



# Avondale School

Student Enrolment Application



# Application for Enrolment

<b>OFFICE USE ONLY</b>
Date received
<input type="text"/>

## Father/Guardian

Title	Given Name	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Postal Address		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number <input type="text"/>	Occupation <input type="text"/>		
Permanent Australian Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Type/Number <input type="text"/>	Employer <input type="text"/>		
Nationality <input type="text"/>	Religion <input type="text"/>	Church Attending <input type="text"/>	Church Membership (SDA Only) <input type="text"/>	

## Mother/Guardian

Title	Given Name	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Postal Address		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number <input type="text"/>	Occupation <input type="text"/>		
Permanent Australian Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Type/Number <input type="text"/>	Employer <input type="text"/>		
Nationality <input type="text"/>	Religion <input type="text"/>	Church Attending <input type="text"/>	Church Membership (SDA Only) <input type="text"/>	

## Other (Step parent/defacto/guardian)

Title	Given Name	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Postal Address		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number <input type="text"/>	Occupation <input type="text"/>		
Permanent Australian Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Type/Number <input type="text"/>	Employer <input type="text"/>		
Nationality <input type="text"/>	Religion <input type="text"/>	Church Attending <input type="text"/>	Church Membership (SDA Only) <input type="text"/>	

## Parent Information

What is your marital status? <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto	If parents are separated/divorced, student/s reside with: <input type="checkbox"/> N/A <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared <input type="checkbox"/> Other <input type="text"/>	Are there any court orders in place that affect the student/s? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(supply copy of order)</small>
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**Emergency Contact 1** *(someone other than a parent)*

Full Name  Relationship to student

Work/Home Phone  Mobile

**Emergency Contact 2** *(someone other than a parent)*

Full Name  Relationship to student

Work/Home Phone  Mobile

**Census Information**

What is the main language spoken at home by:

Mother  Father  Student/s

Father's School Education *(Tick the highest level completed)*

Yr 9 or equivalent  Yr 11 or equivalent  
 Yr 10 or equivalent  Yr 12 or equivalent

Father's Post School Education *(Tick the highest level completed)*

Certificate 1 to 1V  Diploma Adv/Diploma  
 Bachelor Degree or above  No post school education

Mother's School Education *(Tick the highest level completed)*

Yr 9 or equivalent  Yr 11 or equivalent  
 Yr 10 or equivalent  Yr 12 or equivalent

Mother's Post School Education *(Tick the highest level completed)*

Certificate 1 to 1V  Diploma Adv/Diploma  
 Bachelor Degree or above  No post school education

**Student 1**Expected Entry Yr Level *(circle)* K 1 2 3 4 5 6 7 8 9 10 11 12Expected Entry Yr *(eg 2013)*

Given Name  Surname  Preferred Name

Date of Birth   Female  Male Country of birth  Nationality

Are you in Australia on a Visa?  Yes  No If Yes, Visa Type

Religion  Church Attending  Church Membership (SDA Only)

Aboriginal but not Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Torres Strait Islander but not Aboriginal  
 Neither Aboriginal nor Torres Strait Islander

Current Year Level  Current School  Other Schools Attended

Has this student repeated any year levels?

Yes Details   
 No

How will this student travel to school?

Bus  Train/Bus  Car  
 Walk  Bicycle  Other

Is this student currently receiving the following:

Language Support  Speech Therapy  
 Mathematics Support  Individual Teacher Aide  
 English Second Language Support  Visual/Hearing Impairment Support

Indicate the students level of past conduct

Excellent  Good  Average  Poor

Has the student ever been expelled, suspended or refused admission to another school?

Yes  No If Yes, give details

Student's Doctor Name  Doctor's phone  Medicare number  Expiry  Position

Health Fund  Member number  Ambulance Cover?  Yes  No

Student's Medical History

Does the student have prescribed medication?

Yes If Yes, give details   
 No

Are the medications required to be bought to school?

Yes  
 No

Does the student suffer from any illness, medical condition or disability such as\*:

*(Please supply a copy of all clinical and/or Doctor's reports on the student's condition and management requirements where applicable)*

Diabetes  Epilepsy  ADHD  ASD  Physical Disability  Intellectual Disability  Vision  Hearing  Other

Does the student have any allergies?

Yes Details   
 No   
 Mild  Severe  Life Threatening

Does the student have asthma?

