

PART 2

CHILD # (eg. 1, 2) ____

Surname _____

First Name: _____



Heritage

CHRISTIAN SCHOOL

Partnering with Parents – Together Stronger

Enrolment Application Form Student Information

Enrolling your child at Heritage Christian School is the beginning of a partnership between your family and our school community.

In partnering with you, we undertake to guide your child through the education process as they discover their unique strengths, build relationships and learn about their place in God's world.

We'd like to thank you for your interest in partnering with us as a family here at Heritage.

If you require any assistance in filling out the application and associated forms, please see our Enrolment Officer.

Heritage Christian School 33 Mumford Street PORT MACQUARIE NSW 2444

Ph:02 6583 8277 email: admin@heritage.nsw.edu.au

Web: www.heritage.nsw.edu.au

A.C.N. 002 521 404 A.B.N. 47 002 521 404

APPLICATION PROCESS

This application form will cover the parent(s) and/or guardian(s) (Part 1) and all children in the family (Part 2).

The non-refundable \$50 application fee covers all the children in the family.

An application to enrol does not guarantee a place at the school

Please return this form together with:

Mandatory Requirements Checklist

- Copy of Birth Certificate
- Australian Immunisation Register (AIR) Immunisation History Statement (required for all students enrolling in NSW schools)
- Student Code of Conduct signed –for Year 5 to Year 12
- Signed Declaration of Accuracy and Consent
- \$50 non-refundable application fee. This fee covers all children in the family

Mandatory Documents Checklist as Relevant

- Copies of each child's latest 2 school reports
- National Assessment Program – Literacy and Numeracy results (**NAPLAN**)
- Legal Documentation e.g. child welfare arrangements, court orders etc
- Reports from specialists and additional Medical history
- Documentation for permanent residency for Non – Australian Citizens or Reports outlining additional learning needs including any diagnosis of a disability
- Include any Personalised Learning Plans from previous school

DETAILS OF CHILDREN IN THE FAMILY: CHILD

Family Name:

First Given Name:.....

Second Given Name:.....

Preferred First Name:.....

Gender: Male Female

Date of Birth:.....Country of Birth:

Nationality:.....

Is the Student of Aboriginal or Torres Strait Islander origin?

- No Yes, Aboriginal Yes, Torres Strait Islander Both Aboriginal and Torres Strait

Residency: (please tick as appropriate)

- Australian Citizen Australian Permanent Resident – please provide proof of residency Other – please provide copy of passport and visa showing residency status

Child's position in family: (please circle as appropriate) 1 2 3 4 5 6

Language/s spoken at home:

Which church does your child regularly attend (if different to family)

Kindergarten Student Only

In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs? Yes No

If, yes, indicate any of the following that apply and show if this was part time (less than 15 hours/week) or full-time (15 hours or more/week)

- Preschool Part time Full time Postcode _____
- Long Day Care (with a preschool program) Part time Full time Postcode _____
- Long day Care (without a preschool program) Part time Full time Postcode _____
- Family Day Care Part time Full time
- Grandparent Part time Full time
- Other formal or informal care Part time Full time

Preschools usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

Long day care services offer all-day care for most of the year for children aged 0-6. They may also offer 'preschool programs' especially for children in the year or two before school.

Name of preschool/long day care service _____ Phone: _____

I give permission for Heritage Christian School to contact the above preschool/long day care centre regarding my child.

Parent Name: (Print) _____ Parent Signature: _____ Date: _____

DETAILS OF STUDENT IN THE FAMILY (cont):

CHILD

Do you have other children currently attending Heritage Christian School? Yes No

Name and Location of school last attended (if any)

Dates of attendance:.....

Names of other schools attended and their locations:.....

Anticipated grade on entry to Heritage Christian School:

Anticipated calendar year of entry to Heritage (please tick as appropriate)

2019 2020 2021 2022 2023 2024

Special Interest:

Does your child play a musical instrument?

If yes, please provide details:

Is your child interested in participating in any of the following?

School Band School Production

What are your child's hobbies/interests/strengths?

.....

Sport:

Please list your child's sporting interests:

.....

Additional Information:

Special Circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?

(eg: living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state).....

.....

Heritage Christian School has a responsibility to assess any and manage any risk of harm to its staff and students. This application gives you the opportunity to provide the school with information that will help facilitate the smooth transition of the student into this specific school setting. This may include preparing a behaviour 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 ensure the safety of this student, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history not listed previously) which might pose a risk of any type to this student, other students or staff at this school? Yes No

If yes, please provide a brief description of the student's medical or other history which might pose a risk of any type to him or her, other students or staff at this school.

