



Assyrian Christian Schools Limited

PHOTO
ID

Application to Enrol at St Hurmizd Assyrian Primary School

A. OFFICE USE ONLY

HEALTH ALERT COMMUNICATION ALERT

1. STUDENT DETAILS

Year to start: Year level to start in (e.g. Kindergarten , Year 1):

Previous school:

First name:

Middle name/s:

Last name:

Preferred first name:

Gender (please tick:)

Male

Female

Religion:

Date of birth

e.g. 08/02/2005

Does the student speak a language
other than English at home?

Country of birth:

Yes

No

Nationality:

If yes, other languages
spoken at home:

2. CONTACT/MAILING DETAILS

Family surname:

Name to be used for all correspondence

e.g. Mr and Mrs David

Suburb:

Postcode:

Student residential address:

e.g. 10 Polding St

Suburb:

Postcode:

B. OFFICE USE ONLY

Date received:

Family code:

Paid application fee: \$

Outstanding fees:

Student code:

3. CHILDREN & FAMILY AT THE ASSYRIAN SCHOOLS

Please list below all children in the family currently attending Assyrian Christian Schools
e.g. Grace Childcare & Early Learning Centre, St Hurmizd Assyrian Primary School

Birth order	Full student name	School they attend (current year)	Date of birth	Year level
Child 1				
Child 2				
Child 3				
Child 4				

4. INDIGENOUS IDENTIFIER

Is the student of Aboriginal or Torres Strait Islander origin?

Yes No (If yes, please tick one box below)

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

5. STUDENT'S RESIDENCY STATUS

What is the student's residency status? *(Evidence must be provided)* Australian citizen Permanent resident
 Temporary visa holder (includes New Zealand citizen, bridging, visitor and overseas student visas)

For students born overseas, what date did the student arrive in Australia? / / *e.g. 02/03/2007*

Country of birth:

First Australian school year:
e.g. 2001

6. VISA STUDENT

Is the student a visa student?

Yes No

If yes, please provide visa document number.
(Please provide a copy with this application)

C. OFFICE USE ONLY

Date of arrival in Australia:

Passport number:

Residential status:

Permanent Temporary Refugee

Visa Classification:

7. PRE-SCHOOLING HISTORY

For Kindergarten students, what type of formal care did this child have in the year prior to enrolling in school?

Registered Care Long Day Care Family Day Care Occasional Care Pre-School
 Other Formal Care

Amount of formal care each week, prior to enrolling at school:

Up to 6 hours per week Up to 12 hours per week 12 hours to full-time each week

Name of pre-school, Long Day Care Centre or Other Formal Care Service:

Other Care: Parent Relative Playgroup

Other Carer

Please specify

8. PREVIOUS SCHOOLS

School Order	Name of School	Location of School	Date of Attendance
School 1			From: To:
School 2			From: To:
School 3			From: To:
School 4			From: To:

9. FAMILY AND RELATIONSHIPS

Parent 1 (parent/guardian)

Title: <i>e.g. Mr/Mrs/Ms/Dr</i>	Last name:	D.O.B:
First name:		Middle name/s:
Relationship to student <i>(e.g. mother/father)</i>	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <i>(please specify)</i> _____	
Home phone:		Mobile:
Email:		Work phone:
Residential address:		
Suburb:		Postcode:
Occupational Group: <i>(Refer to page 12 List of Parental Occupation)</i>	<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8	
Occupation:		
What is the highest level of schooling completed? <i>(If never attended school, tick Year 9 or equivalent or below)</i>	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent
What is the highest qualification completed?	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate I-IV (including trade certificate)
	<input type="checkbox"/> Diploma/ Advanced Diploma	
Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, other language/s spoken at home:		
Country of birth:	Nationality:	Religion:
Does the parent/guardian reside at the student's home address? If no, give reason.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, does the College have your permission to communicate and/or send correspondence to the non-residential parent/guardian?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. OFFICE USE ONLY

Correspondance:	<input type="checkbox"/> 1 Copy required	<input type="checkbox"/> 2 Copy required
-----------------	------------------------------------------	------------------------------------------

10. FAMILY AND RELATIONSHIPS

Parent 2 (parent/guardian)

Title:
e.g. Mr/Mrs/Ms/Dr

Last name:

D.O.B:

First name:

Middle name/s:

Relationship to student
(e.g. mother/father)

Marital status: Married Divorced Widowed
 Other *(please specify)* _____

Home phone:

Mobile:

Email:

Work phone:

Residential address:

Suburb:

Postcode:

Occupational Group:

(Refer to page 12 List of Parental Occupation)

- Group 1 Group 2 Group 3 Group 4
 Group 8

Occupation:

What is the highest level of schooling completed?
(If never attended school, tick Year 9 or equivalent or below)

- Year 12 or equivalent Year 11 or equivalent
 Year 10 or equivalent Year 9 or equivalent

What is the highest qualification completed?