Yes Details   
 No   
 Mild  Severe  Life Threatening

Student's Immunisation details

Immunisation Certificate  
 Conscientious Objector

Please sign to confirm the above is a true and accurate overview of the student's medical status

Date

**Student 2**Expected Entry Yr Level *(circle)* K 1 2 3 4 5 6 7 8 9 10 11 12Expected Entry Yr *(eg 2013)*

Given Name  Surname  Preferred Name

Date of Birth   Female  Male Country of birth  Nationality

Are you in Australia on a Visa?  Yes  No If Yes, Visa Type

Religion  Church Attending  Church Membership (SDA Only)   Aboriginal but not Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Torres Strait Islander but not Aboriginal  
 Neither Aboriginal nor Torres Strait Islander

Current Year Level  Current School  Other Schools Attended

Has this student repeated any year levels?  Yes  No  Details   
 How will this student travel to school?  Bus  Train/Bus  Car  Walk  Bicycle  Other  
 Is this student currently receiving the following:  
 Language Support  Speech Therapy  
 Mathematics Support  Individual Teacher Aide  
 English Second Language Support  Visual/Hearing Impairment Support

Indicate the students level of past conduct  Excellent  Good  Average  Poor  
 Has the student ever been expelled, suspended or refused admission to another school?  Yes  No  
 If Yes, give details

Student's Doctor Name  Doctor's phone  Medicare number  Expiry  Position   
 Health Fund  Member number  Ambulance Cover?  Yes  No

Student's Medical History

Does the student have prescribed medication?  Yes  No  If Yes, give details  
 Are the medications required to be bought to school?  Yes  No

Does the student suffer from any illness, medical condition or disability such as\*:  
 (\*Please supply a copy of all clinical and/or Doctor's reports on the student's condition and management requirements where applicable)  
 Diabetes  Epilepsy  ADHD  ASD  Physical Disability  Intellectual Disability  Vision  Hearing  Other

Does the student have any allergies?  Yes  No  Details  
 Mild  Severe  Life Threatening  
 Does the student have asthma?  Yes  No  Details  
 Mild  Severe  Life Threatening  
 Student's Immunisation details  
 Immunisation Certificate  
 Conscientious Objector

Please sign to confirm the above is a true and accurate overview of the student's medical status  Date

**Student 3** Expected Entry Yr Level (circle) K 1 2 3 4 5 6 7 8 9 10 11 12 Expected Entry Yr (eg 2013)

Given Name  Surname  Preferred Name

Date of Birth   Female  Male Country of birth  Nationality   
 Are you in Australia on a Visa?  Yes  No If Yes, Visa Type

Religion  Church Attending  Church Membership (SDA Only)   Aboriginal but not Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Torres Strait Islander but not Aboriginal  
 Neither Aboriginal nor Torres Strait Islander

Current Year Level  Current School  Other Schools Attended

Has this student repeated any year levels?  Yes  No  Details  
 How will this student travel to school?  Bus  Train/Bus  Car  Walk  Bicycle  Other  
 Is this student currently receiving the following:  
 Language Support  Speech Therapy  
 Mathematics Support  Individual Teacher Aide  
 English Second Language Support  Visual/Hearing Impairment Support

Indicate the students level of past conduct  Excellent  Good  Average  Poor  
 Has the student ever been expelled, suspended or refused admission to another school?  Yes  No  
 If Yes, give details

Student's Doctor Name  Doctor's phone  Medicare number  Expiry  Position   
 Health Fund  Member number  Ambulance Cover?  Yes  No

Student's Medical History

Does the student have prescribed medication?  Yes  No  If Yes, give details  
 Are the medications required to be bought to school?  Yes  No

Does the student suffer from any illness, medical condition or disability such as\*:  
 (\*Please supply a copy of all clinical and/or Doctor's reports on the student's condition and management requirements where applicable)  
 Diabetes  Epilepsy  ADHD  ASD  Physical Disability  Intellectual Disability  Vision  Hearing  Other

Does the student have prescribed medication? Are the medications required to be bought to school?  
 Yes If Yes, give details  Yes  
 No  No

Does the student suffer from any illness, medical condition or disability such as\*:  
 (\*Please supply a copy of all clinical and/or Doctor's reports on the student's condition and management requirements where applicable)  
 Diabetes  Epilepsy  ADHD  ASD  Physical Disability  Intellectual Disability  Vision  Hearing  Other

Does the student have any allergies? Does the student have asthma? Student's Immunisation details  
 Yes Details  Yes Details  Immunisation Certificate  
 No  No  Conscientious Objector  
 Mild  Severe  Life Threatening  Mild  Severe  Life Threatening

