# **Application for Enrolment**



# **Preamble**

Dear Parents,

We look forward to welcoming your child to the John Calvin School, a school that provides an education based on God's Word as is taught in the home and in the Church.

As part of the enrolment process, we feel it important to highlight the following key foundational elements of the Free Reformed School Association:

#### **Reformed Education**

The John Calvin schools have been established by the Free Reformed School Association, which is an Association of members of the Free Reformed Churches of Australia.

The object of the Association is to assist the parents within the Free Reformed Churches of Australia in the provision of Reformed education for their children, by the establishment and maintenance of schools committed to providing education which conforms to God's Word (the Bible) as summarised in the Confessions (three forms of unity).

The aim of the Association is that God's children are educated and nurtured within covenant community to live for His glory in submission to Him. This aim is achieved by having distinctively Reformed schools that display a love and obedience to God, where the knowledge of Holy Scripture underpins all learning.

One of the hallmarks and strengths of the John Calvin Schools is that (by Constitution) all parents who wish to enrol their child(ren) must subscribe to the Confessions and be members of the Church. This ensures that the Christian Worldview taught at school aligns with what the children are taught at home and in Church.

## **Communal Membership**

Over many years we have been blessed with a good standard of private education at an affordable cost for all the children of the church community. This is possible because the Lord provides support for the Association through all His people. This is evident in that over half of the members of our Association do not have children currently at school. We are grateful that the Lord provides so much through His people.

We have been blessed with this communal membership system since the inception of the FRSA, whereby the provision of Reformed education has always been the shared responsibility of the whole church community, with the school funded through Association member contributions rather than fees charged only to parents with children at school.

This enduring principle helps ensure that reformed education remains affordable for everyone and allows the entire covenant community to share in the privilege of supporting the education of each new generation of covenant children.

In benefiting from such a system, it is honourable for parents to remain a member of it not only before, but also after their children have left the school system. In this way coming generations may also benefit from the blessing of this communal membership system.

May you and your children be blessed through the Lord's gift of covenantal schools, and ultimately may His Name be honoured.

School of Enro	olmer	nt:				
Family Details:						
Church:						
Surname:						
Father's Name(s):				Membership	ID number (if known)	
Email:				Mobile Phone	e Number:	
Occupation:				Work Phone	Number:	
Place of Employmer	nt:					
Address of Employr	ment:					
Mother's Name(s):						
Email:				Mobile Phone	e Number:	
Occupation:				Work Phone	Number:	
Place of Employmer	nt:					
Address of Employr	nent:					
Residential Address	;:					
Suburb:					Postcode:	
Postal Address:						
Suburb:					Postcode:	
Home Phone Numb	er:					
Family Doctor:				Phone Numb	er:	
Emergency Contac	<b>:t:</b> (if the	school is unable	e to reach the parents) Please pi	rovide 2 emerge	ency contacts.	
1. Contact Name:				Relationship	to child:	
Contact Phone Num	nbers:					
2. Contact Name:				Relationship	to child:	
Contact Phone Num	nbers:					
Student Details: (Please provide copy of child's birth certificate for school records)						
Child's Surname:						
First Name(s):						
Preferred Name: (if a	different to	first name)			Position in Family:	
Date of Birth:			Sex of Child:	Male	Female	
Previous School Att	ended:				Year Level:	
Other Contact: (if s	student reg	ularly resides at	more than 1 address)			
Contact Name:				Phone Numb	er(s):	
Contact Address:						
Australian Citizens	ship:					
Australian Citizen:	Yes	No	Country of Birth (if not	Australia):		
On a Visa:	Yes	No	Please provide Visa Sub	o-Class:		
l ' '	-		required), or proof of citizenship of a syour responsibility to notify the scl		erseas (copy of naturalisation certificate and/or to your Visa status.	
Is your child of Abo	-			Yes	No	
) 5 5 61 7 (50)				. 55		

