



ENROLMENT APPLICATION FORM

For Year: _____ in Term _____ 20_____

Childs First Name/s: _____ DOB: _____

Childs Last Name: _____

DOCUMENTS TO BE PROVIDED

		Applicant Checklist	Office Checklist
IDENTITY DOCUMENTS: Original and Photocopies provided			
	Birth Certificate (required for every applicant)		
PLACE OF BIRTH IS OUTSIDE OF AUSTRALIA			
1	Passport or travel documents with date of entry into Australia; and		
	Current visa and previous visa (if applicable) OR Citizenship Certificate		
	TEMPORARY VISA HOLDER (Only photocopies needed)		
	A copy of the visa must be supplied if you are a permanent or temporary resident on a visa.		
PROOF OF ADDRESS			
2	Current rates notice OR Lease agreement (greater than six [6] months) Rental agreements (within the local intake area) must include the student commencement date or the first day of school.		
	Two (2) additional pieces of proof of your usual place of residence (dated within three [3] months)		
ADDITIONAL DOCUMENTS			
3	Drivers Licence		
4	Immunisation Records – must be an AIR immunisation history statement (not more than two months old) you can get a statement by logging into my.gov.au		
5	Latest school report (including information relating to suspensions or exclusions)		
6	Copies of Family Court or any other court orders (if applicable)		
7	Documents with information relating to any diagnosed medical condition/disability (if applicable)		

Section 1: Parent Declaration

I/We declare that the information provided is true, complete and correct

Name of person enrolling student:			
Relationship to student:			
Signature:		Date:	

Section 2: Student Details

Proposed ASC Start Date:						
Enrolment Year Level:	7	8	9	10	11	12
Surname:						
Legal surname on birth certificate: <i>(if different from above)</i>						
Previous Surname: <i>(if applicable)</i>						
1 st Name: <i>(given name)</i>						
2 nd name: <i>(given name)</i>						
Preferred name:				Date of birth:		
Gender:	Male:		Female:		Indeterminate/ Intersex:	
Residential address:	Street Name & Number:					
	Suburb:			Postcode:		
Home Telephone:				Student Mobile:		
Student USI number:						
Does the student have any siblings <i>(brothers/sisters)</i> at Ashdale Secondary College:	Yes			No		
	Sibling's name:					
	1.			2.		
	3.			4.		
Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?	Yes			No		
	<i>Please specify and attach supporting documentation.</i>					
Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?	Yes			No		
	<i>Please specify CPFS Case Manager, District and contact telephone number.</i>					

Does the student mainly speak English at home:	Yes		No	
Does the student speak a language other than English at home? If more than one language, indicate the one spoken most often.	No English only			
	Yes, other – please specify			
What language does your child currently study at school?				
Has this student had an IEP/SEN in the past?	Yes		No	
	<i>If so, please indicate the year.</i>			
What school did the student previously attend?				
Reason for leaving: *MUST be filled in.				

Section 3: Parent/Guardian Details

	Parent/Guardian 1		Parent/Guardian 2	
Title: <i>(Mr/Ms/Mrs/Miss)</i>				
First name:				
Surname:				
Occupation:				
Relationship to student: <i>(e.g. father, grandmother)</i>				
	Yes	No	Yes	No
Lives with student:				
Responsible for parenting:				
Receives correspondence, reports, etc:				
Responsible for payment of Contributions and charges: <i>Invoices will only be issued to ONE (1) parent/guardian</i>				
Residential Address				
Street Name & Number:				
Suburb & Postcode:				
Mobile:				
Email:				
Workplace:				
Workplace telephone:				

Section 4: Additional Contacts

Please provide additional contacts for an emergency where the parent/guardian/carer cannot be contacted. For independent students, this is the 1st point of contact in an emergency.

	Contact 3	Contact 4
Title: (Mr/Ms/Mrs/Miss)		
First name:		
Surname:		
Relationship to student: (e.g. grandmother, aunt)		
Address:		
Contact number:		

Section 5: Parent/Guardian Background Information

	Parent/Guardian 1		Parent/Guardian 2	
Does the parent/guardian speak a language other than English at home? Please specify.	English only		English only	
	Other		Other	
What is the highest primary or secondary school year the parent/guardian has completed? <i>For persons who have never attended school, mark Year 9 or equivalent or below</i>	Year 12 or equivalent		Year 12 or equivalent	
	Year 11 or equivalent		Year 11 or equivalent	
	Year 10 or equivalent		Year 10 or equivalent	
	Year 9 or equivalent		Year 9 or equivalent	
What is the highest qualification the parent/guardian has completed?	Bachelor's degree or above		Bachelor's degree or above	
	Advanced Diploma/Diploma		Advanced Diploma/Diploma	
	Certificate I to IV (including trade certificate)		Certificate I to IV (including trade certificate)	
	No non-school qualification		No non-school qualification	

What is the occupation group of the parent/guardian?