- Bachelor degree or above Certificate I-IV
(including trade certificate)
 Diploma/
Advanced Diploma

Do you speak a language other than English at home?

- Yes No

If yes, other language/s spoken at home:

Country of birth:

Nationality:

Religion:

Does the parent/guardian reside at the student's home address? If no, give reason.
If no, does the College have your permission to communicate and/or
send correspondence to the non-residential parent/guardian?

- Yes No
 Yes No

E. OFFICE USE ONLY

Correspondance:

- 1 Copy required 2 Copy required

11. EMERGENCY CONTACTS

Emergency contact 1

(Must be provided)

First name:

Last name:

Relationship to student:

Phone number:

Mobile:

Residential address:

Suburb:

Postcode:

Permission for your child to be picked up by this contact. Yes No

Emergency contact 2

(Must be provided)

First name:

Last name:

Relationship to student:

Phone number:

Mobile:

Residential address:

Suburb:

Postcode:

Permission for your child to be picked up by this contact. Yes No

12. BAPTISM/PARISH DETAILS

Date baptised:

Parish:

Do you have a copy of the Baptism Certificate? Yes No

Parish/church:

Member Yes No
If yes, provide membership number: #

Is actively involved in the Parish community: Yes No

Attends church regularly: Yes No

13. MEDICAL DETAILS

Doctor's name:

Phone number:

Student's Medicare number:

Number beside child's name:

Date of last Tetanus:

Allergy/medical alert:

Please specify any allergies/medical alerts relating to the student applying for enrolment.
(e.g. allergies to nuts, bee stings, penicillin, asthma management etc)

Please note:

An **ACTION PLAN** from your GP along with medication **MUST** be provided to the college on commencement.

Immunisation

Has the immunisation certificate been submitted? Yes No

Allergies
(e.g. Hayfever)

Yes No If yes, please specify:

Anaphylaxis Condition
(e.g. Peanuts, Insect Stings)

Yes No If yes, please specify:

Carries EpiPen?

Yes No

EpiPen Expiry:

Date:

Other (please specify)

(e.g. Asthma, Diabetes, Epilepsy, Thyroid etc)

Yes No If yes, please specify:

14. SPECIAL CIRCUMSTANCES

Are there any circumstances about the student seeking to be enrolled that the school should know prior to enrolment? If there are any court orders, please attach a copy of current court orders.
(e.g. living apart from parental supervision, medical condition, subject to a court order, state-arranged out-of-home care)

Yes No If yes, please provide a brief description of the circumstances.

15. SPECIAL NEEDS

Indicate whether the student applying for enrolment has any known or suspected Special Needs.

Physical needs Yes No Behavioural needs Yes No Educational needs Yes No

Medical needs Yes No Sensory Needs (vision and/or hearing impairment) Yes No

Any other additional needs Yes No

If you have answered Yes to any of the above, please provide full details of those needs and any assessment/intervention/support that he/she may be currently receiving.

(Supporting documents must be provided)

Is your child a young person with (please tick as applicable)

- | | | |
|---------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Behaviour disorders | <input type="checkbox"/> An intellectual disability |
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Difficulties in the basic areas of learning | <input type="checkbox"/> A hearing impairment |
| <input type="checkbox"/> A language disorder | <input type="checkbox"/> Mental Health issues | <input type="checkbox"/> A physical disability |
| <input type="checkbox"/> A vision impairment | | |

Other:

Please specify

Legislation and SHAPS policy recognise that learning adjustments may be required for students with additional needs. These are provided through alternative teaching and learning strategies and special provisions including oral interpreting, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support.

Was any of the following provided for your child in his/her previous school/pre-school/educational setting that maybe required for your child in this school? (please tick as applicable).

- | | | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Access to technology | <input type="checkbox"/> Alternative teaching and learning strategies | <input type="checkbox"/> Braille/Large print |
| <input type="checkbox"/> English language support | <input type="checkbox"/> Personal carer support | <input type="checkbox"/> Oral interpreting |
| <input type="checkbox"/> A reader or scribe | <input type="checkbox"/> Special provisions for assessments | |
| <input type="checkbox"/> Early intervention services e.g. speech therapy, occupational therapy, other therapies | | |
| <input type="checkbox"/> Modification to equipment, furniture and learning spaces | | |

Other:

Please specify

Is there anything that you do or modify at home that may help us at school to meet your child's special needs?

