

Application for Enrolment



**FREE REFORMED
SCHOOL ASSOCIATION**

My heart I offer to You Lord - promptly and sincerely

School: _____

Family Details:

Church: _____

Surname: _____

Father's Name(s): _____

Email: _____ Mobile Phone Number: _____

Occupation: _____ Work Phone Number: _____

Place of Employment: _____

Address of Employment: _____

Mother's Name(s): _____

Email: _____ Mobile Phone Number: _____

Occupation: _____ Work Phone Number: _____

Place of Employment: _____

Address of Employment: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Home Phone Number: _____

Family Doctor: _____ Phone Number: _____

Emergency Contact: *(if the school is unable to reach the parents)* Please provide 2 emergency contacts.

1. Contact Name: _____

Contact Phone Numbers: _____

2. Contact Name: _____

Contact Phone Numbers: _____

Student Details:

Child's Surname: _____

First Name(s): _____

Preferred Name: *(if different to first name)* _____ Position in Family: _____

Date of Birth: _____ Sex of Child: Male Female

Previous School Attended: _____ Year Level: _____

Other Contact: *(if student regularly resides at more than 1 address)*

Contact Name: _____ Phone Number(s): _____

Contact Address: _____

Australian Citizenship: (please tick one)

Australian Citizen _____ Country of Birth *(if not Australia)*: _____

On a Visa _____ Please provide Visa Sub-Class: _____

Please note: It is your responsibility to notify the school of any change to your Visa status.

Is this student of Aboriginal or Torres Strait Islander Origin? Yes No

Medical History:			
Immunised:	18 Months:	Yes	No
	4 Years Old:	Yes	No
By selecting 'no' I understand that in case of an infectious illness at school (such as Measles) I am aware that my child who is not immunised must stay home.			
Insect Sting Allergies:	Yes	No	
If yes, list medicines and provide School with Action Plan:			
Asthma:	Yes	No	
If yes, please rate severity of asthma:	Mild	Moderate	Severe
If yes, list asthma medicines and provide School with Action Plan:			
List any reactions to any Substances (eg allergy to chocolates with hives, rash):			
Seizure Disorder (eg Epilepsy):	Yes	No	
If yes, provide details:			
List any other serious medical condition(s) we should be aware of? (eg kidney / bladder problems, heart condition, hepatitis, fainting, bleeding problems, diabetes, recent illnesses):			
Does this child take medication regularly:	Yes	No	
If yes, what medication(s) and reason for medication(s):			
Please provide details if any medications are to be given during school hours:			
Special Dietary Concerns (please be specific):			
Vision:			
Glasses	Yes	No	Contacts: Yes
			No
Hearing:			
Hearing Devices:	Yes	No	Ear Grommets: Yes
			No
Any other ear / hearing problems:			
Speech:			
Does your child have any difficulty with speech:	Yes	No	
If yes, is he/she receiving, or previously received treatment (provide details below):			
Motor Skills:			
Does your child have any difficulty with motor skills:	Yes	No	
If yes, is he/she receiving, or previously received treatment (provide details below):			
Any special classroom considerations (relating to vision / hearing / speech / motor skills) needed:			

Other Concerns:

Has your child experienced any social, emotional or physical problems, including phobias, which may affect adjustment to school and / or camps? If so, provide details:

Name(s) of anyone who is forbidden to have any access to this child.

(Please provide a copy of the court order to be placed on file in the school):

Permission to Administer Paracetamol: *(valid till end of current school year)*

Student Name:

I authorise the school and its officers to administer paracetamol (eg Panadol) to my child, named above, in the event of headache or other minor pain. I understand that such administration will be in accordance with instructions relating to its use, as published on the packet, especially relating to the quantity and frequency of its use.

Yes No

Signed:

Please indicate if you would like us to notify the parent / guardian before administering Paracetamol:

Yes No

Signed:

Permission to Publish Photographs:

If you **do** authorise the School to publish photographs of my child, named above, subject to the conditions as outlined in the School's Handbook, please check the box below:

I **hereby** authorise the School to publish photographs of my child, named above.

If you **do not** authorise the School to publish photographs of my child, named above, subject to the conditions as outlined in the School's Handbook, please check the box below:

I **do not** authorise the School to publish photographs of my child, named above.

Signed:

Information Required for Assessment and Reporting Purposes:

The following personal information is collected as part of this School's ongoing commitment to the National Reporting on Schooling in Australia initiative. For further information on the National Reporting on Schooling in Australia initiative, we refer you to the Ministerial Council on Education, Employment, Training and Youth Affairs website. <http://www.mceecdya.edu.au/mceecdya/>. As part of that initiative this information will be provided to the Association of Independent Schools of Western Australia (AISWA) for collation. AISWA has advised the School that it does comply with the requirement of the Privacy Act and will be collating the information provided by Schools. AISWA will then forward the collated information to the Department of Education and Training (DET) for analysis. DET as a government agency is required to comply with the privacy legislation requirements for the public sector.

As with personal information collected by the School, this personal information will be handled strictly in accordance with our Privacy Policy.

Does the Student or his/her Mother/Guardian, or his/her Father/Guardian Speak a Language Other than English at Home? (If more than one language, indicate the one that is spoken most often)

	STUDENT	MOTHER/PARENT 1 / GUARDIAN 1	FATHER / PARENT 2 / GUARDIAN 2
No, English only			
Yes, other; please specify:			

Mark one box only in each column

What is the Highest Year of Primary or Secondary School the Parents / Guardians have Completed? (For persons who have never attended school, mark "Year 9 or equivalent or below.")

	MOTHER / PARENT 1 / GUARDIAN 1	FATHER / PARENT 2 / GUARDIAN 2
Year 12 or equivalent		
Year 11 or equivalent		
Year 10 or equivalent		
Year 9 or equivalent or below		

What is the level of the Highest Qualification the Parents / Guardians have completed?

	MOTHER / PARENT 1 / GUARDIAN 1	FATHER / PARENT 2 / GUARDIAN 2
Bachelor degree or above		
Advanced Diploma / Diploma		
Certificate I to IV (including trade certificate)		
No non-school qualification		

Please select the appropriate parental occupation group from the list on the next page.

	MOTHER / PARENT 1 / GUARDIAN 1	FATHER / PARENT 2 / GUARDIAN 2
Occupation Group Number:		

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' in the box above.

GROUP 1: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION AND 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 who 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. 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).

GROUP 2: OTHER BUSINESS MANAGERS, ARTS/MEDIA/SPORTS PERSONS 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 (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, 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.

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 staff.** **Office** (secretary, 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).

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, receptionist, waiter, bar attendant, kitchenhand, 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, school / teacher's 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 above. **Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool / hide classer, farm hand, 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).

Parent Confirmation		
I / We accept and agree to abide by the provisions of the current Handbook for Parents and Students.	Yes	No
I / We are members for the Free Reformed School Association Inc	Yes	No
My / Our membership account is up-to-date with payments	Yes	No
I / We agree to pay the annual tuition fees as stipulated in the current Handbook.	Yes	No
The information provided in this enrolment form is, to the best of our knowledge, true and correct.	Yes	No
Privacy Statement:		
<p>In accordance with G001 Privacy Policy & Procedure, the school will use personal information as contained in the enrolment form for the following:</p> <ul style="list-style-type: none"> • to promote a student's educational, social and medical wellbeing • day to day administration • to satisfy the school's legal obligations and allowing the school to discharge its duty of care • to compile and distribute education related information through correspondence, newsletters or magazines • to conduct research or curriculum development • to seek funding for the school. <p>Further, in specific instances, the school may disclose personal information as per the enrolment form to:</p> <ul style="list-style-type: none"> • another school • government departments • medical practitioners • people providing services to the school. <p>Other than in the above instances the school will not disclose personal information to third parties without the parents' express consent, unless required to do so by law. The school will not disclose personal information to third parties for marketing, fundraising or for the third parties' own personal use.</p>		
Parent / Guardian Name:		
Parent/Guardian Signature:		
Principal Name:		
Principal Signature:		
Date:		
FRSA Admin Office Use Only:		
Membership current and up-to-date		
Check completed and Principal advised		

**Thank you for submitting your application for enrolment.
Once the enrolment is completed and accepted you will receive confirmation from the Principal in writing.**