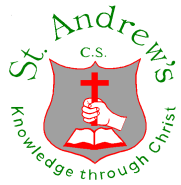


# APPLICATION FORM



# ST ANDREW'S

## CHRISTIAN SCHOOL

84 Washpool Road (PO Box 1605)  
Grafton 2460

Email: [reception@standrewscs.nsw.edu.au](mailto:reception@standrewscs.nsw.edu.au)

Primary & Secondary School  
Telephone: (02) 6643 4770  
Facsimilie: (02) 6643 4773

## APPLICATION FOR ENROLMENT

### STUDENT DETAILS

Surname:	Class / Year:	Proposed Date Of Entry:	
Christian Names:	Date of Birth:	Male / Female:	
Home Address:	Postcode:		
Name(s) of Brother(s) and / or Sister(s):			
Brother / Sister	School Attended	Brother / Sister	School Attended

### PARENT OR GUARDIAN DETAILS

Father's Full Name:	Occupation:	
Address:	Postcode:	
Telephone (Home):	Telephone (Work):	Telephone (Mobile):
Mother's Full Name:	Occupation:	
Address:	Postcode:	
Telephone (Home):	Telephone (Work):	Telephone (Mobile):
Do you agree to having your Child's School achievements publicized?	YES / NO	
Do you agree to having your Child's photograph being used for publicity purposes?	YES / NO	

I / We the undersigned, apply to have the abovementioned pupil enrolled at the School and agree to be bound by the regulations contained in the current School handbook, and the conditions of enrolment endorsed on the reverse of this form, both of which have been made available to me / us.

Signature (**Both Parents / Guardians to sign**):

### PERSON RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES

Mr / Mrs / Dr / Rev:		
Address:	Postcode:	
Occupation:	Relationship:	Signature:

### FOR CENSUS PURPOSES ONLY

Are you Aboriginal / Torres Strait Islander?	YES / NO	Is your background English speaking?	YES / NO
Are you an Australian Citizen?	YES / NO	If no, what language(s) is spoken at home?	

# STUDENT MEDICAL FORM

<b>STUDENT DETAILS</b>					
Surname:	Christian Names:	Date of Birth:			
Address:		Postcode:			
Religion:	Medicare Number:	Medical Fund:			
Doctor's Name and Address:		Doctor's Phone:			
<b>FATHER'S DETAILS</b>					
Mr Christian Names:	Surname:	Occupation:			
Employer:		Telephone (Work):			
Telephone (Mobile):	Facsimile (Work):	E-mail:			
<b>MOTHER'S DETAILS</b>					
Mrs Christian Names:	Surname:	Occupation:			
Employer:		Telephone (Work):			
Telephone (Mobile):	Facsimile (Work):	E-mail:			
<b>YOUR CHILD'S PAST HEALTH</b>					
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella			
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Other			
Previous Conditions:					
<b>FAMILY DETAILS</b>					
Family Name:					
Name of Siblings at St Andrew's:	Year:	Name of Siblings at St Andrew's:	Year:		
<b>EMERGENCY CONTACTS</b>					
Contact Name 1:	Phone Number:	Relationship:			
Contact Name 2:	Phone Number:	Relationship:			
Has your child been in hospital in the last 5 years? YES / NO		Details:			
Does your child suffer with any physical injuries or disabilities? YES / NO		Details:			
<b>IMMUNISATIONS</b>		<b>CHRONIC CONDITIONS</b>		<b>ALLERGIES</b>	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Grass	<input type="checkbox"/> Pollen
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Bee-sting
<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella	<input type="checkbox"/> Eye Sight Loss	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Panadol
<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> ADHD	<input type="checkbox"/> Sulfur	<input type="checkbox"/> Band-Aids
<input type="checkbox"/> Other		<input type="checkbox"/> Other (give details)		<input type="checkbox"/> Other (give details)	

