



Sibling Application Form Enrolment





ENROLMENT CHECKLIST FOR PARENTS

Please ensure you have completed all forms in full, including all signatures and checkboxes, as this will help us to process your application promptly.

Family name			
Guardian 1 name	Guardian 1 Mobile Number		
Guardian 2 name	Guardian 2 Mobile Number		
Sibling Name already attending	Year level for Sibling Attending		
Sibling Name already attending	Year level for Sibling Attending		
Sibling Name already attending	Year level for Sibling Attending		

I hereby confirm that this application will be subject to the same terms and conditions as the initial family application form. This includes fees, uniforms, rebates, booklists and the like.

PARENT/GUARDIAN DECLARATION

DATE	PARENT/GUARDIAN 1 SIGNATURE	PARENT/GUARDIAN 2 SIGNATURE

The application will not be considered if any information or documents are not present.

1. STUDENT ENROLMENT FORM

- Student Enrolment Form** correctly completed (including Parent/Guardian Declaration and a signature for each)
- Copy of Birth Certificate (required)
- Copies of last two school reports
- Copy of the last NAPLAN test (Years 3, 5 7 and 9)
- Copy of current Immunisation History Statement (no older than 2 months)
- Copies of any Court Orders (where applicable)
- Copy of student disabilities reports (where applicable)
- Copy of Medicare Card
- ALL SIGNATURES IN ALL NECESSARY PLACES



APPLICATION FOR ENROLMENT

Student Enrolment Form

One form must be completed for each student that is to be enrolled.

1. STUDENT DETAILS

Academic year level of entry

Calendar year of entry

Term

Student surname

Family surname (if different to student surname)

First/Given names

Preferred name

Date of birth

Gender (✓)

Male

Female

Alternative address (if student is not living full-time at the address provided on the **Parent/Guardian Application**)

Please provide details about which days or times these alternate arrangements occur

Student's country of birth

Nationality

Language spoken at home

Other Languages spoken

Is the student an Australian Citizen? (✓)

Yes

No

If "Yes" please provide a copy of the student's Birth Certificate/Australian passport

If "No" please complete the "Student Not Born in Australia" section 2

Name of Guardian (if applicable)

Is the student of Aboriginal or Torres Strait Islander descent? (✓)

No

Yes (Aboriginal descent)

Yes (Torres Strait descent)

Both (Aboriginal and Torres Straits descent)

Are there any Court Parenting Orders in place for this student? (✓)

Yes

No

If "Yes" please provide brief details and attach a copy of any Parenting Plan or other Court documents

PLEASE DO NOT LEAVE ANY BLANKS – if not applicable use n/a



2. STUDENTS NOT BORN IN AUSTRALIA

Students who are not Australia Citizens must complete this section

Visa type/sub class/number

Expiry date

Passport number

Students born outside Australia and who have become Citizens are required to provide a copy of either their Citizenship document or Australian passport showing the visa sub class and expiry date. Please refer to the **Enrolment Checklist** to ensure the appropriate documents are attached to this application.

3. STUDENT'S EDUCATIONAL HISTORY

High School Students:

Year 11 and 12:

Student Curriculum Council Number

Unique Student Identifier Number

Please attach a copy of the last two available reports from the previous school, together with their latest NAPLAN result (if applicable)

Name and address of last school attended

Grade on leaving

Other previous schools (please attach an separate page if additional space is required)

Year level	Name and address of school	Date commenced (Month/Year)	Date left (Month/Year)

Has your child ever been expelled from, or refused permission to re-enrol at, any previous school, or have you been asked to withdraw your child from any previous school? If "Yes" please indicate the most appropriate reason (✓)

Expelled Refused re-enrolment Asked to withdraw

Please state which previous school and describe the circumstances (please attach a separate sheet if additional space is needed)

Do you give the Principal permission to contact this school, should this be considered necessary? (✓)

Yes

No

Has your child skipped or repeated a year level at any time? If so, please provide details

4. STUDENTS WITH DISABILITIES

Has your child experienced any special difficulties in schooling that the School would need to know about? For example, does he or she have any physical, intellectual, or sensory disabilities? (✓)

Yes No

If "Yes" please provide any information that you are aware of that will be most useful or relevant to the care and education of your child at the School. This may include social, emotional, behavioural, physical, learning, or developmental delays or disabilities (please attach a separate sheet if additional space is needed)

PLEASE DO NOT LEAVE ANY BLANKS – if not applicable use n/a



In determining acceptance of enrolment of your child, the School will undertake an analysis of your child's needs and the School's available resources to cater for his or her care and education. You may be required to discuss with the Principal the extent or nature of your child's disability to ensure that the School has, or is able to obtain, the necessary resources to provide a sufficient level of care for your child. The School reserves its position not to accept enrolment if it is of the opinion that it is unable to adequately provide for your child's education, care and safety.

It is your responsibility to truthfully disclose any form of delay, concern, or disability that your child might have at the time of enrolment. Should a delay or disability arise over the course of your child's enrolment at the School, the School reserves its position to re-consider a child's enrolment should there be a failure to disclose, or it is of the opinion that it is unable to adequately provide for your child's education, care and safety.

Please be aware that failure to disclose information, or the provision of incorrect information, may be deemed a contravention of the law according to the School Education Act as revised from time to time.

5. STUDENT MEDICAL HISTORY

Please provide details of any ongoing medical conditions (including allergies, anaphylaxis, asthma, etc., or any significant past illnesses or accidents) which may be relevant to the care of your child at the School. Please include the procedure which is to be followed if the condition needs to be attended to at the School or a care plan from your practitioner (please attach a separate sheet if additional space is needed).

Are you a member of an ambulance fund? (✓) Yes No

Name of Fund:

Name of family doctor Name of medical centre (if applicable) Phone number

Address of medical centre

Immunisation status (✓)
Fully immunised Incomplete Not immunised Personal objection (or exemption letter from yourself stating as such)

Medicare Number Expiry date Student's position on Card

I hereby give permission for a school representative to administer basic first aid if needed (✓)

In the event of an accident, injury or serious illness, the school will contact parents/guardians or emergency contacts and an ambulance if deemed necessary.

PLEASE DO NOT LEAVE ANY BLANKS – if not applicable use n/a



6. EMERGENCY CONTACTS (Not parents of child)

Please provide the name and phone numbers of someone we can contact should Parents/Guardians be unavailable in an emergency

Name	Relationship to student
<input type="text"/>	<input type="text"/>
Home phone	Mobile phone
<input type="text"/>	<input type="text"/>

Name	Relationship to student
<input type="text"/>	<input type="text"/>
Home phone	Mobile phone
<input type="text"/>	<input type="text"/>

Please refer to the Enrolment Checklist to ensure the appropriate documents are attached to this application.

7. STUDENT PRIVACY

Visual images of your child (including photographic and videographic images) may be collected and reproduced by the School for use in student records and for promotional purposes, in both printed and electronic form. The collection and use of such personal information is carried out according to the current **Privacy Act 1988** to ensure the protection of an individual's privacy. It is the School's policy to request consent from parents/guardians for the use of a student's visual image(s) at the time of enrolment, and then to renew this consent annually as part of its Term 1 Information Update.

Please note: By providing consent, you are agreeing that your student's visual image(s) may be used in any of the following: website, newsletters, yearbooks, promotional items (e.g. prospectus, banners), marketing items (e.g. brochures, flyers, newspaper ad), handbooks, class publications, or other publications produced from time to time. By **not** providing consent, the School will be required to exclude your child from activities such as annual class photos, and he or she may be requested by the class teacher or other representative of the School to be removed from photos of excursions, class activities, carnivals etc. Consent may be granted or withdrawn at any time.

The School is committed to maintaining the integrity of personal information it holds about members of its community, and it is not our intention to cause a student or parent distress as a result of such exclusion. For more information, please refer to the School's **Privacy Policy** and **Visual Images Policy**, both of which are available from our website or upon request.

Do you give consent for the School to use visual images of the child named in this application? Yes No

If you do not give consent, please be so kind as to indicate your reason(s) for this exclusion

8. PARENT/GUARDIAN DECLARATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE	PARENT/GUARDIAN 1 SIGNATURE	PARENT/GUARDIAN 2 SIGNATURE

Please note: By signing this document, you agree to abide by the policies and procedures, and the terms and conditions, as approved by the Board of Dale Christian School, which may be altered from time to time.

PLEASE DO NOT LEAVE ANY BLANKS – if not applicable use n/a



9. EXCURSIONS

One of the aims of Dale Christian School is to provide your child/ren with experiences outside of the classroom to reinforce or compliment what is being taught in the classroom. With this in mind, the School has organised several excursions throughout the year and the purpose of this letter is to provide you with some details and to seek your permission for your child/ren to participate in **ALL** the activities. These may include, but are not limited to; swimming carnivals, class excursions, athletics, cross country and interschool competitions.

I give my:

1. permission for my child/ren named above, to attend **ALL** the excursions and school outings, which I understand has been approved by the school Principal,
2. consent for my child/ren to travel on or in any form of public or private transport where such transport is deemed by the school to be necessary or desirable for the safe conduct of the excursion,
3. consent for my child/ren to participate in all activities, outings, trips and functions arranged as part of this excursion,
4. consent for the school, by its servants or agents:
 - to seek such medical or dental advice on behalf of my child/ren as seen fit in the event of an accident or illness, and
 - if, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my child/ren requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment provided that reasonable efforts are made to inform me of any serious injury or illness,
5. certification that the consent which I have given in point 4 is valid at all times while my child/ren is in the custody of the school while attending or participating in the excursion,
6. certification that I understand that the school will take reasonable care (a supervisor with first aid qualifications will be in attendance) in the event of my child/ren suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child/ren in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child/ren,
7. certification that if my child/ren should bring or consume drugs, alcohol, or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child/ren and any adult supervisor that may be required to ensure the safety of my child/ren during that transport, and
8. notification in writing to the class teacher, should there be an occasion where I do not want my child/ren to participate in, before the excursion or outing.

10. PARENT/GUARDIAN DECLARATION

DATE	PARENT/GUARDIAN 1 SIGNATURE	PARENT/GUARDIAN 2 SIGNATURE

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Dale Christian School

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