance Cover ☐ Yes ☐ No Ambulance Cover Provider: _____

Contact and Household Details

Parent/Guardian Contact 1

Relationship to Student: _____ If Other Please Specify: _____

Title: Mr/Mrs/Ms/Dr *(Please circle)*

First Name: _____ Middle Name(s): _____

Family Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male ☐ Female ☐

Residential Household for This Student ☐ Yes ☐ Shared ☐ No

Residential Address: _____

Suburb: _____ Post Code: _____

Mailing Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Phone Number: _____

Is a Primary Contact ☐ Yes ☐ No

Is an Emergency Contact ☐ Yes ☐ No

Authorised to Pick up ☐ Yes ☐ No

Day to Day Care ☐ Yes ☐ No

Long Term Care ☐ Yes ☐ No

Household Billing Address: ☐ Yes ☐ No

Aboriginal ☐ Yes ☐ No

Torres Strait Islander ☐ Yes ☐ No

Employer: _____ Workplace Location: _____

Occupation: _____

Parent/Guardian Contact 2

Relationship to Student: _____ If Other Please Specify: _____

Title: Mr/Mrs/Ms/Dr (Please circle)

First Name: _____ Middle Name(s): _____

Family Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male ☐ Female ☐**Residential Household for This Student** ☐ Yes ☐ Shared ☐ No

Residential Address: _____

Suburb: _____ Post Code: _____

Mailing Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Phone Number: _____

Is a Primary Contact ☐ Yes ☐ NoIs an Emergency Contact ☐ Yes ☐ NoAuthorised to Pick up ☐ Yes ☐ NoDay to Day Care ☐ Yes ☐ NoLong Term Care ☐ Yes ☐ NoHousehold Billing Address: ☐ Yes ☐ NoAboriginal ☐ Yes ☐ NoTorres Strait Islander ☐ Yes ☐ No

Employer: _____ Workplace Location: _____

Occupation: _____

Emergency Contacts

If we cannot contact you in the event of an emergency please provide contact details of least at two other contacts.

Contact

Name: _____ Relationship to Student: _____

Contact phone 1: _____ Contact phone 2: _____

Authorised to Pick Up: ☐ Yes ☐ No**Contact**

Name: _____ Relationship to Student: _____

Contact phone 1: _____ Contact phone 2: _____

Authorised to Pick Up: ☐ Yes ☐ No

Parent/Guardian – Background Data

Under the Federal Privacy Act 1988 and the New South Wales Privacy and Personal Information Protection Act 1998, we wish to inform you that the Australian Government collects Student Background Data. This data is to be used by the Australian Curriculum Assessment and Reporting Authority (ACARA) in research addressing the impact of Student Background on School Achievement.

Does the student or their Parent1/Guardian1/Carer1 or their Parent2/Guardian2/Carer2 speak a language other than English at home?

Language	Code	Student	Parent1/Guardian1/Carer1	Parent2 Guardian2/Carer2
No, English only	1201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other – please specify		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

What is the highest year of secondary schooling completed for each Parent/Guardian/Carer? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) Mark one box only in each column.

	Parent1/Guardian1/Carer1	Parent2/Guardian2/Carer2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent;	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

What is the highest post-secondary qualification that each Parent/Guardian/Carer has completed?
Mark one box only in each column.

	Parent1/Guardian1/Carer1	Parent2/Guardian2/Carer2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (includes a trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school education	<input type="checkbox"/>	<input type="checkbox"/>

What is the occupation group for each Parent/Guardian/Carer?

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

	Parent1/Guardian1/Carer1	Parent2/Guardian2/Carer2
Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals	<input type="checkbox"/>	<input type="checkbox"/>
Other business managers/professionals and associate professionals.	<input type="checkbox"/>	<input type="checkbox"/>
Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff	<input type="checkbox"/>	<input type="checkbox"/>
Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers	<input type="checkbox"/>	<input type="checkbox"/>
Not in paid work in last 12 months	<input type="checkbox"/>	<input type="checkbox"/>

Assessment/ Support Details

Is the young person is currently receiving assistance from:

- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Behavioural therapist
- ☐ Headspace
- ☐ Other practitioner
- ☐ None

If yes - please complete their details below;

Type of Service: _____

Name of Service: _____

Duration of Contact with Practitioner: _____

Current Medications ☐ Yes ☐ No

Time taken (AM/ PM): _____ Frequency of Dose: _____

Please attach an outline of results or copy of report.

Attachments

An application will not progress any further until all supporting documents have been provided. If you have difficulty obtaining information, please contact Allegra School Coffs Harbour. Please only attach copies of any reports and certificates.

DO NOT ATTACH ORIGINAL DOCUMENTS.