# CONDITIONS OF ENROLMENT

## GENERAL

1. Completing and signing this Enrolment Application signifies your acceptance of, and agreement to, the conditions relating to the payment of fees and charges and to any other condition or rule which may be implemented by the Grafton St Andrew's Christian Schools Board, or its appointed representatives, to ensure the orderly conduct of the School.
2. The offer of a place at the School is subject to attendance at an Enrolment Information meeting and / or a satisfactory interview with at least one parent or guardian and the intending student with either the Principal or a senior staff members prior to the proposed date of commencement at the School. If the student is currently attending School, a photocopy of two recent reports should be included with this enrolment Application.
3. The Principal, in consultation with the Schools Board, determines the courses offered and teaching practices used at the School. The elective subjects available to students in the Secondary School are also at the discretion of the Principal.
4. A student must attend the School throughout the year, which is divided into four Terms. A request by the parent or guardian for leave of absence for a student must be made in writing well in advance and addressed to the Headmaster. Such leave will be granted for medical or other special reasons only. In the case of absence due to an accident or sickness, the parent or guardian must notify the School in writing.
5. All students are required to participate in sporting activities and other official functions as determined and notified by the Principal from time to time.
6. All students are required to wear the official uniform, as directed by the Principal, and conduct themselves in a manner consistent with the ethos of the School.
7. Parents and / or guardians acknowledge the importance of their involvement in the ongoing education of their son or daughter by attending speech nights and other official School functions.

## FEES

1. All fees are due and payable on the first day of the Term, or on the first day of attendance if a student commences after the first day of Term.
2. Where fees are still outstanding at the end of the Term, and satisfactory arrangements for the payment of such fees have not been made, then the student will not be accepted back into the school the following term.
3. Absence from the school during the whole or any part of the Term does not remove the obligation to pay that Term's fees.
4. Parents will give at least one term's written notice of termination of enrolment or pay the equivalent amount in lieu, unless there are mitigating circumstances that are acceptable to the school.

## DISCIPLINE

Disciplinary action taken by the school is determined by the Principal and may include:

- Withdrawal of privileges
- Detention at lunchtime or after normal school hours (due notice having been given to parents regarding after hours detention)
- Suspension

## EXPULSION

Failure to meet any of the above Conditions of Enrolment may make it difficult for the school to continue to fulfil its educational obligations. In this event, it may be necessary, at the discretion of the Principal to withdraw or expel the student who is the subject of a breach of these conditions.

## PRIVACY LEGISLATION

1. St Andrew's Christian School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a student's enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your son or daughter.
2. Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports relating to your child from time to time.
5. St Andrew's Christian School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, medical practitioners, and people providing services to the school, including specialist visiting teachers, sports coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their child by contacting the school. Students may also seek access to personal information about themselves. However there will be on occasions when access is denied. Such occasions will include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school's duty of care to the student, or where students have provided information in confidence.
9. As you may know, the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organizations that assist in the school's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

- 10. We may include your contact details in a class list and school directory. If you do not agree to this you must advise us now.
- 11. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them: that you are disclosing that information to the school and why; that way they can access that information if they wish; and that the school does not usually disclose the information to third parties.

### **MEDICAL AUTHORISATION**

Medications should be taken to the school office.

The school has the ability to nebulise students who suffer an asthma attack, however, students can only be nebulised with their own nebulisers.

If you wish your child to be nebulised please sign the indemnity below and supply nebulisers as soon as possible.

YES                       NO

I do/do not give permission for my child to be nebulised in the event of an Asthma Attack at school and I agree to send nebulisers to be stored at school.

YES                       NO                      Signed \_\_\_\_\_                      Date \_\_\_\_\_

On rare occasions students suffer more serious injuries or illnesses at school and they need to be transported to hospital. Please sign the indemnity below giving permission for any of the information contained on this form to be passed to members of the Ambulance Service.

I do/do not give permission for the information contained on this medical form to be passed on to the ambulance service in the event of an emergency,

YES                       NO                      Signed \_\_\_\_\_                      Date \_\_\_\_\_

<b>MEDICATIONS</b>
Please list any medications you wish your child to be given while at school. Please appreciate the importance of keeping information about your child's medical needs up to date. Any changes should be notified to the school immediately.
<b>SPECIAL NOTES</b>
<b>SIGNATURE</b>
Signed Parent/Guardian _____                      Date _____