Please sign to confirm the above is a true and accurate overview of the student's medical status Date

## Communication

- With whom should Avondale School communicate with regarding day to day matters?  
 Mother/Father  Mother  Father  Other (step parent/guardian/defacto)
- A SMS will be sent to the below nominated mobile number when your child is absent (only one mobile can be nominated)  
 Mobile Number  Mother/Father  Mother  Father  Other (step parent/guardian/defacto)
- Who should receive copies of school reports?  
 Mother/Father  Mother  Father  Other (step parent/guardian/defacto)
- Who should receive the fee account?  
 Mother/Father  Mother  Father  Other (step parent/guardian/defacto)

## Other

- Avondale School collects data and images of students for identification, marketing and website/social media purposes. For more information please refer to the Collection Policy in the School Handbook. If you do not want your child/s data or images to be used for the above purposes, please contact the Principal in writing.
- How did you first hear of Avondale School?  
 Friend  Relative  Signage  Website  Facebook  Google  Local Newspapers  Other
- What is the main reason for enrolling your child/children at Avondale School?
- In your opinion, which school would have been your main alternative to Avondale School and why?
- Have you ever visited our website?

## Enrol a Friend\*

Did a friend refer you to Avondale School? If yes, please fill out the details below. \*One referral only.  
 No  Yes

Name of Friend  Phone number of Friend

## Application Signatures

I/We certify that the information above is true and correct and that I/We have read the Conditions of Enrolment and Fee Information details (included in this Application for Enrolment).

1. Parent/Guardian Given Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Parent/Guardian Given Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



## CHECK LIST\*

- Completed all sections of this form & return to Registrar
- Copies of previous school reports/NAPLAN
- Immunisation Certificate
- Birth Certificate
- Completed Fee Information Form
- Signed Conditions of Enrolment Form
- Copy of Visa (if applicable)
- Return ALL forms & documents to Registrar

# Avondale School Fee Information

OFFICE  
use only

Surname

Family Code

## Details of person/s responsible for payment of account

### Person 1

Mother  Father  Other

Title  Full Name

Postal Address

State  Post Code

Home Phone  Work Phone

Mobile

Email

### Employee Subsidy

If your employer offers assistance with an Employee Subsidy, please supply the following:

Company Name & Payroll Officer

Postal Address

State  Post Code

### SDA Church Subsidy

Local Seventh-day Adventist (SDA) Churches contribute subsidies for active church members to assist with Christian Education. If you are claiming this subsidy please complete the following:

SDA baptised membership held

Name of SDA Church attending

Name of SDA Church Pastor/Clerk  Phone Number

### Other

Do you have children that attend another SDA School?  No  Yes (if yes please fill out details below)

Name of other Adventist School  No attending Adventist Schools

## Student/s to be included under one family account

Student Name  Code

Student Name  Code  Office Use Only

Student Name  Code  Office Use Only

### Person 2

Mother  Father  Other

Title  Full Name

Postal Address

State  Post Code

Home Phone  Work Phone

Mobile

Email

### Employee Subsidy

If your employer offers assistance with an Employee Subsidy, please supply the following:

Company Name & Payroll Officer

Postal Address

State  Post Code

### SDA Church Subsidy

Local Seventh-day Adventist (SDA) Churches contribute subsidies for active church members to assist with Christian Education. If you are claiming this subsidy please complete the following:

SDA baptised membership held

Name of SDA Church attending

Name of SDA Church Pastor/Clerk  Phone Number

### Parent/Guardian 1 - Conditions of Fee Information

I certify that the information above is true and correct. I accept the conditions of enrolment.

Signature of Parent/Guardian  Date

### Parent/Guardian 2 - Conditions of Fee Information

I certify that the information above is true and correct. I accept the conditions of enrolment.