Item Attached

- ☐ Copy of birth certificate (full or extract) or passport
- ☐ Copy of Medicare Card
- ☐ School Reports: Mid-Year and End of Year Reports for Years 7, 8, 9 and 10
- ☐ Copy of Immunisation History Statement
- ☐ Learning Difficulties Analysis
- ☐ Medical History Analysis
- ☐ Letter from treating Medical Provider if you ticked yes for:
 - ☐ Disability/Current Diagnosis
 - ☐ Allergy (action plan)
 - ☐ Assessment/Support Details

Please ensure you have completed all sections.

A final decision regarding the young person's placement will only be decided AFTER all information required has been provided to the school and an interview with the student has been conducted. Places at Allegra School Coffs Harbour are in high demand. All people applying for a position with the school need to be aware that an application does not automatically entitle the young person a place.

Learning Difficulties Analysis

Has your student been diagnosed with a learning disability?

Dyslexia ☐ Yes ☐ No

Dyscalculia ☐ Yes ☐ No

Dysgraphia ☐ Yes ☐ No

ADD/ADHD ☐ Yes ☐ No

Sensory Processing Disorder ☐ Yes ☐ No

Autism Spectrum Disorder ☐ Yes ☐ No

Asperger's ☐ Yes ☐ No

Other ☐ Yes ☐ No

If YES Please Specify: _____

Are any of these emotional symptoms a problem?

Avoidance – Delaying – Procrastination	Yes/ No
Lost Confidence – Frustrated – Discouraged	Yes/ No
Shuts Down – Goes Blank – Stares off	Yes/ No
Low Effort – Seems Lazy – Takes too Long	Yes/ No
Crying – Tantrums – Stubborn	Yes/ No
Easily Distracted – Fidgety – Hyperactive	Yes/ No
Feels Stupid – Afraid of Failing	Yes/ No

Does your child experience any of these problems while reading?

Comprehension Problems	Yes/ No
Skips Words – Loses Place – Letters Jump	Yes/ No
Reversals (Saw Was)	Yes/ No
Sight Word Problems	Yes/ No
Decoding Problems	Yes/ No
Fluency – Pronunciation	Yes/ No
Loses Skills	Yes/ No
Fatigues Quickly	Yes/ No
Slow Reading	Yes/ No

Does your child experience any of these problems while doing math?

Sloppy Work – Lining up Numbers ☐ Yes ☐ No

Loses Skills ☐ Yes ☐ No

Trouble Understanding Math Concepts (+, -, 5, 10, etc.) ☐ Yes ☐ No

Can't Count Change ☐ Yes ☐ No

Flips Numbers ☐ Yes ☐ No

Difficulty with months, days of the week, or clocks ☐ Yes ☐ No

Does your child experience any of the following writing problems?

Spelling ☐ Yes ☐ No

Trouble getting ideas on paper ☐ Yes ☐ No

Sloppy or illegible writing ☐ Yes ☐ No

Reversals ☐ Yes ☐ No

Writing is slow ☐ Yes ☐ No

Medical History Analysis

The purpose of this questionnaire is to ensure supervisors are aware of relevant medical history of students in their care.

Please answer the following with a Yes or No

Has your child ever had or do they currently have:

- | | |
|---|--|
| ▪ Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Frequent or severe attacks of hay fever or allergy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Frequent colds, sinusitis or bronchitis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Collapsed lung | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Claustrophobia or agoraphobia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Epilepsy, seizures, convulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Migraine headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ History of blackouts or fainting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Inability to perform moderate exercise (e.g. walk 2km in 15 mins) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ History of ear or sinus surgery | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ History of ear disease, hearing loss or problems with balance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Allergies | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Current skin conditions | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES please provide details: _____

Any special dietary requirements: _____

Personal Information Protection

Personal information and medical details are collected so that school staff can develop a medical action plan and provide support for the student. Personal information may be disclosed to health practitioners, schools, support services and other government agencies to support and manage student requirements. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the school.

- ☐ I certify that the information provided in this form is correct.
- ☐ I have read and understood the Personal Information Protection Statement.

Parent/ Guardian Name: _____

Signed: _____ Date: _____

Parent/ Guardian/ Caregiver/ Adult Student

Student Name: _____

Signed: _____ Date: _____

Student

Information Release

From time to time it is necessary for staff from Allegra School Coffs Harbour to access records or information regarding a student so that we may be better placed to support their needs during their enrolment with us. As a general rule if we are to access external information we discuss this need with the student/parents concerned and inform them of the explicit purposes of needing the information. However we are also required to have permission given to us in writing.

Examples of reports which may be required;

- ☐ School
- ☐ Counsellor
- ☐ Behavioural Assessment
- ☐ Health Assessment
- ☐ Juvenile Justice
- ☐ Case Worker
- ☐ Centrelink
- ☐ Department of Community Services

I give permission for Allegra School Coffs Harbour to request or access any records or information which may be required to support the ongoing placement of me /my child at Allegra School Coffs Harbour.

