



Sathya Sai College

Murwillumbah campus: 9 Nullum St, Murwillumbah NSW 2484
Dungay campus: 16 Jack Williams Pl (off Tomewin Road) Dungay NSW 2484
PO Box 705 Murwillumbah NSW 2484
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Enrolment Application Form

Commencement Year (e.g. 2016) _____ Entry Level (e.g. Kindy, Year 1) _____ Start date _____

STUDENT INFORMATION

Given Names _____ Surname _____

Address _____ State _____ Post Code _____

Date of Birth _____ Gender Male Female

Country of Birth: Australia Others, please specify _____

Citizenship: Australian Others, please specify _____ Australian Permanent Resident : Yes No

Religion: _____ Aboriginal: Yes No Torres Strait Islander: Yes No

Main Language spoken at home: _____ Other Languages spoken: _____

Current/Previous school: (if applicable) _____

Permission for school to contact current/previous school: Yes No Permission for school to photograph: Yes No

PARENT/GUARDIAN INFORMATION

Mother/Legal Guardian Details

Relationship to Student

Parent Step Parent Legal Guardian Grand Parent Other (please specify) _____

Title _____ First name _____ Surname _____

Marital Status

Married Single Divorced De Facto Widowed

Postal Address: _____ State _____ Post Code _____

Residential Address: _____ State _____ Post Code _____

Mobile _____ Home Phone _____ Work Phone _____

Email _____

Living with Student Yes No Access to Student Yes No Authorised to pick up Yes No

Religion: _____ Country of Birth: Australia Others, please specify _____

Citizenship: Australian Others, please specify _____ Australian Permanent Resident : Yes No

Following section is a Government requirement:

What is the highest year of primary or secondary school the mother/guardian has completed?
(for persons who have never attended school, mark "year 9 or equivalent or below"

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

What is the level of the highest qualification the mother/guardian has completed?
(Mark one box only)

- Non-School qualification Advanced diploma/Diploma
 Certificate I to IV (including trade certificate) Bachelor Degree or above

Occupation group (select from list of parental occupation groups on page 10-11) _____ Occupation _____

Language/s spoken at home: _____

Father/Legal Guardian Details

Relationship to Student

Parent Step Parent Legal Guardian Grand Parent Other (please specify) _____

Title _____ First name _____ Surname _____

Marital Status

Married Single Divorced De Facto Widowed

Postal Address: _____ State _____ Post Code _____

Residential Address: _____ State _____ Post Code _____

Mobile _____ Home Phone _____ Work Phone _____

Email _____

Living with Student Yes No Access to Student Yes No Authorised to pick up Yes No

Religion: _____ Country of Birth: Australia Others, please specify _____

Citizenship: Australian Others, please specify _____ Australian Permanent Resident : Yes No

Following section is a Government requirement:

What is the highest year of primary or secondary school the father/guardian has completed?
(for persons who have never attended school, mark "year 9 or equivalent or below"

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

What is the level of the highest qualification the father/guardian has completed?
 (Mark one box only)

- Non-School qualification Advanced diploma/Diploma
- Certificate I to IV (including trade certificate) Bachelor Degree or above

Occupation group (select from list of parental occupation groups on page 10-11) _____ Occupation _____

Language/s spoken at home: _____

If separated or divorced

Who is the contact parent? _____

Are there any Court Orders/Parenting Plans relevant to this student? Yes No Date of Court Order/Parent Plan ___/___/___

If yes, copies of these court orders e.g. AVOs, Family Court/Federal Magistrate court orders or other relevant court orders must be provided; School will consider that both parents have equal parental access unless if a copy of the above is not provided.

EMERGENCY CONTACT INFORMATION (other than parent/guardian)	
Contact 1	Contact 2
Name:	Name:
Relationship to student:	Relationship to student:
Address:	Address:
Postcode:	Postcode:
Phone: (home)	Phone: (home)
(work)	(work)
(mobile)	(mobile)
Permission to pick up – <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to pick up – <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT PROFILE

Special Requirements

Has your child ever repeated a year? Yes No Please specify _____

Does your child have a need which affects their learning? Yes No
 If yes, please specify

- | | | |
|---|--|---|
| Autism/ Asperger's <input type="checkbox"/> | Behaviour disorders <input type="checkbox"/> | A hearing impairment <input type="checkbox"/> |
| An intellectual disability <input type="checkbox"/> | A language disorder <input type="checkbox"/> | Mental health issues <input type="checkbox"/> |
| A physical disability <input type="checkbox"/> | A vision impairment <input type="checkbox"/> | Giftedness <input type="checkbox"/> |
| ADD/AHDD <input type="checkbox"/> | Difficulties in the basic areas of learning <input type="checkbox"/> | |
| Acquired brain injury <input type="checkbox"/> | Other (please specify) | |

What accommodation and/or learning adjustments, if any, were provided for your child in his/her previous school?

