

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 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, 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

<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 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 / medical conditions / additional needs reports (where applicable)
	Copy of Medicare Card
	School Reference Form completed and returned by current school (Not Kindy)
	Parent / Guardian Signatures

Pare	nt/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 h	ave completed?			
Circle the number	1 Year 9 or below	Circle the number	1 Year 9 or below		
that is relevant to	2 Year 10	that is relevant to you			
you	3 Year 11		3 Year 11		
	4 Year 12		4 Year 12		
What is the level of the highest qualification you have completed?					
Circle the number	5 Certificate I to IV (Incl trace Cert)	Circle the number	5 Certificate I to IV (Incl trace Cert)		
that is relevant to	6 Advanced diploma / Diploma	that is relevant to you	6 Advanced diploma / Diploma		
you	7 Bachelor degree or above		7 Bachelor degree or above		
-	8 No non-school Qualification		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:		

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

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

	•	1 2 3 4 8	0	cle the number that is releva	111 10	1 2 3 4 8	
			you				
GROUP 1		GROUP 2		GROUP 3		GROUP 4	
Senior management in large business	Other bu	isiness managers,		Tradesmen/women, clerks and skilled	Mach	ine operators, hospitality staff,	
anisation, government administration & arts/media/sportspersons and associate		office, sales and service staff assistants, labourers and related		ts, labourers and related workers			
defence, and qualified professionals	· ·	rofessionals		·		,	
Senior executive/ manager/		er of farm, construct	ion	Tradesmen/women generally	Drivers	mobile plant,	
department head in industry.	import/export, v		ioii,	have completed a 4 year Trade		ion/processing machinery and	
commerce, media or other		transport, real estate	е	Certificate, usually by		achinery operators. Hospitality	
arge organisation	business.	,		apprenticeship. All		tel service supervisor, receptioni	
Public service manager (section	Specialist mar	nager		tradesmen/women are included		attendant, kitchen hand, porter,	
nead or above), regional director,	[finance/engine	ering/production		in this group.	houseke	eper]	
nealth/education/police/ fire services	/ personnel/inde	ustrial relations/		Clerks [bookkeeper, bank/PO	Office a	ssistants, sales assistants and	
administrator	sales/marketing			clerk, statistical/actuarial clerk,		ssistants	
Other administrator [school,		ices manager [bank	(accounting/ claims/audit clerk,	Office [t	ypist, word, processing/data	
principal, faculty head/dean,	branch manage			payroll clerk,		siness machine operator,	
ibrary/museum /gallery director,	investment/insu	,		recording/registry/filing clerk,		nist, office assistant]	
research facility director] Defence Forces Commissioned	credit/loans offi	•		betting clerk, stores/ inventory		ales assistant, motor caravan/parts salesperson,	
Officer	petrol station, r	rvices manager [sh	юр,	clerk, purchasing/order clerk, freight/transport/shipping clerk,			
Professionals generally have degree		ema, theatre, agenc	vl	bond clerk, customs agent,	checkout operator, cashier, bus/train conductor, ticket seller, service		
or higher qualifications and		orts [musician, actor		customer services clerk,		ttendant, car rental desk	
experience in applying this knowledge		potter, sculptor,	,	admissions clerk1		eet vendor, telemarketer.	
o design, develop or operate complex		or, media presenter,		Skilled Office, Sales and	,	cker] Assistant/aide	
systems; identify, treat and advise on		designer, illustrator,		Service Office [secretary,		assistant, college/teacher's	
problems; and teach others		ortsman/ woman,		personal assistant, desktop		ntal assistant, veterinary	
Health, Education, Law, Social	coach, trainer,	sports official]		publishing operator, switchboard		ursing assistant,	
Welfare, Engineering, Science,	Associate pro	fessionals generally	/	operator]		/gallery attendant, usher,	
Computing professional.		echnical qualification	IS	Sales [company sales		elper, salon assistant, animal	
Business [management consultant,	and support ma	inagers and		representative, auctioneer,		t] Labourers and related	
business analyst, accountant, auditor,	professionals			insurance agent/ assessor/loss		Defence Forces ranks	
policy analyst, actuary, valuer]		tion, Law, Social		adjuster, market researcher]		enior NCO not included in	
Air/sea transport [aircraft/ship's		eering, Science,		Service	other gro	oups cure, horticulture, forestry,	
captain/officer/pilot, flight officer, flying nstructor, air traffic controller]	professional	hnician/associate		[aged/disabled/refuge/child care worker, nanny, meter reader,		mining worker [farm	
istructor, air tranic controller	Business/adm	injetration		parking inspector, postal worker,		r. shearer. wool/hide	
	[recruitment/em			courier, travel agent, tour guide,		farmhand, horse trainer,	
	industrial relation			flight attendant, fitness instructor,	,	nan, greenkeeper,	
	officer.	nio/tidiinig		casino dealer/supervisor]	,	r, tree surgeon,	
	marketing/adve	rtising specialist, ma	arket			logging worker, miner,	
		st, technical sales			seafarer	/fishing hand]	
	representative,				Other w	orker [labourer, factory	
	office/project m				hand, st	oreman, guard, cleaner,	
	Defence Force					r, laundry worker, trolley	
	Commissioned	Officer				, car park attendant,	
				 pad occupational groupings. Austra		supervisor]	

