



Level 1 City Square
66-90 Harbour Drive COFFS HARBOUR NSW
2450

P: (02) 6652 5378 F: (02) 6651 7138

APPLICATION FOR ENROLMENT

Date: _____

School Year Applying for: Year 9 Year 10

Details

Student Name

Family Name: _____

First Name: _____ Middle Name(s): _____

Email Address: _____

Date of Birth: ____/____/____ Gender: Male Female

EAL Stage: _____ EAL Receiving Support: _____ EAL Last Assessment Date: _____

Permission to Photograph Yes No

Student's Phone Number: _____

For office use only

Student Code: _____ BOSTES Number: _____

Barcode: _____

Information

Country of Citizenship: _____ Country of Birth: _____

Place of Birth: _____ Religion: _____

Student's First Language: _____

Aboriginal Yes No Torres Strait Islander Yes No

Passport Number: _____ Passport Expiry: _____

Has Youth Allowance Yes No Has Abstudy Yes No

Previously Enrolled in Home Education Yes No

History

Previous School: _____

Country: _____

Start Date: ____/____/____ End Date: ____/____/____

Expelled or Suspended Yes No

For office use only

Records Received Yes No Reason for Change: _____

Additional Fields

Is Repeating Current Year on Enrolment Yes No

Morning Bus Number: _____ Afternoon Bus Number: _____

Transportation Company: _____

Confidential

Is Student Subject to Any Court Order Yes No

If YES Please Specify: _____

Medical Data

Has Disability Yes No

If YES Please Specify: _____

Has Medical Condition Yes No

If YES Please Specify: _____

Vaccinations/ Immunisations Yes No

Learning Difficulties Analysis Completed (Pages 6&7) Yes No

Medical History Analysis Completed (Page 8) Yes No

Medical Practice Details:

GP Name: _____

GP Address: _____

Suburb: _____ Post Code: _____ Phone Number: _____

Permission to Administer Over the Counter Medicine:

Salbutamol (Ventolin) Yes No

Paracetamol (Panadol) Yes No

Ibuprofen/ Nurofen (Not for asthmatics) Yes No

Antihistamine (Claratyne) Yes No

Date of Last Tetanus Injection: ____/____/____

Medicare Number: _____ Expiry Date: ____/____/____ Position on Card: ____

Private Medical Fund Yes No Private Medical Fund Name: _____

Private Medical Fund Number: _____ Private Medical Fund Expiry Date: ____/____/____

Ambulance Cover Yes No Ambulance Cover Provider: _____

Contact and Household Details

Contact 1

Relationship to Student: _____ If Other Please Specify: _____

Title: Mr/Mrs/Ms/Dr (*Please circle*)

First Name: _____ Middle Name(s): _____

Family Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male Female

Residential Household for This Student Yes Shared No

Residential Address: _____

Suburb: _____ Post Code: _____

Mailing Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Phone Number: _____

Employer: _____ Workplace Location: _____

Occupation: _____ Employment Type: _____

Aboriginal Yes No Torres Strait Islander Yes No

Is a Primary Contact Yes No

Is an Emergency Contact Yes No

Authorised to Pick up Yes No

Day to Day Care Yes No

Long Term Care Yes No

Household Billing Address: Yes No

Contact 2

Relationship to Student: _____ If Other Please Specify: _____

Title: Mr/Mrs/Ms/Dr (*Please circle*)

First Name: _____ Middle Name(s): _____

Family Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male Female

Residential Household for This Student Yes Shared No

Residential Address: _____

Suburb: _____ Post Code: _____

Mailing Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Phone Number: _____

Employer: _____ Workplace Location: _____

Occupation: _____ Employment Type: _____

Aboriginal Yes No Torres Strait Islander Yes No

Is a Primary Contact Yes No

Is an Emergency Contact Yes No

Authorised to Pick up Yes No

Day to Day Care Yes No

Long Term Care Yes No

Household Billing Address: Yes No

Emergency Contact

If we cannot contact you in the event of an emergency please provide contact details of least at two other contacts.

Contact

Name: _____ Relationship to Student: _____

Contact phone 1: _____ Contact phone 2: _____

Authorised to Pick Up: Yes No

Contact

Name: _____ Relationship to Student: _____

Contact phone 1: _____ Contact phone 2: _____

Authorised to Pick Up: Yes No

Assessment/ Support Details

Is the young person is currently receiving assistance from:

- Psychiatrist
- Psychologist
- Behavioural therapist
- Headspace
- Other practitioner
- None

If yes - please complete their details below;

Type of Service: _____

Name of Service: _____

Duration of Contact with Practitioner: _____

Current Medications Yes No

Time taken (AM/ PM): _____ Frequency of Dose: _____

Please attach an outline of results or copy of report.