Medical History:							
,	Up-to-date:			Medicare card	no:		
Immunised:	Not up-to-date:	· ·		Medicare card expiry date:			
(please tick applicable option)	·	Not vaccinating (exempt):		Medicare card reference no:			
Please note those who choos			required to take / keep their child at home in o				
school (such as Measles).	te not to mindinge the	ii ciiiia vviii be	required to take	r keep then timu	at nome in case	or all infectious liness at	
Under legislation, WA schools	are not permitted to e	nrol your chil	d in Kindergarten	if your child's imr	nunisation statu	ıs is not up to date, unless	
your child meets one of immu	-	•		•	n be obtained fr	om your GP. It is a legal	
requirement to provide your		ustralian imm		(AIR).			
Insect Sting Allergies:	Yes		No				
If yes, list medicines and provide School with Action Plan:							
Asthma:	Yes		No				
If yes, please rate severity	y of asthma:	Mild	Modera	ate	Severe		
If yes, list asthma medicir	nes and provide Sch	ool with Act	tion Plan:				
List any reactions to any !	Substances (eg allergy	to chocolates w	vith hives, rash ):				
Seizure Disorder (eg Epileps	sy): Yes		No				
If yes, provide details:							
List any other serious me							
(eg kidney / bladder problems	s, heart condition, hepo	atitis, fainting,	bleeding problem	s, diabetes, recen	t illnesses):		
Does this child take medi	cation regularly:	Yes		No			
If yes, what medication(s)							
9 00, 111100 11100 1001011(0)	, a						
Please provide details if a	any medications are	to he given	during school l	nours.			
i lease provide details if a	arry medications are	to be given	during school i	iours.			
Special Dietary Concerns	(alama ha anaifia):						
Special Dietary Concerns	(piease be specific).						
Vi-i							
Vision:							
Glasses: Yes	No	Contacts:		Yes	No		
Hearing:							
Hearing Devices: Yes	No	Ear Gromn	nets:		Yes	No	
Any other ear / hearing p	oroblems:						
Speech:							
Does your child have any	difficulty with spee	ch:	Yes	No			
Please provide copy of latest	practitioner's report if	Please provide copy of latest practitioner's report if he/she is receiving, or previously received treatment					

Motor Skills:  Does your child have any difficulty with motor skills:  Yes  No  Please provide copy of latest practitioner's report if he/she is receiving, or previously received treatment  Any special classroom considerations (relating to vision / hearing / speech / motor skills) needed:					
Please provide copy of latest practitioner's report if he/she is receiving, or previously received treatment					
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, or do you believe that your child has any special educational needs? If so, provide details:					
Are there any special restrictions related to child access:  Yes  No					
(If yes, please provide a copy of the court order to be placed on file in the school):					
Permission to Administer Paracetamol:					
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					
Ciona di					
Signed:					
Permission to Administer Ibuprofen:					
l authorise the school and its officers to administer ibuprofen (eg Nurofen) to my child, named above, in the event of					
headache, body aches, pains and / or inflammation. 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. In					
general, paracetamol is administered; ibuprofen may be administered if specifically requested / required.					
Yes No					
Signed:					
Please indicate if you would like us to notify the parent / guardian before administering ibuprofen:					
Yes No					
Signed:					
Jigned.					

Permission to Publish	Photographs:						
If you <b>do</b> authorise the Scho	ol to publish pho	tographs	of your child, na	amed above, su	bject to the c	onditions	as outlined in
If you <b>do</b> authorise the School to publish photographs of your child, named above, subject to the conditions as outlined in the School's Handbook, please check the box below.							
IMPORTANT: I understand	that while the sch	nool and t	he FRSA will onl	y publish my ch	nild's informa	tion for tl	ne above-stated
purposes, the internet is acc	essible by any pe	rson worl	dwide. I unders	tand that my ch	nild's informa	tion can	be accessed,
copied and used by any othe	er person using th	ne interne	t (e.g. shared th	rough social m	edia such as	Facebool	k, YouTube, etc.).
understand that once my ch			•				
over its subsequent use and				•	-	_	_
school or the FRSA in writing	; however this wi	ll not affe	ct materials tha	t have already l	been publish	ed and di	sseminated.
∣ here	<b>eby</b> authorise the	School to	publish photog	graphs of my ch	nild, named a	bove.	
If you <b>do not</b> authorise the S	School to publish	photogra	phs of your chil	d, named above	e, subject to t	the condi	tions as outlined
in the School's Handbook, p							
l do i	<b>not</b> authorise the	School to	publish photog	graphs of my ch	nild, named a	bove.	
Signed:							
Information Required	for Assessmer	nt and R	eporting Pur	poses:			
The Australian Education Act	t 2013 (Cth) speci	fies that a	ıll Australian sch	nools in receipt	of Australian	Governn	nent funding
must provide student backg	•			·			<u> </u>
The Australian Education Re	gulation 2013 (Ct	h) specifie	es the student b	ackground data	a that must b	e provide	d by schools to
ACARA, including any inform		·		_		-	<del>-</del>
issued by ACARA.							
For further information, we	refer you to the A	CARA wel	bsite: www.acar	a.edu.au.			
As with personal information our Privacy Policy.	n collected by the	School, tl	his personal info	ormation will be	e handled str	ictly in ac	cordance with
Does the Student or his/he	er Father/Guardi	ian, or hi	s/her Mother/0	Guardian Spea	k a Languag	e Other	than English at
Home? (If more than one langu	age, indicate the one	e that is spo	ken most often)				
	STUDENT	FATHE	R / PARENT 1/	GUARDIAN 1	MOTHER /	PARENT	2 / GUARDIAN 2
No, English only							
Yes, other; please specify:							
What is the Highest Year o	f Primary or Sec	ondary S	chool the Pare	nts / Guardian	s have Com	pleted?	(For persons
who have never attended	school, mark "Y	ear 9 or e	quivalent or b	elow").			
Mark one box only in each	column	FATHE	R / PARENT 1 /	GUARDIAN 1	MOTHER /	PARENT	2 / GUARDIAN 2
Year 12 or equivalent							
Year 11 or equivalent							
Year 10 or equivalent							
Year 9 or equivalent or below	N						
What is the level of the Hig	ghest Qualificati	on the Pa	arents / Guard	ians have com	pleted?		
Mark one box only in each	column	FATHE	R / PARENT 1 /	GUARDIAN 1	MOTHER /	PARENT	2 / GUARDIAN 2
Bachelor degree or above							
Advanced Diploma / Diplom	a						
Certificate I to IV (including t	rade certificate)						