Alternative teaching and learning strategies A reader or scribe

Access to technology Signing

Modifications to equipment, furniture and learning spaces Personal carer support

Others please specify

If you have answered yes to any of the above, please provide full details of those needs and any intervention/support your child currently receives

Please provide all supporting documentation

Has a specialist ever assessed your child for developmental, learning or behavioural patterns? Yes No

If yes, please identify what type of specialist(s)

Child Psychologist Occupational Therapist Pediatrician Vision therapist

Speech therapist Counsellor Other please specify _____

Please provide a copy of all relevant specialist reports

Does your child have any medical conditions? Yes No

(please specify any medical conditions the student suffers from, e.g. Asthma, diabetes and/or any prescribed medication taken by the student)

Has your child undergone any major operations that the school should be aware of? Yes No

(please specify any significant operations) _____

Does your child have any medical allergies? Yes No

(please specify any medical conditions the student suffers from, e.g. allergy to nuts, penicillin, bee stings including specific details. Also please provide an action plan as advised by your GP – Use separate sheet if required and attach to this form)

Has the student been diagnosed as being at risk of anaphylaxis? Yes No

If yes, does the student have an EpiPen? Yes No

Has the student been immunised against the following?

	<u>Date of immunisation</u>
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diphtheria/Tetanus/Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus Influenzae Type B (Hib)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rotavirus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles/Mumps/Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal C disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chickenpox	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Tetanus injection

Medicare Number _____ Position _____ Expiry date _____

Private Health insurance Yes No Provider Name _____ Number _____

Ambulance cover Yes No Provider Name _____ Number _____

Social well-being

Does your child have social difficulties with other children? Yes No

If yes, please specify _____

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 a brief description

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

Does your child have any history of violent behaviour? Yes No

Does your child have any history of behavioural problems (including verbal bullying)? Yes No

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 an injury? Yes No

Intimidation, bullying or harassment of students or staff at school? Yes No

Threats or violence? Yes No

Illegal drugs? Yes No

Other, please specify _____

I/We will provide written consent to the school on request to contact health professionals or other relevant agencies Yes No

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into the school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

Special circumstances (if applicable)

Are there any special circumstances about the student seeking to be enrolled that the school should know of prior to enrolment: Yes No

(e.g. living apart from parental supervision, out of home care arranged by the State)

If yes, please provide a brief description of the special circumstances (use additional pages if required and attach)

Sibling information

Please list below the details of all other children in the family (from oldest to youngest):

Name	School/Pre-school	Year/Grade (current calendar year)	Date of birth (pre-school only)

STANDARD COLLECTION NOTICE

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of schools require that certain information is collected. These include relevant Education Acts, Public Health and Child Protection Laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. If we do not obtain the information referred to above we may not be able to enroll or continue the enrolment of your son/daughter.
6. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes information to other schools, government departments, medical practitioners and people providing services to the school, including specialist visiting teachers, (sports) coaches, volunteers and counselors.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, pupil activities and other news is published in media articles, School newsletters, magazines, on our website, and in general media(e.g. newspapers). Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters and magazines.
8. On occasions personal information disclosed to a school counselor may be disclosed to others if the School considers it appropriate for the well being or development of the pupil who is counseled or other pupils at the School.
9. Schools may also disclose information under public health and child protection laws or in circumstances where there is a serious threat to an individual's life, health or safety.
10. The School's Privacy Policy sets out how parents may seek access to personal information collected about them and their child by contacting the school principal. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil or where pupils have provided information in confidence.
11. We may include your contact details in a class list and school directory unless specifically requested (in writing) not to do so.
12. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

AGREEMENT

In dealing with this application, it may be necessary for Sathya Sai 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* and *Health Records and Privacy Act 2002*. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

Consent to Access Documents

1. I/We consent to Sathya Sai School gaining access to relevant information about the student to be enrolled held by previous schools, health care professionals or other government agencies.
2. I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
 - Full Birth Certificate *
 - Passport, visa, citizenship documentation (if applicable) *
 - Proof of residence
 - Most recent previous school reports and external test results e.g. NAPLAN
 - Current Family Court Orders (if applicable) *
 - Relevant medical and/or special needs information (if applicable)
 - Immunisation Certificate
 - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable).

NOTE:

* **Originals will need to be produced during the enrolment process**

3. I/We understand the School may approach these bodies directly. The information they request may include information related to any of the questions I/we have answered above.

Declaration

4. Signing this document confirms your commitment to the school's Educare philosophy and requires attendance at an introductory SSEHV (Sathya Sai Education in Human Values) Parenting Program conducted at the school during your first possible school term with the school. The program consists of three sessions of 1.5 hours each.
5. I/We agree to abide by the rules and regulations of the School including those pertaining to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the School.
6. I/We understand that no tuition fees are charged at this school. There is a small resource levy to cover the cost of books, stationery, some local travel to school excursions and service projects such as nursing home visits by school singers. If this enrolment application is successful I/we agree to honour the financial commitments towards the resource levy.
7. I/We understand that Parents, guardians and members of the school community are welcome to donate funds as they see fit, through the principal or business manager. There is no expectation of this however.
8. I/We understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment, e.g. change of address, court orders.
9. I/We understand that the students are responsible for their personal belongings and the school will not be liable for any loss of these belongings.

10. I/We agree, that if my/our child should require urgent medical treatment, the School staff are authorised to seek medical attention. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle and I/we agree to meet all costs.

11. I/We give permission for the publication of any School related material by or about our child, including photographs. It is acknowledged that such material is used regularly in publications by the School to communicate and promote events. Publications include School publications, newsletters, prospectuses, magazines, media promotional materials, newspaper articles and the School website.

12. I/We give permission for my child to participate in short excursions outside the school grounds of Sathya Sai School and I/We may not be given prior notification in regard to these excursions.

13. I/We give permission for the school to release my/our phone number for school/parent contact to other members of the school community.

14. I/We have read all of the information in the enrolment package and understand the policies and guidelines that we will need to abide by should this enrolment application be successful.

15. I/We understand that if the School Governing Board or principal believes that a mutually beneficial relationship of trust and co-operation between a parent and school has broken down to the extent that it adversely impacts on that relationship, then the school governing board or the principal may require the parent to remove the child from the school.

16. I/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form.

17. I/We understand that there is a non-refundable Enrolment Fee of \$25 to be paid upon lodgment of this Enrolment Application Form.

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

Mother/Guardian signature _____ Date _____

Father/Guardian signature _____ Date _____

Government requirement	PARENTAL OCCUPATION DEFINITION
<p>Parental Occupation is defined as the main work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.</p> <p>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.</p> <p>If the person has not been in paid work in the last 12 months, enter '8' in the appropriate box.</p>	
<p>GROUP 1 - Senior management in large business organisation, government administration and defence, and qualified professionals</p> <p>Senior executive/manager/department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director, health/education/police/fire services administrator.</p> <p>Other administrator school principal, faculty head/dean, library/museum/gallery director, research facility director.</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer.</p> <p>Air/sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller.</p>	
<p>GROUP 2 - Other business managers, arts/media/sportspersons and associate professionals</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager finance/engineering/production/personnel/industrial relations /sales/marketing.</p> <p>Financial services manager bank branch managers, finance/investment/insurance broker, credit/loans officer.</p> <p>Retail sales/services manager shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, and agency.</p> <p>Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official.</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager.</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	

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, and 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, labourers and related workers, drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, 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, car rental desk staff, street vendor, telemarketer, shelf stacker.

Assistant/aide trades' assistant, school/teacher's 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, green keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand.

Other worker labourer, factory hand, store man, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.

Office use only			
Family code:		Student no:	
Interview time/date		Application Rec'd:	
Certificates sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attended	Yes <input type="checkbox"/> No <input type="checkbox"/>
Offer accepted date		Offer sent date	
Enrolment date		Enrolment fee paid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Class		Year level	
Student log in ID		House group	
Student email ID		Student PW	