

# Application for Enrolment



**FREE REFORMED  
SCHOOL ASSOCIATION**

*My heart I offer to You Lord - promptly and sincerely*

## 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.

<b>School of Enrolment:</b>									
<b>Family Details:</b>									
Church:									
Surname:									
Father's Name(s):				Membership ID number <i>(if known)</i>					
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:					
<b>Emergency Contact:</b> <i>(if the school is unable to reach the parents)</i> Please provide 2 emergency contacts.									
1. Contact Name:						Relationship to child:			
Contact Phone Numbers:									
2. Contact Name:						Relationship to child:			
Contact Phone Numbers:									
<b>Student Details:</b> <i>(Please provide copy of child's birth certificate for school records)</i>									
Child's Surname:									
First Name(s):									
Preferred Name: <i>(if different to first name)</i>				Position in Family:					
Date of Birth:		Sex of Child:		Male		Female			
Previous School Attended:				Year Level:					
<b>Other Contact:</b> <i>(if student regularly resides at more than 1 address)</i>									
Contact Name:				Phone Number(s):					
Contact Address:									
<b>Australian Citizenship:</b>									
Australian Citizen:		Yes		No		Country of Birth (if not Australia):			
On a Visa:		Yes		No		Please provide Visa Sub-Class:			
<b>Please provide proof of residency (copy of visa is required), or proof of citizenship of Australia if born overseas (copy of naturalisation certificate and/or Australian passport is required). Please note: It is your responsibility to notify the school of any change to your Visa status.</b>									
Is your child of Aboriginal or Torres Strait Islander Origin?				Yes		No			

<b>Medical History:</b>					
Immunised: <i>(please tick applicable option)</i>	Up-to-date:			Medicare card no:	
	Not up-to-date:			Medicare card expiry date:	
	Not vaccinating (exempt):			Medicare card reference no:	
<p><b>Please note, those who choose not to immunise their child will be required to take / keep their child at home in case of an infectious illness at school (such as Measles).</b></p> <p><b>Under legislation, WA schools are not permitted to enrol your child in Kindergarten if your child's immunisation status is not up to date, unless your child meets one of immunisation exemption categories. Further information and exemptions can be obtained from your GP. It is a legal requirement to provide your school with a current Australian immunisation record (AIR).</b></p>					
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 <i>(eg allergy to chocolates with hives, rash)</i> :					
Seizure Disorder <i>(eg Epilepsy)</i> :	Yes		No		
If yes, provide details:					
List any other serious medical condition(s) we should be aware of: <i>(eg kidney / bladder problems, heart condition, hepatitis, fainting, bleeding problems, diabetes, recent illnesses):</i>					
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 <i>(please be specific)</i> :					
<b>Vision:</b>					
Glasses:	Yes		No	Contacts:	Yes
					No
<b>Hearing:</b>					
Hearing Devices:	Yes		No	Ear Grommets:	Yes
					No
Any other ear / hearing problems:					
<b>Speech:</b>					
Does your child have any difficulty with speech:			Yes		
			No		
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:

**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

Signed:

**Permission to Administer Ibuprofen:**

I 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:

## Permission to Publish Photographs:

If you **do** 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 school and the FRSA will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through social media such as Facebook, YouTube, etc.). I understand that once my child's information has been published on the internet the school and the FRSA have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or the FRSA in writing; however this will not affect materials that have already been published and disseminated.

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

If you **do not** 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:

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

Signed:

## Information Required for Assessment and Reporting Purposes:

The Australian Education Act 2013 (Cth) specifies that all Australian schools in receipt of Australian Government funding must provide student background data.

The Australian Education Regulation 2013 (Cth) specifies the student background data that must be provided by schools to ACARA, including any information that is specified in the Data Standards Manual: Student Background Characteristics as issued by ACARA.

For further information, we refer you to the ACARA website: [www.acara.edu.au](http://www.acara.edu.au).

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

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

**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").

Mark one box only in each column	FATHER / 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		

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

Mark one box only in each column	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / 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 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 QUALIFIED 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 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 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 CLERICAL, 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/keyboards/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 Reformed Education and Communal Membership.

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)  
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  
Administration (Accounts) for invoicing purposes.

Date advised: