

Application Form for Sibling Enrolment

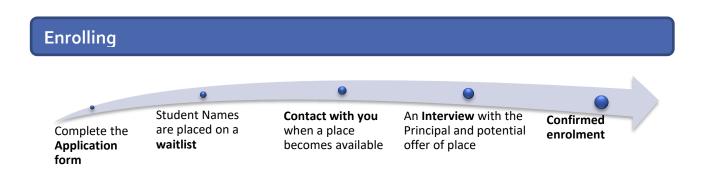












The Journey towards education at Dale:

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 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 (not Kindy)

Change of Name documents (if necessary)

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) (required)

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

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 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 complet	ed?		
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		
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:	 	

Parent/Guardian 1 (Female) What is your occupation group? (See below for details)

Parent/Guardian 2 (Male)

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

Circle the number that is relevant	-	cle the number that is relevan	nt to 1 2 3 4 8
GROUP 1			GROUP 4
GROUP 1 Senior management in large business organisation, government administration & defence, and qualified professionals 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 Officer 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	group 2 Other business managers, arts/media/sportspersons and associate professionals Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business. Specialist manager [finance/engineering/production / personnel/industrial relations/ sales/marketing] Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer] Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] Arts/media/sports journalist, author, media presenter, photographer, designer, illustrator,	U 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, admissions clerk] Skilled Office, Sales and Service Office [secretary,	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, receptionis wait/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, college/teacher's
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]	proof reader, sportsman/ woman, coach, trainer, sports official] Associate professionals generally have diploma/technical qualifications and support managers and professionals Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] Defence Forces senior Non- Commissioned Officer	personal assistant, desktop publishing operator, switchboard operator] Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher] Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]	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 in other groups Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand] Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

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 er	ntry	Term		
Student surname (as per Birth Certificate)		Family surname ((if different to student surname)		
First/Given names (as per Birth Certificat	te)	Preferred name			
Date of birth		Gender (🗸)			
		Male	Female		
Alternative address (if student is not living for address provided on the Guardian Applica		Please provide de alternate arrange	etails about which days or times these ments occur		
Student's country of birth	Nationality		Language spoken at home		
Student's country of birth	Nationality		Language spoken at nome		
			Other Languages spoken		
Is the student an Australian Citizen? (✓)		ase provide a copy of	the student's Birth Certificate/Australian		
Yes No	passport 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			Both (Aboriginal and Torres		
No Yes (Aboriginal des	cent) Yes (10	orres Strait descent)	Straits descent)		
Are there any Court Parenting Orders in place for this student? Yes No					
If "Yes" please provide brief details and atta	ach a copy of any Par	enting/Guardian Plan	or other Court documents		

2. STUDENTS NOT BORN IN AUSTRALIA

Students who are not Australian Citizens must complete this section.

Visa type/sub clas	ss/number	Expiry date		Passport nur	nber
Students born out	side Australia and who h	ave become Citize	ens are required to p	rovide a copy of either	their Citizenship
	ralian passport showing ocuments are attached to		and expiry date. Plea	ase refer to the Enroln	nent Checklist to ensure
	ENT'S EDUCATION y attended by student:	AL HISTORY			
Student Curriculum	n Council Number (All Yea	r levels)	Year 11 and 12 Ur	nique Student Identifier N	Number
Please attach a co applicable)	ppy of the last two avai	able reports from	n the previous scho	ol, together with thei	r latest NAPLAN result (if
Name and addres	s of last school attended				Grade on leaving
Other previous sc	hools (please attach a se	eparate page if add	ditional space is requ	iired)	
Year level	Name and address of	of school		Date commenced (Month/Year)	Date left (Month/Year)
	er been expelled from, o d from any previous sch				ve you been asked to
Expelled	Refused re-enrolment	Asked to	o withdraw		
	h previous school and de	escribe the circums	stances (please attac	ch a separate sheet if a	dditional space is
needed)					
De yey siye the D					Vac Na
	rincipal permission to co pped or repeated a year				Yes No
-					

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.*

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 diagnosis currently pursuing or unsure of:

Disability / Diagnosis / Additional needs	Medical Reports Attached (🗸)

Medical Condition	Severity (Circle relevant one)	Medical Reports/Care Plan Attached (✓)
	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.

5. STUDENT MEDICAL RECORDS

Are you a member o	f an ambulance fur	nd? (✔) Yes	No			
Name of Fund:						
Name of family docto	or	Name of medical ce	entre (if applicable)		Phone number	
Address of medical of	centre					
	alth Act 2016 (WA)	, proof must be provide umentation for this purp Not immunised Expiry date	pose is the child's Aus	tralian Immunisatio action (or exemptior ng as such)	n Register (AIR)	
• admi	nister basic first aic	llege representative to I if needed medication: Panadol	:		(✓) 	

 Nurofen
 Image: Nurofen

 Antihistamine
 Image: Nurofen

 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.
 Image: Nurofen

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.

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 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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