Please select the appropriate parental occupation group below (for more details, refer to Appendix 2) (If you are not currently in paid work but have had a job or retired in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter 'Other')

The Australian Government requires additional information to be collected by schools as a condition for receiving Commonwealth funds directed to education. The purpose of collecting the additional information is to monitor the extent to which the education systems across Australia are providing appropriate education for all students regardless of background. These categories are determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

Parent/Guardian 1	Group 1	Senior management in large business, organisation, government administration, defence and qualified professionals
	Group 2	Other business managers, arts/media/sportsperson and associate professionals
	Group 3	Tradesmen/women, clerks and skilled office, sales and service staff
	Group 4	Machine operators, hospitality staff, assistants, labourers and related workers
	Other	Not in paid work in the last 12 months
Parent/Guardian 2	Group 1	Senior management in large business, organisation, government administration, defence and qualified professionals
	Group 2	Other business managers, arts/media/sportsperson and associate professionals
	Group 3	Tradesmen/women, clerks and skilled office, sales and service staff
	Group 4	Machine operators, hospitality staff, assistants, labourers and related workers
	Other	Not in paid work in the last 12 months

Section 6: Order of Emergency Contacts

Please list below the order of parent/guardian or contact to be called in case of emergency.

Indicate the order in which the following people should be contacted in an emergency. <i>Telephone number MUST be specified</i>	Parent/Guardian 1		Parent/Guardian 2	
	Name:		Name:	
	Phone:		Phone:	

Section 7: Student Details – Additional Information

Religion:			
Is the student of Aboriginal or Torres Strait Islander origin?	No		Yes, Torres Strait Islander
	Yes, Aboriginal		Yes, Both Aboriginal and Torres Strait Islander
Is the student an Australian Citizen?	Yes		
	No, Other - please specify		
Permanent Resident: <i>(attach copy of Visa)</i>			Temporary Resident: <i>(attach copy of Visa)</i>
Visa sub-class number:			Visa sub-class number:
Visa expiry date:			Visa expiry date:
Date entered Australia:			Date entered Australia:
Student's country of birth:			
Has the student ever been excluded from another school?	Yes		No
	Please name school		

Section 8: Other Information

Is your child interested in a Specialist Program or Academy at Ashdale Secondary College?

If yes, please indicate below.

Each Academy or Specialist Program is subject to selection criteria and requirements. A student may be considered for more than (2) Specialist Program or Academy). Please visit the website for more information.

Music Academy Is your child currently enrolled in the School of Instrumental Music program: (IMSS)	Yes		No	
	Instrument			
If NO, would you like to join the IMSS program?	Yes		No	
	Instrument Please select two (2) options	Bassoon		Electric Guitar/Bass
		Saxophone		Percussion
		Drumkit		Low Brass
		Voice		
Is your child currently learning an instrument/voice privately?	Yes		No	
	<i>If yes, please specify</i>			
Netball Academy	Yes		No	
	<i>If yes, please indicate your child's previous playing experience and preferred position(s)</i>			

	Yes		No	
Soccer Academy	<i>If yes, please indicate your child's previous playing experience and preferred position(s)</i>			
Dance Enrichment Program	Yes		No	
ICT Approved Specialist Program Year 7 Enrolments ONLY <i>(A separate EOI for the ICT Approved Specialist Program must also be completed – please refer to website for closing date of applications.)</i>	Please indicate preference with 1 (first choice) or 2 (second choice)			
	STEM Institute		Creative Technologies Institute	
Specialised Autism Learning Program (SALP)	Please contact the Program Coordinator - Specialised Autism Learning Program to discuss the Program and eligibility criteria.			

