

# Application Form for Sibling Enrolment











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#### The Journey towards education at Dale:

The information below aims to clearly explain how we approach enrolments here at Dale. We encourage families to complete an Application Form early to increase the likelyhood of securing a place at the College.

#### Step 1: Application

If you wish to enrol a student at Dale, please complete the Application Form which is included in the Enrolment Pack or can be found online, <u>www.dalecc.wa.edu.au</u>. On receipt of the Application Form, relevant documents, and student names are entered on a waitlist. **Returning ALL the required documents is an essential first step**.

#### Lodgement does not assure enrolment of siblings.

Major Intakes are year 7 and Kindergarten. Applications for entry in other years are welcome, however enrolment is dependent on available vacancies.

#### Step 2: Waitlist

The enrolment process operates from a waitlist. When a place becomes available, families are invited to progress toward enrolment according to the date we received the Application Form. Waitlisted families will be rolled-over for enrolment in the following year/s until a place becomes available or they ask to be removed.

#### Step 3: Interview

<u>When</u> there is a vacancy, the Enrolments Officer will contact waitlist families to arrange a formal interview with the Principal. Following this successful interview, a place may be offered to the student.

#### Step 4: Enrolment

Following the successful interview.

The College reserves the right to close enrolment applications should the waitlist be extensive at a given time.

#### **Current families: Tuition Fee in Arrears**

The application will be presented to the finance department for approval. Families who have fees in arrears will be required to make a suitable payment arrangement with the Business Manager before the enrolment is confirmed. Failure to adhere to the payment arrangement may result in your enrolment being placed under review or cancelled.

#### **ENROLMENT CHECKLIST FOR PARENTS/GUARDIANS**

Please ensure you have completed all forms in full, including all signatures and checkboxes, as this will help us to process your application promptly. Please use NA if not applicable. Each box must be completed please.

Family name		
Sibling Name	Year level for	
already attending	Sibling Attending	
Sibling Name	Year level for	
already attending	Sibling Attending	
Sibling Name	Year level for	
already attending	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.

GUARDIAN DECLARATIONS							
DATE		GUARDIAN 1 (Female) SIGNATURE		GUARDIAN 2 (male) SIGNATURE			

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

1. STUDENT ENROLMENT FORM	1.
Student Enrolment Form correctly completed (including Guardian Declarations 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) (except 2020)	
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	
School Reference Form completed and returned by current school (Not Kindy)	
SIGNATURES IN ALL NECESSARY PLACES	

Parent/Guardian 1 (Female)			Parent/Guardian 2 (Male)			
Full Name		Full Name				
Mobile Number		Mobile Number				
Address		Address				
Citizen (Y/N) /Visa (Attach copy)		Citizen (Y/N) /Visa (Attach copy)				
Email Address						
Current Church		Current Church				
What is the highest year of pri	mary or secondary school yo	u have completed?				
	9 or below	Circle the number	1 Year 9 or below			
that is relevant to 2 Yea		that is relevant to yo	ou 2 Year 10 3 Year 11			
you 3 Yea 4 Yea			4 Year 12			
What is the level of the highes	t qualification you have comp	leted?				
Circle the number 5 Cert	ficate I to IV (Incl trace Cert)	Circle the number	5 Certificate I to IV (Incl trace Cert)			
7 6 -	nced diploma / Diploma elor degree or above	that is relevant to yo	6 Advanced diploma / Diploma 7 Bachelor degree or above			
	on-school Qualification		8 No non-school Qualification			
What is your occupation gr	oup? (See below for det	ails) If you have not l	been in paid work in the last 12 months, circle '8			
Circle the number that is relev	-		that is relevant to you 1 2 3 4 8			
GROUP 1	GROUP 2	_	ROUP 3 GROUP 4			
Senior management in large business organisation, government administration	Other business manage & arts/media/sportspersons and a		nen, clerks and skilled Machine operators, hospitality staff, assistants, labourers and related workers			
defence, and qualified professionals	professionals	ssociate office, sales	and service stan assistants, labourers and related workers			
Senior executive/ manager/ department head in industry, commerce, media or other large organisation Public service manager (section head or above), regional director, health/education/police/ fire services administrator Other administrator [school, principal, faculty head/dean, library/museum/gallery director, research facility director] Defence Forces Commissioned Office Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, trea and advise on problems; and teach others Health, Education, Law, Social Welfare, Engineering, Science, Computing professional. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]	petrol station, restaurant, club, hotel/motel, cinema, theatre, ac <b>Arts/media/sports</b> [musician, a dancer, painter, potter, sculptor	completed a 4 yea usually by apprent tradesmen/womer this group. Clerks [bookkeep statistical/actuaria claims/audit clerk, recording/registry/ clerk, stores/ inver purchasing/order of freight/transport/st clerk, customs age services clerk, adt ency] skilled Office, Sa ctor, office [secretary, desktop publishing ter, switchboard opera or, n, auctioneer, insurai assessor/loss adju rally researcher] service [aged/disi care worker, nann parking inspector, e e dealer/supervisor]	ar Trade Certificate, ticeship. All n are included inproduction/processing machinery and other machinery operators. Hospitality staff [hotel service supervisor, receptionist, wait/bar attendant, kitchen hand, porter, housekeeper]l clerk, accounting/ l clerk, accounting/ nory clerk, clerk, hipping clerk, bond ent, customer missions clerk]Office assistants and other assistants office [typist, word, processing/data entry/business machine operator, receptionist, office assistant]ales and Service personal assistant, g operator, ator]Sales [sales assistant, user, marketabled/refuge/child uy, meter reader, postal worker, not, tour guide, flight instructor, casinoAssistant, user, marketabled/refuge/child instructor, casinoassistant, animal attendant] Labourers and related workers			