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 er	ntry	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 faddress provided on the Guardian Applica		Please provide de alternate arrange	etails about which days or times these ments occur
		Ü	
Student's country of birth	Nationality		Language spoken at home
			Other Languages spoken
	15.42.4 %		
Is the student an Australian Citizen? (✔)	passport	ase provide a copy of	the student's Birth Certificate/Australian
Yes No	If "No" pleas	se complete the "Stud	lent Not Born in Australia" section 2
Name of Guardian (if applicable)			
Is the student of Aboriginal or Torres Strait	Islander descent? (✓	^)	
No Yes (Aboriginal des	cent) Yes (To	orres Strait descent)	Both (Aboriginal and Torres Straits descent)
Are there any Court Parenting Orders in pla (✓) If "Yes" please provide brief details and atta			lo or other Court documents

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

* *	ss/number	Expiry date	Passport nur	mber
Students harn au	iteide Australia and wh	no have become Citizens are requ	red to provide a copy of either	their Citizenshin
document or Aus	tralian passport show	ing the visa sub class and expiry o		
the appropriate d	ocuments are attache	d to this application.		
	ENT'S EDUCATION Sty attended by student:			
Student Curricului	m Council Number (All	Year levels) Year 11 an	d 12 Unique Student Identifier I	Number
lease attach a c pplicable)	opy of the last two a	vailable reports from the previo	us school, together with thei	r latest NAPLAN result (
Nama and addra	ss of last school atten	ded		Grade on leaving
Name and addre	oo or last series, alter	dod		J
		aoa		J. Lance of the G
			e is required)	
		a separate page if additional spac	Date commenced (Month/Year)	Date left (Month/Year)
Other previous s	chools (please attach	a separate page if additional spac	Date commenced	Date left
Other previous s	chools (please attach	a separate page if additional spac	Date commenced	Date left
Other previous so Year level Has your child ev	chools (please attach Name and addresse) Ver been expelled from	a separate page if additional spac	Date commenced (Month/Year)	Date left (Month/Year)
Other previous so Year level Has your child evelowithdraw your child	chools (please attach Name and addresse) Ver been expelled from	a separate page if additional spaces of school n, or refused permission to re-enroschool? If "Yes" please indicate the	Date commenced (Month/Year)	Date left (Month/Year)
Other previous so Year level Has your child evelowithdraw your childetexpelled	Name and address Ver been expelled from all from any previous and Refused re-enrolm	a separate page if additional spaces of school n, or refused permission to re-enroschool? If "Yes" please indicate the	Date commenced (Month/Year) I at, any previous school, or have most appropriate reason (✓)	Date left (Month/Year)
Other previous so Year level Has your child even withdraw your child expelled Expelled Please state which	Name and address Ver been expelled from all from any previous and Refused re-enrolm	a separate page if additional spaces of school n, or refused permission to re-enroschool? If "Yes" please indicate the ment Asked to withdraw	Date commenced (Month/Year) I at, any previous school, or have most appropriate reason (✓)	Date left (Month/Year)
Other previous so Year level Has your child even withdraw your child expelled Expelled Please state which	Name and address Ver been expelled from all from any previous and Refused re-enrolm	a separate page if additional spaces of school n, or refused permission to re-enroschool? If "Yes" please indicate the ment Asked to withdraw	Date commenced (Month/Year) I at, any previous school, or have most appropriate reason (✓)	Date left (Month/Year)
Other previous so Year level Has your child even withdraw your child expelled Please state which heeded)	Name and address ver been expelled from any previous and the previous school	a separate page if additional spaces of school n, or refused permission to re-enroschool? If "Yes" please indicate the ment Asked to withdraw	Date commenced (Month/Year) I at, any previous school, or hat a most appropriate reason (✓) ase attach a separate sheet if a	Date left (Month/Year)

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

4. STUDENTS WITH DISABILITIES, MEDICAL CONDITIONS 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. Unsure Currently pursuing diagnosis Yes No 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 diagnosis currently pursuing or unsure of: Disability / Diagnosis / Additional needs Medical Reports Attached (✓) Medical Reports/Care Plan Attached (✓) **Medical Condition** Severity (Circle relevant one) Severe Mild Severe Mild Severe Mild Severe Mild

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 RECORDS							
Are you a member of an ambulance	fund? (✓) Yes	No No					
Name of Fund:							
Name of family doctor	Name of medica	al centre (if applicable)	Pho	one number			
Address of medical centre							
Immunisation status (✓)							
Fully immunised Incomplet	e Not immun		jection (or exemption lett ting as such)	er from			
Medicare Number	Expiry da	ate	Student's	position on Card			
I hereby give permission for a	College representative	e to :		(✓)			
administer basic first aid if needed							
administer general oral medication: Panadol							
	Nurofe	en					
	Antihis	stamine					
	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.						

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? These will replace previous emergency contacts provided.

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

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			College Website / Social Media Page		
College Class Group Photos / Individual (e.g., Class Publications and activities, excursions)			College Promotional / Marketing Materials (e.g., Prospectus, Banners, flyers, newspaper ads)		
College Yearbook					

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

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,
- 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.

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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