



## FULL ENROLMENT APPLICATION

*Complete your enrolment application*

### 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 attendance begins Dharma School)

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

	...../...../.....
	...../...../.....

## Family Information

### Other Children in the Family:

Name	Date of Birth	Current School	Year Level

**Parent / Carer 2:** Name: \_\_\_\_\_ Surname \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\*If Applicable\* Name of Step Parent (*residing with you*): \_\_\_\_\_

**Parent / Carer 2:** Name: \_\_\_\_\_ Surname \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\*If Applicable\* Name of Step Parent (*residing with you*): \_\_\_\_\_



Child lives with: [Mother/Father], [Both Parents] or [Shared Custody]

*(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.)*

For shared custody please details days child is with each parent

Mon:\_\_\_\_\_Tue:\_\_\_\_\_Wed:\_\_\_\_\_Thur:\_\_\_\_\_Fri:\_\_\_\_\_Weekend:\_\_\_\_\_

Who should we invoice for each terms tuition fees? \_\_\_\_\_

*(If the person to be invoiced is not one of the child's parents please provide a contact number and Email address for the person responsible for Tuition Fees)*

Contact:\_\_\_\_\_ Email:\_\_\_\_\_

## 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: \_\_\_\_\_

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

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

Details of any childhood illnesses and ages contracted:

Mumps	Whooping Cough
German Measles/Measles	Chicken Pox



**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.)*

**Serious Medical Condition Alert Information**

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

---

---

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

---

---

*(Please attach medical certificates, reports or permission to contact the 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.

---

---

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

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

---

---

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.



**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: [YES/NO]

Physical mobility: [YES/NO]

Hearing: [YES/NO]

Concentration: [YES/NO]

Speech: [YES/NO]

Other \_\_\_\_\_

### **Food intolerances/dietary requirements**

To assist in providing students with an enriched learning experience while at the Dharma School, students engage in a number of food preparation activities during project learning and within their classroom. To ensure these activities are safe/accessible to all we request that Parents/Carer's provide the below information.

### **Does your child have any known food intolerances or dietary requirements?**

Please list each ingredient

---

---

---

### **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]

*(Please note: to receive concession rate school fees you will need to provide a copy of your Concession Card to the school.)*

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



**Emergency Information:**

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

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

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

**Two Alternative Contacts for Emergencies (other than parents)**

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

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

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

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

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

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

**Needs (Confidential Between Welfare Staff and Classroom Teacher)**

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



**Needs Continued..**

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

---

---

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

---

---

Does your child regularly or frequently take a prescribed medicine?

---

---

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

---

---

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

---

---

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

---

---



## Data Collection Form

### Information Required for Assessment and Reporting Purposes

Schools are required to collect student background information from parents as agreed by State and Territory Education Ministers. This is to enable nationally comparable reporting of students' outcomes against the National Goals for Schooling in the Twenty-First Century.

For assistance with this form or questions, please contact the school on 5348 3112 .

**Name of Student:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Home Address of Student:** \_\_\_\_\_

#### 1. Sex:

- Male
- Female

#### 2. Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

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

#### 3. In which country was the student born?

- |   |   |
|---|---|
| <input type="checkbox"/> Australia                        | <input type="checkbox"/> Philippines              |
| <input type="checkbox"/> New Zealand                      | <input type="checkbox"/> India                    |
| <input type="checkbox"/> England                          | <input type="checkbox"/> United States of America |
| <input type="checkbox"/> South Africa                     | <input type="checkbox"/> South Korea              |
| <input type="checkbox"/> China (excludes SARs and Taiwan) | <input type="checkbox"/> Hong Kong (SAR of China) |
|   | <input type="checkbox"/> Other – please specify   |



**4. Does the student or their mother/guardian or their father/guardian speak a language other than English at home?**

	<b>Student:</b>	<b>Mother / Parent 1 / Guardian 1:</b>	<b>Father / Parent 2 / Guardian 2:</b>
No, English only	x	x	x
Yes, Other please specify _____	x	x	x

**5(a). What is the highest year of primary or secondary school the parents/guardians have completed?**  
(For persons who have never attended school, mark Year 9 or equivalent or below.)

	<b>Mother / Parent 1 / Guardian 1</b>	<b>Father / Parent 2 / Guardian 2</b>
Year 12 or equivalent	x	x
Year 11 or equivalent	x	x
Year 10 or equivalent	x	x
Year 9 or equivalent or below	x	x

**5(b). What is the level of the highest qualification the parents/guardians have completed?**

	<b>Mother / Parent 1 / Guardian 1</b>	<b>Father / Parent 2 / Guardian 2</b>
Bachelor degree or above	x	x
Advanced diploma / Diploma	x	x
Certificate I to IV (including trade certificates)	x	x
No non-school qualification	x	x

**6(a). What is the occupation group of the mother / parent 1 / carer 1?**

**6(b). What is the occupation group of the father / parent 2 / carer 2?**

**\*Please select the appropriate parental occupation group from the list on the following page\***

- If the person is not currently in **paid** work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in **paid** work in the last 12 months, enter '8' in the box above.

## List of Parental Occupation Groups

**Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals Senior executive/manager/department head** in industry, commerce, media or other large organisation. **Public service manager** (Section head or above), regional director, health/education/police/fire services administrator **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director] **Defence Forces** Commissioned Officer **Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others. **Health, Education, Law, Social Welfare, Engineering, Science, Computing professional Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] **Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

**Group 2: Other business managers, arts/media/sportspersons and associate professionals Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business **Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing] **Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer] **Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] **Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official] **Associate professionals** generally have diploma/technical qualifications and support managers and professionals. **Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] **Defence Forces** senior Non-Commissioned Officer

**Group 3: Tradesmen/women, clerks and skilled office, sales and service staff Tradesmen/women** generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group. **Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk] **Skilled office, sales and service staff Office** [secretary, personal assistant, desktop publishing operator, switchboard operator] **Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher] **Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

**Group 4: Machine operators, hospitality staff, assistants, labourers and related workers Drivers, mobile plant, production/processing machinery and other machinery operators. Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper] **Office assistants, sales assistants and other assistants Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant] **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker] **Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant] **Labourers and related workers Defence Forces** ranks below senior NCO not included above **Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand] **Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.



**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/Image to appear in the school newsletter, website, promotional materials, exhibitions and/or media reports. (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 local 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.
- I give permission for my child to attend all local excursions and outings within a 20km radius of the school.

**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:** \_\_\_\_\_



## **Applicant Checklist:**

- Completed Enrolment Form
- Registration Fee -
  - I have paid the \$50 fee as cash with my application and require a receipt
  - I would like to be invoiced for the \$50 fee to my email address provided
- 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)
- Data collection form filled out by parent/guardian