categories.

### **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 ent	ry	Term
Student surname		Family surname (	if different to student surname)
First/Given names		Preferred name	
Date of birth		Gender (✔)	
		Male	Female
		Dia tanàna dia dia	
Alternative address (if student is not living address provided on the <b>Guardian Applic</b>		Please provide de alternate arrange	etails about which days or times these ments occur
Student's country of birth	Nationality		Language spoken at home
			Other Languages spoken
Is the student an Australian Citizen? ( $\checkmark$ )	If "Yes" pleas passport	se provide a copy of	the student's Birth Certificate/Australian
Yes No	If "No" please	e complete the "Stud	lent Not Born in Australia" section 2
Name of Guardian (if applicable)			
In the student of Aberiginal or Torres Strait	Islandar dassanta (-4)		
Is the student of Aboriginal or Torres Strait No Yes (Aboriginal des			Both (Aboriginal and Torres
No Yes (Aboriginal des	res (Tor	rres Strait descent)	Straits descent)
Are there any Court Parenting Orders in pla	ace for this student?	Yes N	lo
<ul> <li>(✓)</li> <li>If "Yes" please provide brief details and attain</li> </ul>	ach a copy of any Pare		

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

#### 2. STUDENTS NOT BORN IN AUSTRALIA

Students who are not Australian Citizens must complete this section.

	s/number	Expiry date		Passport nu	mher
	is/number				
			·		
	side Australia and who l ralian passport showing				<sup>-</sup> their Citizenship <b>ment Checklist</b> to ensure
	ocuments are attached to				
	ENT'S EDUCATION	AL HISTORY			
Student Curriculum	n Council Number (All Yea	ar levels)	Year 11 and 12 Unic	ue Student Identifier	Number
		/			
ease attach a co plicable)	py of the last two avai	lable reports from	the previous school	l, together with the	ir latest NAPLAN result (
. ,	s of last school attended	4			Grade on leaving
		~			Crade of reading
Other previous sci	hools (please attach a s	eparate page if add	litional space is require	ed)	
Year level	Name and address			Date commenced	Date left
real level	Name and address			(Month/Year)	(Month/Year)
المتعاملة مستعربهما	ar haan avnallad fram. a	r refused permissio	n to re-enrol at, any p	revious school, or ha	
			indicate the most an		
	d from any previous sch		e indicate the most ap		
vithdraw your chil		ool? If "Yes" please	e indicate the most ap		
vithdraw your chil	d from any previous sch	t Asked to	withdraw	propriate reason (✓)	
vithdraw your chil Expelled Please state which	d from any previous sch Refused re-enrolmen	t Asked to	withdraw	propriate reason (✓)	
vithdraw your chil Expelled Please state which	d from any previous sch Refused re-enrolmen	t Asked to	withdraw	propriate reason (✓)	
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vithdraw your chil Expelled Please state which	d from any previous sch Refused re-enrolmen	t Asked to	withdraw	propriate reason (✓)	
vithdraw your chil Expelled Please state which needed)	d from any previous sch Refused re-enrolmen	t Asked to	withdraw tances (please attach	propriate reason (✓) a separate sheet if a	
vithdraw your chil Expelled Please state which needed) Do you give the P	d from any previous sch Refused re-enrolmen h previous school and d	ool? If "Yes" please t Asked to escribe the circums	withdraw tances (please attach	propriate reason (✓) a separate sheet if a ed necessary? (✔)	additional space is
vithdraw your chil Expelled Please state which needed) Do you give the P	d from any previous sch Refused re-enrolmen h previous school and d rincipal permission to co	ool? If "Yes" please t Asked to escribe the circums	withdraw tances (please attach	propriate reason (✓) a separate sheet if a ed necessary? (✔)	additional space is
vithdraw your chil Expelled Please state which leeded) Do you give the P	d from any previous sch Refused re-enrolmen h previous school and d rincipal permission to co	ool? If "Yes" please t Asked to escribe the circums	withdraw tances (please attach	propriate reason (✓) a separate sheet if a ed necessary? (✔)	additional space is