.....
.....
.....

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

.....
.....
.....

Does the student have any history of violent behaviour? Yes No

If yes, please provide details.

.....
.....
.....

Has the student ever been suspended or expelled from any previous school? Yes No

If yes, was this for:

Actual violence to any person? Yes No

Possession of a weapon or any item used to cause harm or injury? Yes No

Threats of violence or intimidation of staff, students or others at the school? Yes No

Illegal drugs Yes No

Are you aware of any other incidents of the kind listed above in which the student has been involved outside of the school setting? Yes No

If yes, please provide details.

.....
.....
.....

Student Medical Details	CHILD
Student Medical Details Cont:	CHILD

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet individual health and support needs of your child.

Student's Medicare Number:.....Student Medicare Reference Number:

Medicare Card Expiry Date:.....

Dr's Name/Medical Centre:..... Ph Number:.....

Dr's Address:.....

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition.

Allergy/Medical Condition	Doctors Name	Address	Telephone

If your child has a documented plan to support any health or medical needs from a previous school please provide it to the school as an attachment to this form

ALLERGIES – these can include allergies to insect stings, drugs, Latex, food – nuts, eggs, peanuts, or other

Allergy to _____

1. Has a doctor diagnosed this allergy? Yes No
2. Is this a severe allergy (anaphylaxis)? Yes No
3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? Yes No
4. If Yes which hospital:.....
5. Does your child have an ASCIA Action plan for Anaphylaxis? Yes No
6. If yes, is this plan attached? Yes No
7. Has your child been prescribed an adrenaline auto injector (ie EpiPen®)? Yes No
If your child has been prescribed an adrenaline auto injector, you will need to provide the school with one and renew it prior to expiry date. Each time your child is prescribed a new adrenaline auto injector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the school.
8. What is the expiry date of the adrenaline auto injector that will be provided to the school?

Mm/Year:.....

If not known at the time of the completing this form the school will require this information on enrolment.

9. Please list any other medication prescribed for this allergy.....

The school will require further details in relation to prescribed medication on enrolment.

Other Medical Conditions

Medical Condition:

1. Has a doctor diagnosed this condition? Yes No
2. Has your child been hospitalised with this condition? Yes No
3. If yes, which hospital? Yes No
4. Does your child have a documented action plan from a doctor?
(eg asthma action plan) Yes No
5. If yes, is this plan attached? Yes No
6. Is your child taking prescribed medication for this condition? Yes No
7. If yes, what is the prescribed medication:.....
.....

The school will require further details in relation to prescribed medication on enrolment.

Authority to Administer Paracetamol and Medical Assistance

1. I give permission for the school to administer Paracetamol. Yes No
2. In the event of being unable to contact a parent/carer I give permission to the School to provide medical assistance to my child that the School deems necessary at the time. Yes No

Signature:.....

Name:.....

Date:.....

Students with Additional Learning and Support Needs, including disability: CHILD

Does the student require support for learning because of a disability? Yes No

Legislation and Heritage Christian School policy recognise that adjustments may be required for students with special needs, including student with a disability, so that they can participate at school. School personnel and parents work together to identify the adjustments that may be needed to meet the student's learning and support needs.

Is there anything that you do or modify at home that may help us at school to meet the student's educational needs? Yes No

Please indicate any learning adjustments that may be required to allow the student to participate at school. (Complete only if applicable)

- changes to learning programs and/or teaching strategies
- communication, speaking and listening
- modification to equipment, furniture, learning spaces and/or learning materials
- support for personal care needs; eg hygiene, mealtimes or health care needs
- social support to engage safely with other children and teachers
- other (please specify)

Please indicate if the student has any of the following

- | | | |
|---|--|---|
| <input type="checkbox"/> ASD (autism spectrum disorder) | <input type="checkbox"/> hearing impairment | <input type="checkbox"/> language disorder |
| <input type="checkbox"/> a physical disability | <input type="checkbox"/> difficulties in learning | <input type="checkbox"/> acquired brain injury |
| <input type="checkbox"/> behaviour disorder | <input type="checkbox"/> intellectual disability | <input type="checkbox"/> mental health disorder |
| <input type="checkbox"/> vision impairment | <input type="checkbox"/> other (please specify)..... | |

Has any previous education provider prepared a documented plan to support the student's additional learning needs? Yes No

If YES please provide details and/or a copy of the plan:.....
.....

Is there any further information about your child's needs or aptitudes which we should know?
(eg creative talents, learning difficulties, academic strengths, special interests)

This also includes disclosure of any incidents/reports regarding any disciplinary issue, suspension or expulsion. Please attach any information that will assist us.

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