

## APPLICATION FOR ENROLMENT

Date: \_\_\_\_\_ School Year Applying for:  Year 9  Year 10

### Details

#### Student Name

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Indeterminate  Other (please specify) \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

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  | <b>English</b>    | <input type="checkbox"/>                                 | <b>English</b>    | <input type="checkbox"/>                                 | <b>English</b>    | <input type="checkbox"/>                                 |
|                                 | <b>Maths</b>      | <input type="checkbox"/>                                 | <b>Maths</b>      | <input type="checkbox"/>                                 | <b>Maths</b>      | <input type="checkbox"/>                                 |
|                                 | <b>Science</b>    | <input type="checkbox"/>                                 | <b>Science</b>    | <input type="checkbox"/>                                 | <b>Science</b>    | <input type="checkbox"/>                                 |
|                                 | <b>HSIE</b>       | <input type="checkbox"/>                                 | <b>HSIE</b>       | <input type="checkbox"/>                                 | <b>HSIE</b>       | <input type="checkbox"/>                                 |
|                                 | <b>PDHPE</b>      | <input type="checkbox"/>                                 | <b>PDHPE</b>      | <input type="checkbox"/>                                 | <b>PDHPE</b>      | <input type="checkbox"/>                                 |
|                                 | <b>Languages</b>  | <input type="checkbox"/>                                 | <b>Languages</b>  | <input type="checkbox"/>                                 | <b>Languages</b>  | <input type="checkbox"/>                                 |
|                                 | <b>Technology</b> | <input type="checkbox"/>                                 | <b>Technology</b> | <input type="checkbox"/>                                 | <b>Technology</b> | <input type="checkbox"/>                                 |

Continued over page...

|                                | Year 7   |  | Year 8   |  | Year 9   |  |
|--------------------------------|--|--|--|--|--|--|
| Please tick subjects completed | <b>Creative Arts</b>                                 |  | <b>Creative Arts</b>                                 |  | <b>Creative Arts</b>                                 |  |
|                                | 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 Self-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  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: \_\_\_\_\_

**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
- 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  Yes  No
- Frequent or severe attacks of hay fever or allergy  Yes  No
- Frequent colds, sinusitis or bronchitis  Yes  No
- Collapsed lung  Yes  No
- Claustrophobia or agoraphobia  Yes  No
- Epilepsy, seizures, convulsions  Yes  No
- Migraine headaches  Yes  No
- History of blackouts or fainting  Yes  No
- Diabetes  Yes  No
- Inability to perform moderate exercise (e.g. walk 2km in 15 mins)  Yes  No
- History of ear or sinus surgery  Yes  No
- History of ear disease, hearing loss or problems with balance  Yes  No
- Allergies  Yes  No
- Current skin conditions  Yes  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: \_\_\_\_\_

## ICT Acceptable Use Agreement

At Allegra School Coffs Harbour, I understand that I must use school ICT systems in a responsible way, to ensure that there is no risk to my safety or to the safety and security of the ICT systems and other users.

I understand that the school also has the right to take action against me if I am involved in incidents of inappropriate behaviour, that are covered in this agreement, when I am out of school and where they involve my membership of the school community (examples would be cyber-bullying, use of images or personal information).

I understand that if I fail to comply with this Acceptable Use Agreement, I will be subject to disciplinary action. This may include loss of access to the school network / internet, detentions, exclusions, contact with parents and in the event of illegal activities, involvement of the police.

### **For my own personal safety:**

- I will use only my designated account to access the school ICT and network.
- I will not download, copy or distribute any illegal, offensive or inappropriate material content to any other person.
- I understand that the school will monitor access to and usage of the ICT network, devices and digital communications.

### **I understand that everyone has equal rights to use technology as a resource and:**

- I understand that the school systems and devices are primarily intended for educational use and that I will not use them for personal or recreational use, unless I have permission.
- I will not try (unless I have permission) to make large downloads or uploads that might take up internet capacity and prevent other users from being able to carry out their work.
- I will not use the school systems or devices for on-line gaming, internet shopping, file sharing, or video broadcasting (eg YouTube), unless I have permission of a member of staff to do so.
- I will only use social media sites with permission and at the times that are allowed. This includes both school and personal devices.
- By signing this document, I acknowledge that I accept the above principles and guidelines and understand my responsibilities in using ICT whilst enrolled at Allegra School Coffs Harbour.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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).

This promotion may include the use of the student's image, voice and either identified or unidentified samples of their work.

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 give permission 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 Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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:

- A walk to the nearest sport grounds
  - Workplace visits
  - Reward days
  - Regular trips to the library and gallery
  - Bush walks
  - Walks to various locations in the CBD
- 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 Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

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

## 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.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian 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: \_\_\_\_\_

ICT Acceptable Use Agreement: \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_