



Assyrian Christian Schools Limited

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## 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?

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 details:

## 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

Please provide details of any school where the student has previously been enrolled (NSW, Interstate or Overseas) starting with the most recent. If more space is needed, please attach a page marked '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:

If this is not the students first enrolment at an Australian School, what was the students first date of enrolment at an Australia School:

## 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:
Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed <i>(please tick)</i> <input type="checkbox"/> Other <i>(please specify)</i> <input type="checkbox"/> Unemployed		
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 School 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

Correspondence ☐ 1 Copy required ☐ 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:

Employment status: ☐ Full-time ☐ Part-time ☐ Casual ☐ Self-employed  
*(please tick)*  
☐ Other *(please specify)* ☐ Unemployed

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 10 or equivalent

☐ Year 11 or equivalent  
☐ Year 9 or equivalent

What is the highest qualification completed?

☐ Bachelor degree  
or above  
☐ Diploma/  
Advanced Diploma

☐ Certificate I-IV  
*(including trade certificate)*

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 School have your permission to communicate and/or  
send correspondence to the non-residential parent/guardian?

☐ Yes ☐ No  
☐ Yes ☐ No

### E. OFFICE USE ONLY

Correspondence

☐ 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)

☐ Yes

☐ No

If yes, please specify:

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

### 14. 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

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)**

**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.**

### 15. 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.

## 16. 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  
*Please circle appropriate title*

Mother/ Guardian/Carer  
*Please circle appropriate title*

Name 1:

Name 2:

Billing Title:  
*e.g. Mr and Mrs David*

Billing Email Address:

Billing Address:

Preferred Payment Method: ☐ Direct Credit ☐ Cash ☐ Centrelink ☐ EFTPOS ☐ Cheque

Preferred Payment Frequency: ☐ By Term ☐ Fortnightly

Name 1:

Name 2:

Signature:

Signature:

Date:

Date:



## 17. 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 and Instagram page and other school publications.
5. I/We give permission for our child to participate in local area (walking) excursions.
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.*