Signature of Parent/Guardian  Date

# Avondale School Conditions of Enrolment (Cooranbong Campus)

## Enrolment at Avondale School is subject to the following terms and conditions:

1. That the parents/guardians will support the ethos and philosophy of the School and will endeavour to support and uphold the principles, practices and policies of the School in every way.
2. That the parents/guardians give permission for their child/children to take part in all of the School's activities, including Religious Studies, devotional activities, sports and school-sponsored trips away from the School and understand and accept that teachers will be responsible and liable for such reasonable care and protection as is normally given by parents.
3. That the parents/guardians undertake to provide their child/children with all necessary equipment of a personal nature including school uniform that may be needed to enable full participation in the School's educational program and to give positive encouragement to help the child/children complete assigned tasks.
4. That, while acknowledging that students come from varied religious and ethnic backgrounds, enrolment in Avondale School presupposes that students will behave, both in and out of school, in a manner which does not contravene the Student Code of Conduct. This code, based on Christian principles of behaviour and lifestyle, is outlined in the School Handbooks (available at the administration office). Should a student not behave in such a manner, and bring dishonour on the School, his/her enrolment may be jeopardised.
5. That the parents/guardians, in the event of illness or injury to their child/children which requires medical or hospital treatment including injections, blood transfusions, surgery and the like and if the parent or guardian is not readily available, will authorise the Principal or person in control to arrange such treatment, without incurring any legal liability to the School or persons authorising the medical attention.
6. Upon both parties signing this enrolment form both parties agree to be held jointly and severally liable for all school fees, costs, contingency fees, interest etc regardless of any changes in their circumstances now or in the future to Avondale School. Avondale School may at times enter into an arrangement with either party or a third party, but in doing so does not relinquish, diminish or alter the way that Avondale School may exercise its rights to pursue either party for any outstanding school fees, costs, contingency fees, interest etc from either party regardless of any payments that have been paid by either party or any other third party. These conditions apply for the duration of enrolment.
7. Parent/Guardian agrees that in the event of the customers breach of any of the terms of this agreement including a failure to make payment of any monies due to Avondale School pursuant to this agreement the Parent/Guardian shall pay to Avondale School all collection costs, commissions, fees, charges and expenses including legal costs on a solicitor and own client basis incurred by Avondale School of and incidental to this agreement or any matter arising out of or incidental to this agreement or the Parent/Guardian performance of or failure to perform any of the terms of this agreement.
8. That each child will accept his/her responsibility to make the most of the opportunity that Avondale School provides. If, however, this is not the case, the School Council may suspend or terminate enrolment at its discretion for failure to comply with these conditions or for other serious breaches of the School Council's rules and regulations.
9. For further information about our Conditions of Enrolment please refer to our School Handbook at [www.avondaleschool.com.au](http://www.avondaleschool.com.au) or you can view a copy at the Administration Centre.

## Medical Authority

A Medication Authority Form must be completed in the Primary School for any medication required, and all medications will be stored in a locked cupboard. The Secondary School must be notified in writing of any medication that students carry for their own use.

If the School is unable to contact a parent or nominated contact person, I/We hereby authorise the School to arrange the necessary medical attention through one of the local medical centres or ambulance services. I/We agree to accept full responsibility for expenses incurred.

I/We acknowledge that the medical information given is accurate and can be used for all school activities.

## School Excursions

Realising that I shall be notified of all school excursions, I/We give permission for my child/children, listed on this application, to attend these events. I/We reserve the right to request that my child/children does/do not participate in individual excursions.

## Information Technology

Each student will accept age appropriate responsibility for the use of IT and internet access and agrees to the conditions set out in the Acceptable Use Policy of the school which is binding to both parents and students. All students are required to sign a IT User Agreement Form yearly.

## Marketing

Avondale School collects data and images of students for identification, marketing and website (including Facebook) purposes. The Collection Policy for the School is available in the School Handbook. If you do not want your child/s data or images to be used for the above purposes, please notify the Principal in writing.

## Change of Information

I/We acknowledge that it is my/our responsibility to inform the school with updated medical and personal information as it arises.

### Parent/Guardian 1 Conditions of Enrolment & Declaration

I have read and accepted the Conditions of Enrolment and agree to actively support and to assist where possible in the life of the School program. I certify that the information given is true and correct.

Full Name (please print)

Signature of Parent/Guardian 1

Date

### Parent/Guardian 2 Conditions of Enrolment & Declaration

I have read and accepted the Conditions of Enrolment and agree to actively support and to assist where possible in the life of the School program. I certify that the information given is true and correct.

Full Name (please print)

Signature of Parent/Guardian 1

Date

*The Council reserves the right to amend, modify, add to or remove from the "Conditions of Enrolment" such items as are required from time to time and will undertake to notify parents/guardians of such changes in writing while their child/children remain at Avondale School.*



**NEED MORE INFORMATION?**

**Contact Avondale School Registrar**

p. 02 4977 0200 e. [admin@avondaleschool.nsw.edu.au](mailto:admin@avondaleschool.nsw.edu.au) w. [www.avondaleschool.com.au](http://www.avondaleschool.com.au)