Attachments

An application will not progress any further until all supporting documents have been provided. If you have difficulty obtaining information, please contact Coffs Coast Alesco School. Please only attach copies of any reports and certificates.

DO NOT ATTACH ORIGINAL DOCUMENTS.

Item Attached

- Copy of birth certificate (full or extract) or passport
- Copy of Medicare Card
- Last School Report
- Copy of Immunisation History Statement
- Learning Difficulties Analysis
- Medical History Analysis
- Letter from treating Medical Provider if you ticked yes for:
 - Disability/Current Diagnosis
 - Allergy (action plan)
 - Assessment/Support Details

Please ensure you have completed all sections.

A final decision regarding the young person's placement will only be decided AFTER all information required has been provided to the school and an interview with the student has been conducted. Places at Coffs Coast Alesco School are in high demand. All people applying for a position with the school need to be aware that an application does not automatically entitle the young person a place.

Documents

This section is for office use only

Official Documentation Sighted: _____ Date Sighted: _____

Birth Certificate Sighted: _____

Passport Sighted: _____ Travel Documents Sighted: _____

Publication Permission Form Completed: _____

Parent Consent Form Completed: _____

Learning Difficulties Analysis Form Completed: _____

Medical History Analysis Form Completed: _____

Personal Information Protection Form Completed: _____

Information Release Form Completed: _____

Movie Permission Form Completed: _____

Local Learning Excursion Form Completed: _____

Coffs Coast Alesco School Vehicle Travel Permission Form Completed: _____

Student Health Summary Completed: _____

Immunisation Records Provided: _____

Learning Difficulties Analysis

Has your student been diagnosed with a learning disability?

Dyslexia Yes No

Dyscalculia Yes No

Dysgraphia Yes No

ADD/ADHD Yes No

Sensory Processing Disorder Yes No

Autism Spectrum Disorder Yes No

Asperger's Yes No

Other Yes No

If YES Please Specify: _____

Are any of these emotional symptoms a problem?

Avoidance – Delaying – Procrastination	Yes/ No
Lost Confidence – Frustrated – Discouraged	Yes/ No
Shuts Down – Goes Blank – Stares off	Yes/ No
Low Effort – Seems Lazy – Takes too Long	Yes/ No
Crying – Tantrums – Stubborn	Yes/ No
Easily Distracted – Fidgety – Hyperactive	Yes/ No
Feels Stupid – Afraid of Failing	Yes/ No

Does your child experience any of these problems while reading?

Comprehension Problems	Yes/ No
Skips Words – Loses Place – Letters Jump	Yes/ No
Reversals (Saw Was)	Yes/ No
Sight Word Problems	Yes/ No
Decoding Problems	Yes/ No
Fluency – Pronunciation	Yes/ No
Loses Skills	Yes/ No
Fatigues Quickly	Yes/ No
Slow Reading	Yes/ No

Does your child experience any of these problems while doing math?

Sloppy Work – Lining up Numbers Yes No

Loses Skills Yes No

Trouble Understanding Math Concepts (+, -, 5, 10, etc.) Yes No

Can't Count Change Yes No

Flips Numbers Yes No

Difficulty with months, days of the week, or clocks Yes No

Does your child experience any of the following writing problems?

Spelling Yes No

Trouble getting ideas on paper Yes No

Sloppy or illegible writing Yes No

Reversals Yes No

Writing is slow Yes No

Medical History Analysis

The purpose of this questionnaire is to ensure supervisors are aware of relevant medical history of students in their care.

Please answer the following with a Yes or No

Has your child ever had or do they currently have:

- Asthma Yes No
- Frequent or severe attacks of hay fever or allergy Yes No
- Frequent colds, sinusitis or bronchitis Yes No
- Collapsed lung Yes No
- Claustrophobia or agoraphobia Yes No
- Epilepsy, seizures, convulsions Yes No
- Migraine headaches Yes No
- History of blackouts or fainting Yes No
- Diabetes Yes No
- Inability to perform moderate exercise (e.g. walk 2km in 15 mins) Yes No
- History of ear or sinus surgery Yes No
- History of ear disease, hearing loss or problems with balance Yes No
- Allergies Yes No
- Current skin conditions Yes No

If YES please provide details: _____

Any special dietary requirements: _____



Personal Information Protection

Personal information and medical details are collected so that school staff can develop a medical action plan and provide support for the student. Personal information may be disclosed to health practitioners, schools, support services and other government agencies to support and manage student requirements. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the school.

- I certify that the information provided in this form is correct.
- I have read and understood the Personal Information Protection Statement.

Parent/ Guardian Name: _____

Signed: _____ Date: _____

Parent/ Guardian/ Caregiver/ Adult Student

Student Name: _____

Signed: _____ Date: _____

Student



Information Release

From time to time it is necessary for staff from Coffs Coast Alesco School to access records or information regarding a student so that we may be better placed to support their needs during their enrolment with us. As a general rule if we are to access external information we discuss this need with the student/parents concerned and inform them of the explicit purposes of needing the information. However we are also required to have permission given to us in writing.