Section 9: Student Health Care Summary

Evidence of AIR Immunisation History Statement provided:	Yes		No	
Medicare No:			Valid to:	
Health Care Card No: <i>(If applicable)</i>			Expiry Date	
Medical Centre			Phone	
Dental Centre			Phone	

Section 10: Informed Consent

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? <small>Note: Where appropriate, students should be encouraged to participate in their healthcare planning</small>	Yes		No	
	Parent/Guardian Name		Parent/Guardian Signature	
Permission to administer First Aid: <small>(If there is a medical emergency, parents/guardians are expected to meet the cost of the ambulance)</small>	Yes		No	
Permission to call Doctor	Yes		No	
Permission to call Dentist	Yes		No	
Do you have ambulance cover? <small>(if there is a medical emergency, parents/guardians are to meet the cost of the ambulance)</small>	Yes		No	
	If Yes, please indicate fund:			
Does the student have any medical/learning diagnosis? <small>If YES, please complete the details below:</small>	Yes		No	

If your child has a medical condition, you must provide documentation from a medical professional, who has/is providing treatment.

Please tick	Medical / Learning Diagnosis	Office Use Only		
	Autism Spectrum Disorder <i>Diagnosis or Medical Professional Report Provided</i>			
	Global Developmental Delay (prior to age 6) <i>Diagnosis or Medical Professional Report Provided</i>			
	Developmental Language Disorder <i>Diagnosis or Medical Professional Report Provided</i>			
	Mental Health Condition (Anxiety/Depression) <i>Diagnosis or Medical Professional Report Provided</i>			
	Deaf or Hard of hearing <i>Diagnosis or Medical Professional Report Provided</i>			
	ADHD/ADD <i>Diagnosis or Medical Professional Report Provided</i>			
	Vision Impairment <i>Diagnosis or Medical Professional Report Provided</i>			
	Severe Mental Disorder <i>Diagnosis or Medical Professional Report Provided</i>			
	Intellectual Disability <i>Diagnosis or Medical Professional Report Provided</i>			
	Specific Learning Difficulty (Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia) <i>Diagnosis or Medical Professional Report Provided</i>			
Other Diagnosis				
Does the student have a medical condition? Please provide details below		Yes		No
Medical Condition		Details		
	Asthma			
	Minor and Moderate Allergies			
	Severe Allergy/Anaphylaxis			
	Seizures			
	Diabetes			
Has your child's Medical Practitioner provided a health care plan to assist the College in managing the condition?		Yes		No
Physical Disability:				
Other conditions or needs:				
If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.				
I give permission for my child's medical details and photo to be on view for staff:		Yes		No
		Yes		No
Does your child have a Medic Alert bracelet or pendant? If yes, please provide details.				

Section 11: Parent Permission

Please read carefully and tick confirming your acceptance before signing

I declare that the information provided on this form is true and understand that if found to be false, my child's enrolment at Ashdale Secondary College may be cancelled.	
Media Consent: I give permission for my child's image and/or work to be published to recognise excellence or effort and may appear in newspapers, on the Internet, or on film or video. Their names may also be included, but no contact details are provided. Work/images captured by the school will be kept no longer than necessary for the purposes outlined above and stored and disposed of securely.	
I permit my child to be issued a public transport SmartRider card with a photo attached.	
Viewing Consent: I give permission for my child to watch videos/DVDs/television documentaries as part of their learning. These are 'G' rated almost always and do not require consent. Very occasionally, something with a 'PG' rating is appropriate, for which we would need parental permission.	
I give permission for my child to have an online services account – giving my child access to email, the Internet, online learning resources and online storage.	
I am aware of and agree to abide by the College dress code policy.	
I agree to and understand the conditions for Connect and SEQTA use.	
I understand that my child's personal information will be provided to third-party providers for the purpose of improved school administration or teaching and learning programs and that this information may be stored outside of Australia. I have the option to refuse consent for certain providers.	
I understand that from time to time, the College conducts surveys on students' emotional and social wellbeing. Data from these anonymous surveys are used for school planning. I give consent for my child to participate in these school surveys.	
Name of person enrolling student:	
Signature:	

Office Use Only

Date Student Health Care Summary completed and uploaded on SIS	
Disability / Medical Documents Provided	
Email sent to all: <ul style="list-style-type: none"> • Timetabled teachers • Year Coordinator/s • Mentor teacher • Student Services • Library • Finance • ICT Dept 	
Transfer note sent	
Student Number Generated	
USI Number provided	
Overseas Student If YES, International Fee Paying (TIWA)	
ID Photo Taken	
Commencement Date	