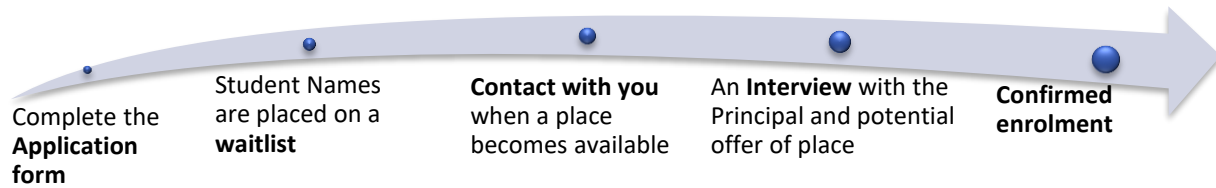




# Application Form for Sibling Enrolment



## Enrolling



### 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 likelihood 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, [www.dalecc.wa.edu.au](http://www.dalecc.wa.edu.au). 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 dependant 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

When 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.

<b>Family name</b>			
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	

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

## 1. STUDENT ENROLMENT FORM

- 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)
- Parent / Guardian Signatures above

Parent/Guardian 1 (Female)		Parent/Guardian 2 (Male)	
Full Name		Full Name	
Mobile Number		Mobile Number	
Address		Address	
Email Address		Email Address	
Current Church		Current Church	
What is the highest year of primary or secondary school you have completed?			
Circle the number that is relevant to you	1 Year 9 or below 2 Year 10 3 Year 11 4 Year 12	Circle the number that is relevant to you	1 Year 9 or below 2 Year 10 3 Year 11 4 Year 12
What is the level of the highest qualification you have completed?			
Circle the number that is relevant to you	5 Certificate I to IV (Incl trace Cert) 6 Advanced diploma / Diploma 7 Bachelor degree or above 8 No non-school Qualification	Circle the number that is relevant to you	5 Certificate I to IV (Incl trace Cert) 6 Advanced diploma / Diploma 7 Bachelor degree or above 8 No non-school Qualification

Since your family enrolled:

	Yes	No
Has your residency status changed? (PLEASE PROVIDE COPIES)		
Citizen / Visa subclass no: _____ Exp Date: _____		
Have you switched Churches or come to a new faith?		
Please provide Church Name and faith: _____		

**Parent/Guardian 1 (Female)**

**Parent/Guardian 2 (Male)**

What is your occupation group? (See below for details)

*If you have not been in paid work in the last 12 months, circle '8'*

Circle the number that is relevant to you		1 2 3 4 8	Circle the number that is relevant to you		1 2 3 4 8		
GROUP 1		GROUP 2		GROUP 3		GROUP 4	
Senior management in large business organisation, government administration & defence, and qualified professionals		Other business managers, arts/media/sportspersons and associate professionals		Tradesmen/women, clerks and skilled office, sales and service staff		Machine operators, hospitality staff, assistants, labourers and related workers	
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator</p> <p><b>Other administrator</b> [school, principal, faculty head/dean, library/museum /gallery director, research facility director]</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> 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><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>		<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production / personnel/industrial relations/ sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional</p> <p><b>Business/administration</b> [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer</p>		<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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, admissions clerk]</p> <p><b>Skilled Office, Sales and Service Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><b>Service</b> [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]</p>		<p><b>Drivers, mobile plant, production/processing machinery and other machinery operators. Hospitality staff</b> [hotel service supervisor, receptionist, wait/bar attendant, kitchen hand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word, processing/data entry/business machine operator, receptionist, office assistant]</p> <p><b>Sales</b> [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]</p> <p><b>Assistant/aide</b> [trades assistant, college/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Labourers and related workers</b> <b>Defence Forces</b> ranks below senior NCO not included in other groups</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>	
<p><b>These categories have been determined nationally and are designed as broad occupational groupings. Australian states and territories use the same categories.</b></p>							

# 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 **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/Guardian 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 Australian 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

All schools previously attended by student:

Student Curriculum Council Number (All Year levels)

Year 11 and 12 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 a 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

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

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#### 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

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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 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.**

**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).

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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 College representative to :	(✓)
• administer basic first aid if needed	<input type="checkbox"/>
• administer general oral medication: Panadol	<input type="checkbox"/>
Nurofen	<input type="checkbox"/>
Antihistamine	<input type="checkbox"/>
In the event of an accident, injury or serious illness, the College will contact parents/guardians or emergency contacts and an ambulance if deemed necessary.	<input type="checkbox"/>

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

## 6. STUDENTS EMERGENCY CONTACTS – NOT PARENTS/GUARDIANS

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
<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"/>

## 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.

I give consent for the College to use visual images of the child named in this application in the following cases:

	Yes	No		Yes	No
May have students name Printed			No Name Printed		
College Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	College Website / Social Media Page	<input type="checkbox"/>	<input type="checkbox"/>
College Class Group Photos / Individual (e.g., Class Publications and activities, excursions)	<input type="checkbox"/>	<input type="checkbox"/>	College Promotional / Marketing Materials (e.g., Prospectus, Banners, flyers, newspaper ads)	<input type="checkbox"/>	<input type="checkbox"/>
College Yearbook	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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.

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

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## 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 in 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 **ALL** 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 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, before the excursion or outing, should there be an occasion where I do not want my child/ren to participate in.

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.

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### PARENT / GUARDIAN DECLARATIONS

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

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



# DALE CHRISTIAN COLLEGE



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