No non-school qualification

# Please select the appropriate parental occupation group from the list below:

**FATHER / PARENT 1 / GUARDIAN 1** 

**MOTHER / 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 OUALIFIED PROFESSIONALS

**Elected officials** (mayor parliamentarian, alderperson, trade union secretary, board member)

Senior executives/general managers/department heads in industry, commerce, media or other large organisation

Public sector manager (public service manager (section head or above), regional director, hospital/health services education)

Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)

Defence forces (Commissioned Officer)

**Qualified professional**s 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** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)

Education (primary/secondary school teacher, university lecturer, professor, VET, special education)

Law (lawyer, judge, barrister, coroner, solicitor, legal officer)

**Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)

ICT (computer systems manager, designer, software and applications programmers)

Science (all scientists)

**Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)

**Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)

Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

# GROUP 2: OTHER BUSINESS MANAGERS / PROFESSIONALS AND ASSOCIATE PROFESSIONALS

**Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)

**Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)

Finance (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)

**Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)

**Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)

Sportsperson (coach, trainer, sports official, sportsperson)

Associate professionals generally have diploma/technical qualifications and support managers and professional

# Medical, science, architectural, building, surveying, engineering, computing, ICT support technician

**Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)

**Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)

**Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)

**Defence Forces** (senior non-Commissioned Officers [NCO])

**Other** (library assistant, museum/gallery technician, research assistant, proof reader)

# GROUP 3: TRADESPEOPLE AND ADVANCED / INTERMEDIATE CLEARICAL, OFFICE, SALES, CARER, AND SERVICE STAFF

**Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

# Advanced/intermediate clerical, office, sales, carer and service staff

**Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Inquiry/admissions clerk (customer inquiry/complaints/service clerk, hospital admissions clerk)

**Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)

Sales (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)

Carer (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)

**Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

# GROUP 4: MACHINE OPERATORS, SALES / OFFICE / SERVICE / HOSPITALITY STAFF, ASSISTANTS, LABOURERS, AND RELATED WORKERS

#### Machine operators

**Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)

**Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)

Other machine operator (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

# Sales office, hospitality staff and other assistants

**Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)

Office (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)

**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)

**Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

**Defence Forces** ranks below senior NCO

**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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)

Parent Confirmation		
I / we are members for the Free Reformed School Association Inc.	Yes	No
I / we have read and understand the preamble to this form relating to the key foundational elements of the FRSA, specifically <u>Reformed Education</u> and <u>Communal Membership</u> .	Yes	
My / Our account is up-to-date with payments (membership and education fees).	Yes	No
I / We accept and agree to abide by the provisions of the current Handbook for Parents and Students.	Yes	No
I / We agree to pay the annual membership and education fees as stipulated in the current Handbook.	Yes	No
I / We are aware that failure to pay our account on time may result in the termination of my/our child(ren)'s enrolment at the John Calvin School.	Yes	
The information provided in this enrolment form is, to the best of my / our knowledge, true and correct.	Yes	No

# **Privacy Statement:**

In accordance with G001 Privacy Policy & Procedure, the school will use personal information as contained in the enrolment form for the following:

- 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.

Further, in specific instances, the school may disclose personal information as per the enrolment form to:

- another school
- government departments
- medical practitioners
- people providing services to the school.

In accordance with G010 Overdue Commitments & Fees Policy & Procedure, the FRSA may disclose financial information to the office-bearers of your Free Reformed Church if payment of accounts is not in accordance with the stipulated schedule. You will be informed prior to church contact.

	Father	Mother
Parent / Guardian Name:		
Parent / Guardian Signature:		
Date:		
Principal Name:		
Principal Signature:		

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

Office Use Only - Check list for Principals:			
Free Reformed church membership current:			
FRSA Membership payments (and education fees - where applicable)	Checked with Accounts:	Accounts:	
up-to-date:	Checked With Accounts.		
Received:			
Child's birth certificate.			
Proof of immunisation (no more than 2 months old).			
Proof of residency/citizenship (where applicable).			
Health related documents eg Action Plans, copies from health			
practitioners (where applicable).			
Copy of court order (where applicable).			
Enrolment confirmed.			
Once enrolment has been confirmed, please advise FRSA	Date advised:		
Administration (Accounts) for invoicing purposes.			