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

#### 4. STUDENTS WITH DISABILITIES OR ADDITIONAL NEEDS

Does your child have a known disability, learning difficulty, medical condition or diagnosis that may impact upon their safety, participation or learning? *Includes physical, cognitive/intellectual, learning, sensory (hearing, vision), speech & language, Autism Spectrum Disorder, social/emotional/behavioural, illness/disorder, medical (anaphylaxis, diabetes, asthma, etc), mental health or other.* 

Yes	No	Unsure	Currently pursuing diagnosis

If "Yes" "unsure" or "Currently pursuing diagnosis" please complete the "Additional Needs Supplementary Form". This may include social, emotional, behavioural, physical, learning, or developmental delays or disabilities.

Nature/Name of disability/condition/diagnosis

In determining acceptance of enrolment of your child, the College will undertake an analysis of your child's needs and the College'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 College has, or is able to obtain, the necessary resources to provide a sufficient level of care for your child. The College 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 College, the College reserves its position to reconsider 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.

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

#### 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 College. Please include the procedure which is to be followed if the condition needs to be attended to at the College 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 ap	oplicable)	Phone number				
Address of medical centre							
Immunisation status ( $\checkmark$ )							
Fully immunised Incomplete		Personal objection (or exem ourself stating as such)	ption letter from				
Medicare Number	Expiry date	S	tudent's position on Card				
I hereby give permission for a College representative to administer basic first aid if needed (✓) In the event of an accident, injury or serious illness, the College will contact guardians or emergency contacts and an ambulance if deemed necessary.							

Please provide the name and phone numbers of someone we can contact should Guardians be unavailable in an emergency – Are these different to previous children? Do you want us to replace them with these, or add these?

Name	Relationship to student
Home phone	Mobile phone
Name	Relationship to student

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

#### 7. STUDENT PRIVACY

Visual images of your child (including photographic and videographic images) may be collected and reproduced by the College 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 College's policy to request consent from parents/guardians for the use of a student's visual image(s) at the time of enrolment.

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 College 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 College to be removed from photos of excursions, class activities, carnivals etc. The College 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 exclusions. Consent may be granted or withdrawn at any time.

Do you give consent for th	e College to use	visual images of the chi	Id 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

Video Surveillance is used in public areas throughout the college 24 hours a day year around. This is necessary to keep staff and students safe and to protect external assets.

For more information, please refer to the College's **Privacy Policy** and **Visual Surveillance Policy**, both of which are available upon request.

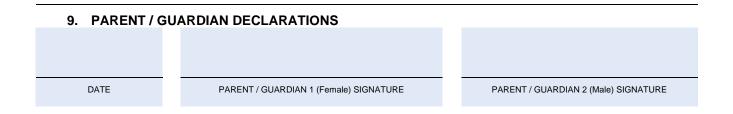
#### 8. EXCURSIONS

One of the aims of Dale Christian College 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 is mind, the College 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 intercollege competitions.

I give my:

- 1. permission for my child/ren named above, to attend <u>ALL</u> the excursions and college outings, which I understand has been approved by the College 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 College 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 College, 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 College while attending or participating in the excursion,
- 6. certification that I understand that the College 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 a ny 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, before the excursion or outing, should there be an occasion where I do not want my child/ren to participate in.

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



**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 College, which may be altered from time to time.

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



# **DALE CHRISTIAN COLLEGE**



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