

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): _____ Membership ID number: _____

Email: _____ Mobile Phone Number: _____

Occupation: _____ Work Phone Number: _____

Place of Employment: _____

Address of Employment: _____

Mother's Name(s): _____ Membership ID number (if known): _____

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: _____ Relationship to child: _____

Contact Phone Numbers: _____

2. Contact Name: _____ Relationship to child: _____

Contact Phone Numbers: _____

Student Details: *(Please provide copy of child's Birth Certificate for school records)*

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:

Australian Citizen Yes No Country of Birth (if not Australia): _____

On a Visa Yes No Please provide Visa Sub-Class: _____

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.

Is your child of Aboriginal or Torres Strait Islander Origin? Yes No

Medical History:

Immunised:	Up-to-date	<input type="checkbox"/>	Medicare card no:	<input type="text"/>
(please tick applicable option)	Not up-to-date	<input type="checkbox"/>	Medicare card expiry date:	<input type="text"/>
	Not vaccinating (exempt)	<input type="checkbox"/>	Medicare card reference no:	<input type="text"/>

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).

Under new legislation (22/7/2019) 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).

Insect Sting Allergies:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, list medicines and provide School with Action Plan:

Asthma:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please rate severity of asthma:	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>	Contacts:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Hearing:

Hearing Devices:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ear Grommets:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Any other ear / hearing problems:

Speech:

Does your child have any difficulty with speech:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
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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? If so, provide details:

Are there any special restrictions related to child access:

(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:

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 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	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / 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.")

	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?

	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 on the next page.

	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

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).

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 are members for the Free Reformed School Association Inc	Yes	No
FRSA lifelong communal membership system I / we understand that the lifetime communal membership system has enabled all Church families since its inception in 1954 to send all of their children to the John Calvin Schools to receive a Reformed Christian Education at a very minimal cost. Therefore, it is right and honourable for me to remain a full lifetime member of the School Association not only before my child(ren) attend school, but also after my child(ren) leave the school system.	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
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 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	<input type="checkbox"/>	
FRSA Membership payments (and education fees - where applicable) up-to-date:	<input type="checkbox"/>	Checked with Accounts:
Received:		
Child's birth certificate	<input type="checkbox"/>	
Proof of immunisation (no more than 2 months old)	<input type="checkbox"/>	
Proof of residency/citizenship (where applicable)	<input type="checkbox"/>	
Health related documents eg Action Plans, copies from health practitioners (where applicable)	<input type="checkbox"/>	
Copy of court order (where applicable)	<input type="checkbox"/>	
Enrolment confirmed	<input type="checkbox"/>	
Once enrolment has been confirmed, please advise FRSA Administration (Accounts) for invoicing purposes.		Date advised: