

## APPLICATION FOR ENROLMENT

### Privacy Statement

The information collected from this form will be retained in confidence. It shall only be used for the primary purpose intended and for any secondary purposes that would assist the school with education-related matters.

### Introduction

You will be given this form when you apply to enroll your child/ren. Please complete a separate form for each child being enrolled. Return the form to the school office or the address below with a registration fee of \$50 (Only one fee per family if enrolling more than one child). You will be contacted to arrange an interview with the Principal to assess the particular needs of your child and attend to any questions that you might have. At this interview you will need to provide your child's birth certificate or proof of identification to finalise the enrolment and proof of their immunization status. You will then be contacted to organize a student transition programme.

### Student Details

Student Given Name/s: \_\_\_\_\_

Student Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Sex: [Male/Female] Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Requested Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Year-level of Entry:    Prep        1        2        3        4        5        6

What language is primarily spoken at home?    English     Other: \_\_\_\_\_

Is the child of Aboriginal or Torres Strait Island descent:    YES     NO   
(Completing this question is optional.)

If nationality is not Australian does the student hold a Permanent/Resident Visa for Australia?  
YES     NO

### Schooling History

Current & Previous School / Childcare / Kindergarten	Level & Year of attendance

Does your child suffer from a serious allergy or chronic illness? YES     NO   
(More information is required later in the application.)

## Family Information

### Other Children in the Family

Name	Date of Birth	Current School	Year Level

<b>Mother / Carer:</b> _____ (Given Names) (Surname)		
Residential Address:		
		Postcode:
Postal Address:		
		Postcode:
Home Phone:	Work Phone:	Mobile Phone:
Email Address:		
Country of Birth:		
Occupation:		Employer:
Name of Step Parent (residing with you):		

<b>Father / Carer:</b> _____ (Given Names) (Surname)		
Residential Address:		
		Postcode:
Postal Address:		
		Postcode:
Home Phone:	Work Phone:	Mobile Phone:
Email Address:		
Country of Birth:		
Occupation:		Employer:
Name of Step Parent (residing with you):		

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Child lives with:

Mother       Father       Both Parents       Co-parented       Carer

If the child is not living with both the birth mother and father at the same address, are there current court orders or access rights in place? YES       NO

(A copy of these court orders must be provided to the school at enrolment and must be replaced whenever changes are made. This is an essential requirement to enable us to provide our duty of care to your child.)

Who does the child spend most of the time living with?

Mother       Father       Equally Shared       Other

### Reasons for Enrolment

List the most important things that you would like to see achieved in your child's education?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What particular aspects of the Daylesford Dharma School are of most interest to you?

\_\_\_\_\_

Does your child practice any particular religious/spiritual tradition at home?

\_\_\_\_\_

Does your child's extended family practice any particular tradition?

\_\_\_\_\_

Where did you hear about the Daylesford Dharma School?

\_\_\_\_\_

Have you attended a parent information session or open day?

\_\_\_\_\_

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## General Health

For all of the following questions please give full and complete details in the space near the questions. If the space is insufficient please attach a separate sheet of paper. All supporting information must also be attached. Please note that if a “yes” response is selected, our school may seek parental consent to discuss the matter with the child, with the child’s provider of medical or counseling information, and perhaps to obtain third party professional verification or opinion regarding the school’s required duty of care in the situation.

Serious illnesses: \_\_\_\_\_

Chronic health issues: \_\_\_\_\_

Serious allergies: \_\_\_\_\_

Mild allergies (not requiring attention): \_\_\_\_\_

Accidents: \_\_\_\_\_

Operations: \_\_\_\_\_

Details of any childhood illnesses and ages contracted:

German measles \_\_\_\_\_

Measles \_\_\_\_\_

Chicken pox \_\_\_\_\_

Whooping cough \_\_\_\_\_

Mumps \_\_\_\_\_

**Does your child have any serious allergies or chronic illnesses?**

**YES**       **NO**

(If the answer to this question is “Yes”, the parent must complete the following section on serious medical condition alert information.)

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### Serious Medical Condition Alert Information

What is the exact nature of the allergy/chronic illness suffered by this student?

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Indicate the severity of the condition and give a complete description of any reaction.

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(Please attach medical certificates, reports or permission to contact child's Doctor for more information.)

Give a complete description of any food/substances/causes that trigger the child's condition whether known or suspected.

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Is the child fully aware of the condition? \_\_\_\_\_

Outline your expectations of the support needed from the school to manage this condition:

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Name of Student's Doctor or Specialist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For children with serious or life-threatening allergies, the school may require a thorough investigation of the condition prior to enrolment to determine that the school has the necessary resources and staff to provide in their duty of care to the student. The school will require that the parent stay in regular contact with the school as a condition of enrolment, regarding any material changes in the severity or treatment of the condition, to ensure the safety and well being of the student.

Medicare Number: \_\_\_\_\_

Healthcare Card Number: \_\_\_\_\_

Ambulance Membership Number: \_\_\_\_\_

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## Special Needs

Are there any special circumstances or learning issues that we should know about to further support your child's school experience?

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Has your child attended any child development services for early intervention or been assessed for a learning disability?

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Has another school or class teacher ever suggested that your child may suffer from a learning disability?

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Have there been any traumatic physical, mental or emotional events experienced by your child that you feel may impact on their school experience?

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What type of medical or therapeutic intervention has your child had?

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Does your child regularly or frequently take a prescribed medicine?

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Has a specialist, psychologist, psychiatrist or child guidance clinic ever been consulted? What were the outcomes or recommendations?

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Do we have permission to speak to the professionals who have worked with your child to support their education experience?

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**Please provide a copy of any reports that were given to you as a result of the consultations.**

Does your child have any difficulties with

Sight \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Physical mobility \_\_\_\_\_

Concentration \_\_\_\_\_

Other \_\_\_\_\_

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Has the student ever been expelled, suspended, or asked to leave a school?

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### Immunisation

All schools are required by law to keep a record on the immunisation status of all children enrolling at the school. Daylesford Dharma School maintains the policy that it is the parent's right to decide whether or not to immunise their children. Please ensure that a complete Immunisation Certificate OR an "Immunisation exemption conscientious objection form" is provided to the school.

Has your child been immunised? YES  NO

Completed Immunisation Certificate or Immunisation exemption conscientious objection form supplied to the school. YES  NO

### Concession

Do you have a Healthcare Card or other concession?  
YES  NO

If yes please provide a copy of your relevant concession with this enrolment form.

### Alternative Contact for Emergencies (other than parents)

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## Conditions of Enrolment and Fee Agreement

(‘I’ is understood to apply equally to all signatories)

- I understand that in enrolling my child at the Daylesford Dharma School (“the School”). I have read and am accepting that the policies and procedures of the school apply to my child and to my family. (Refer to the Parent/Student Handbook).
- I have understood the five precepts of the school and will make every effort to follow them while in the school and will encourage my child/ren to abide by the precepts while undertaking any school activity.
- I agree to allow my child’s name and/or photograph to appear in the school newsletter, website, exhibitions and/or media reports from time to time. (If my family situation changes and I wish to remove the consent I will advise the School in writing accordingly).
- I understand that if a student needs urgent hospital or medical treatment of any nature and the school is unable to contact the parent or guardian after making reasonable efforts, I authorise the school to give authority for such medical treatment. I indemnify the school, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.
- I give permission for the staff, or a person nominated by the staff, to check my child for head lice.
- I agree to notify the staff immediately in the event of my child contracting any infectious, contagious or notifiable condition or disease including head lice. I also agree not to send my child to school whilst she/he is suffering from the condition or during the recommended exclusion period.
- I give permission for my child to attend any school excursions as advised in the newsletter or by note and to leave the school grounds for short walks supervised by the registered teacher.
- Fees are billed a term in advance and are due for payment in full before the commencement of the school term for which they apply.
- I agree to pay the required school fees in full as they become due. I understand that late payment may attract an additional charge and that non-payment may result in the account being referred to a collection agency and will have additional legal costs and commission added to the account due.
- I understand that if I voluntarily withdraw my child/ren from the school, I must give written notice to the School not less than 4 weeks prior to withdrawal. If I fail to do so, I accept that I may forfeit any potential refund of school fees.
- I understand that students are responsible for their personal belongings and that the school will not be liable for any loss of these belongings.
- I have given all relevant information relating to my child for this enrolment application and if any information that may be viewed as relevant has been withheld, I accept that this may result in the initial or ongoing enrolment being reviewed.
- From time to time the School may alter the conditions of school enrolment by notifying the parents/guardian in writing. These alterations will apply from the date of notice.
- Please note that the contract we make is between the primary caregivers and the Daylesford Dharma School. The applicants whose signatures appear on the enrolment form shall be jointly and severally responsible for maintaining the terms of this agreement.

**We, the parents/guardians of the child mentioned above, hereby apply for his/her admission. We have read the conditions herein and the school fee policy and agree to honour them.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Print Name:** \_\_\_\_\_

A registration fee of \$50 should accompany any application(s). This is an administrative charge and is not refundable.



**OFFICE USE ONLY**

Registration Fee: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Recommended starting date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmed: \_\_\_\_\_

Proof of Identification: \_\_\_\_\_

Immunisation Status: \_\_\_\_\_

**Checklist:**

- Completed Enrolment Form**
- Enrolment Fee collected**
- Copy of Birth Certificate**
- Copy of Family Court orders (if applicable)**
- Copy of Immunisation Certificate or Conscientious Objector form**
- Copy of Healthcare Card or Concession evidence (if applicable)**