Examples of reports which may be required;

- School
- Counsellor
- Behavioural Assessment
- Health Assessment
- Juvenile Justice
- Case Worker
- Centrelink
- Department of Community Services

I give permission for Coffs Coast Alesco School to request or access any records or information which may be required to support the ongoing placement of me /my child at Coffs Coast Alesco School.

I am aware that all records, reports or case notes will be filed in the student's individual file and will be maintained under the Privacy & Confidentiality Policy, which includes storage in a locked filing cabinet and access granted only to authorised staff.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

I do not give permission. Parent/Guardian Signature _____

Student Name: _____

Student Signature _____

Date: _____



Movie Permission

Films are a compulsory part of the Australian Curriculum for all students in New South Wales schools. Therefore, as part of our syllabus programming we anticipate showing a range of 'G,' 'PG,' 'M' and 'MA' rated films to students in Years 9 and 10. You should be aware that movies with an 'M' or 'MA' rating are defined by the Commonwealth Censor as being recommended for mature audiences, 15 years and older. These movies typically include violence and adult themes.

If you do not wish your child to be involved in this activity the class teacher will provide alternate work that must be completed. If you wish to discuss the particular films involved, or you have any other concerns, please do not hesitate to contact the school.

I give permission to my child to view films of a G, PG, M and MA Rating.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

I do not give permission. Parent/Guardian Signature _____



Publication Permission

Coffs Coast Alesco School will regularly promote activities and achievements either internally through staff newsletters or externally through the school newsletter or public media such as local newspaper, television news and digital media (e.g. the Alesco website and Facebook). If a student is under the age of 16 we require parental consent to be able to use their image or voice. If a student is 16+ we are happy for them to sign the consent form but like to inform parents of the regulations around use of student images and opinions.

The points of importance are:

- Whenever a student is involved in photographs or opinions for publication we always ensure a staff member has approved the story and is present during the photography.
- We only ever have stories and use images that are appropriate and related to the learning environment.
- The school will take all care possible to ensure that any image or opinion is used for legitimate purposes but in the case of newspaper and television the image taken by them remains their property.

I am happy with involvement in promotion of the learning environment if the opportunity arises.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

I do not give permission. Parent/Guardian Signature _____

Local Learning Excursion

Throughout the year we like to take the opportunity to take both impromptu and organised short excursions within the Coffs Coast Region. These excursions may aid in meeting subject outcomes and students learnings experiences. We would like to know that you support us in our ability to enhance learning by giving your permission for us to take your child on any excursions.

These local excursions may consist of, but are not limited to:

- Walking down to the lake or taking part in an activity
- A walk to the nearest sport grounds
- Workplace visits
- Reward days
- Regular trips to the library and gallery
- Bush walks

I give permission for my child to participate in Local Learning Excursions.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

I do not give permission. Parent/Guardian Signature _____

As many locations are not accessible within walking distance, the Vehicle Travel Permission form must be completed.



School Vehicle Travel Permission Form

Student Details

Student's Name: _____

Year Level: _____

Date of Birth: _____

Travel Details

The following sections are to be completed if the student undertakes vehicle travel with the School.

- Taxi School Bus Public Transport (Bus/Train)
 Private Parent- Transport Private- Teacher Transport

Acknowledgement

Prior to all travel, checks will include:

- The proposed driver is licensed for the vehicle they will be driving and, if issued with a provisional licence, complies with relevant peer passenger conditions.
- The proposed driver is not disqualified or suspended from driving; and is not subject to any impediments to his/her ability to drive a motor vehicle or other vehicle (as relevant).
- The vehicle in which the student is to be transported is registered and covered by NSW compulsory third party insurance or interstate equivalent.
- To the best of my knowledge the vehicle in which the student is to be transported is roadworthy, safe for normal road use and suitable for the work-related purpose to which it will be put.
- The number of passengers will not exceed the number of seatbelts.
- I am not aware of anything in the background of the proposed driver that would preclude them from working with a student. I have advised that good safety practice is for the student to travel in the back seat of the vehicle where possible.

Parent/Guardian or Caregiver Consent

I consent to my child undertaking vehicle travel and/or nominated supervisor/s as part of the learning arrangements.

Name: _____

Signature: _____

Academic Period

This section is for office use only

Academic Period: _____ Pending Status: _____

External Roll: _____ Year Level: _____

Roll/ Form Class: _____ FTE Amount: _____

Entry Mark: _____ House: _____

Application Fee: _____ Approved by Principal: _____

Enrolment Start Date: ____/____/____ Enrolment End Date: ____/____/____