I am aware that all records, reports or case notes will be filed in the student's individual file and will be maintained under the Privacy & Confidentiality Policy, which includes storage in a locked filing cabinet and access granted only to authorised staff.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

☐ I do not give permission. Parent/Guardian Signature _____

Student Name: _____

Student Signature _____

Date: _____

Movie Permission

Films are a compulsory part of the Australian Curriculum for all students in New South Wales schools. Therefore, as part of our syllabus programming we anticipate showing a range of 'G,' 'PG,' 'M' and 'MA' rated films to students in Years 9 and 10. You should be aware that movies with an 'M' or 'MA' rating are defined by the Commonwealth Censor as being recommended for mature audiences, 15 years and older. These movies typically include violence and adult themes.

If you do not wish your child to be involved in this activity the class teacher will provide alternate work that must be completed. If you wish to discuss the particular films involved, or you have any other concerns, please do not hesitate to contact the school.

I give permission to my child to view films of a G, PG, M and MA Rating.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

☐ I do not give permission. Parent/Guardian Signature _____

Publication Permission

Allegra School Coffs Harbour will regularly promote activities and achievements either internally through staff newsletters or externally through the school newsletter or public media such as local newspaper, television news and digital media (e.g. the Allegra website and Facebook). If a student is under the age of 16 we require parental consent to be able to use their image or voice. If a student is 16+ we are happy for them to sign the consent form but like to inform parents of the regulations around use of student images and opinions.

The points of importance are:

- Whenever a student is involved in photographs or opinions for publication we always ensure a staff member has approved the story and is present during the photography.
- We only ever have stories and use images that are appropriate and related to the learning environment.
- The school will take all care possible to ensure that any image or opinion is used for legitimate purposes but in the case of newspaper and television the image taken by them remains their property.

I am happy with involvement in promotion of the learning environment if the opportunity arises.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

☐ I do not give permission. Parent/Guardian Signature _____

Local Learning Excursion

Throughout the year we like to take the opportunity to take both impromptu and organised short excursions within the Coffs Coast Region. These excursions may aid in meeting subject outcomes and students learning experiences. We would like to know that you support us in our ability to enhance learning by giving your permission for us to take your child on any excursions.

These local excursions may consist of, but are not limited to:

- ☐ Walking down to the lake or taking part in an activity
- ☐ A walk to the nearest sport grounds
- ☐ Workplace visits
- ☐ Reward days
- ☐ Regular trips to the library and gallery
- ☐ Bush walks

I give permission for my child to participate in Local Learning Excursions.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

☐ I do not give permission. Parent/Guardian Signature _____

As many locations are not accessible within walking distance, the Vehicle Travel Permission form must be completed.

School Vehicle Travel Permission Form

Student Details

Student's Name: _____

Year Level: _____

Date of Birth: _____

Travel Details

The following sections are to be completed if the student undertakes vehicle travel with the School.

☐

Taxi

☐

School Bus

☐

Public Transport (Bus/Train)

☐

Private Parent- Transport

☐

Private- Teacher Transport

Acknowledgement

Prior to all travel, checks will include:

- The proposed driver is licensed for the vehicle they will be driving and, if issued with a provisional licence, complies with relevant peer passenger conditions.
- The proposed driver is not disqualified or suspended from driving; and is not subject to any impediments to his/her ability to drive a motor vehicle or other vehicle (as relevant).
- The vehicle in which the student is to be transported is registered and covered by NSW compulsory third party insurance or interstate equivalent.
- To the best of my knowledge the vehicle in which the student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purpose to which it will be put.
- The number of passengers will not exceed the number of seatbelts.
- I am not aware of anything in the background of the proposed driver that would preclude them from working with a student. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.

Parent/Guardian or Caregiver Consent

I consent to my child undertaking vehicle travel and/or nominated supervisor/s as part of the learning arrangements.

Name: _____

Signature: _____ Date: _____

Documents

This section is for office use only

Official Documentation Sighted: _____ Date Sighted: _____

Birth Certificate Sighted: _____

Passport Sighted: _____ Travel Documents Sighted: _____

Student Health (Medical Data) Summary Completed: _____

Immunisation Records Provided: _____

Parent/Guardian Background Data Completed: _____

Learning Difficulties Analysis Form Completed: _____

Medical History Analysis Form Completed: _____

Personal Information Protection Form Completed: _____

Information Release Form Completed: _____

Movie Permission Form Completed: _____

Publication Permission Form Completed: _____

Local Learning Excursion Form Completed: _____

Allegra School Coffs Harbour Vehicle Travel Permission Form Completed: _____

Academic Period

This section is for office use only

Academic Period: _____ Pending Status: _____

External Roll: _____ Year Level: _____

Roll/ Form Class: _____ FTE Amount: _____

Entry Mark: _____ House: _____

Application Fee: _____ Approved by Principal: _____

Enrolment Start Date: ____/____/____ Enrolment End Date: ____/____/____