If the student is accepted it is essential that the school has all the information about the needs of a student in order to make REASONABLE ADJUSTMENTS to meet those needs. The school MUST be advised promptly of any changes to the needs of the student.

If this enrolment application is successful, it is then essential that the school be advised promptly of any changes. The school will regularly assess its ability to provide adequate services for these needs.

16. STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT

This school has a legal responsibility under the relevant section of the Education Act 1990 to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide information that will help facilitate the smooth transition of students into our school setting. This may include preparing a behaviour management plan, risk assessment and risk management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in our school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students or staff at this school?

Yes No

If yes, please specify:

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does your child have any past history of violent behaviour towards others or themselves?

Yes No

If yes, please specify:

Has your child ever been suspended, transferred or expelled from any previous school, pre-school or other educational institutions?

Yes No

If yes, reasons for suspension / expulsion:

17. FINANCIAL OBLIGATION

I/We undertake to pay applicable school fees for my child/ren in full by due date. The annual school fees are due for payment in three equal instalments and are to be paid by end of Week 1, Term 1, Term 2 and Term 3.

Please complete as appropriate.

Father/ Guardian/Carer <i>Please circle appropriate title</i>	Mother/ Guardian/Carer <i>Please circle appropriate title</i>
Name 1:	Name 2:
Billing Title: <i>e.g. Mr and Mrs David</i>	Billing Email Address:
Billing Address:	
Preferred Payment Method: <input type="checkbox"/> Direct Credit <input type="checkbox"/> Cash <input type="checkbox"/> Centrelink <input type="checkbox"/> EFTPOS <input type="checkbox"/> Cheque	
Preferred Payment Frequency: <input type="checkbox"/> By Term <input type="checkbox"/> Fortnightly	
Name 1:	Name 2:
Signature:	Signature:
Date:	Date:

18. AGREEMENT

Please read carefully

1. I/We have included copies of the following documents with the application for enrolment. If you are unable to attach copies of the below documents to the online application, please ensure copies are provided when your interview is arranged.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Immunisation History Statement |
| <input type="checkbox"/> 2x Passport photos | <input type="checkbox"/> Latest school report from last school student attended <i>(if applicable)</i> | |
| <input type="checkbox"/> Year 3 and 5 NAPLAN report (when enrolling in Year 4, 5 & 6) | | |
| <input type="checkbox"/> Relevant medical and/or special needs information including clinical assessments <i>(if applicable)</i> | | |
| <input type="checkbox"/> Citizenship/Visa Documentation/IMMI Card <i>(if applicable)</i> | | |
| <input type="checkbox"/> Relevant Family Court Order <i>(if applicable)</i> | | |

If the application is successful:

2. I/We agree that no sibling child will be accepted in the school from the same family if there is an outstanding amount remaining from the current sibling fees.
3. I/We agree that the first Term fee must be paid in advance if no direct debiting arrangements are made.
4. I/We agree for our child's photo to be in school newsletter, Website, School App, Facebook page and other school publications.
5. I/We give permission for our child to participate in excursions (general and sporting events).
6. I/We agree to support our child's participation in the religious life of the school. (e.g. Mass, School Liturgies, etc)
7. I/We agree to honour the financial commitments required by the school as per the schedule of fees.
8. I/We agree to abide by the Ethos, and current and future policies and procedures of the Assyrian Schools Limited.
9. I/We understand that there will be a non-refundable Application fee of \$100.00 paid with each enrolment.
10. I/We understand that there will be a non-refundable Confirmation fee of \$100.00 paid with each enrolment.
11. I/We understand that if our application is successful the Confirmation fee will be credited in the first years' fees.

Yes, to all

I/We have read and completed all the information in the **Application of Enrolment** and understand the policies and procedures that we will need to abide by should this enrolment application be successful. I/We understand that if successful a breach of this agreement may result in the termination of enrolment.

Father/Guardian signature

Date:

Mother/Guardian signature

Date:

Please Note:

Acceptance of the application for enrolment is subject to approval by St Hurmizd Assyrian Primary School Enrolment Committee.

19. LIST OF PARENTAL OCCUPATIONS

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 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/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 [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/refugee/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, 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, 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 8: You have not been in paid work in the last 12 months