



(131e) Application for Enrolment

STUDENT DETAILS

(PLEASE COMPLETE IN CAPITAL LETTERS)

Child's Surname:

Date of Birth:/...../.....
Day Month Year

First Name:

Second Name:

Gender: [] M [] F [] other

Current School: Class:

Date of Entry:

Is the child an Australian Citizen:

Class of Entry (Please circle one):

[] Yes Please attach a copy of their Birth Certificate

[] No Please attach a copy of Passport & Visa documents

Table with 2 columns: Little Kindy Prep, Kindergarten. Rows 1-12.

Resident status: [] Permanent [] Temporary

Visa type: [] Student [] Working

Parent/Guardian 1 form fields: Surname, First Name, Address, PCode, Postal Address, Home Phone, Work Phone, Mobile, Email, Marital Status.

Parent/Guardian 2 form fields: Surname, First Name, Address, PCode, Postal Address, Home Phone, Work Phone, Mobile, Email, Marital Status.

With whom does the child reside:

[] Parent/Guardian 1 [] Parent/Guardian 2 [] both

Billing Email: Please nominate 1 email:

EMERGENCY CONTACT INFORMATION

First contact: [] Parent/Guardian 1 [] Parent/Guardian 2

Alternate Emergency Contact (i.e. other than parents):

Name:

Home Phone:

Mobile:

Relationship to child:

How did you hear about the school?

Are there any Court Orders affecting custody, access or financial arrangements (education related) for the child:

- No Yes (Please provide a copy)

Are there any blended family arrangements you would like to specify:

Does your child have any specific needs that may impact their ability to participate in activities and education generally?

(Please specify & attach copies of any relevant documentation.)

In order to inform our Learning Support Programme, has your child had any formal psychological or educational assessment?

- No Yes (Please specify, and attach copies of any relevant documentation.)

STUDENT BACKGROUND INFORMATION

Schools are required to collect the following student background information for DET for use to determine the Social Economic Status of the school. The SES has a direct impact on the government funding to schools. This information is confidential and when reported to the DET is anonymous.

Student Country of Birth:

Nationality:

Is the Student of Aboriginal or Torres Strait Islander origin:

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

Does the student speak a language other than English at home?
 (If more than one language, indicate the one that is spoken most often.)

- No, English only
 Other, please specify:

Parent/Guardian 1

Parent/Guardian 2

Does Parent/Guardian 1 speak a language other than English at home?
 (If more than one language, indicate the one that is spoken most often.)

- No, English only
 Other, please specify:

Does Parent/Guardian 2 speak a language other than English at home?
 (If more than one language, indicate the one that is spoken most often.)

- No, English only
 Other, please specify:

What is the highest level of school completed:

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

What is the highest level of school completed:

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

What is the level of the highest qualification completed:

- Bachelor degree or above
 Advanced diploma/Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

What is the level of the highest qualification completed:

- Bachelor degree or above
 Advanced diploma/Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

What is the occupation group of Parent/Guardian 1.
 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' below.

- 1: Senior management in large organisations, government admin and defence, and qualified professionals
 2: Other business managers, arts, media, sports persons & associate professionals
 3: Tradespersons, clerks, skilled office, sales & service staff
 4: Machine operators, hospitality staff, assistants, labourers, and related workers.
 8: Not in paid work for last 12 months.

What is the occupation group of Parent/Guardian 2.
 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' below.

- 1: Senior management in large organisations, government admin and defence, and qualified professionals
 2: Other business managers, arts, media, sports persons & associate professionals
 3: Tradespersons, clerks, skilled office, sales & service staff
 4: Machine operators, hospitality staff, assistants, labourers, and related workers.
 8: Not in paid work for last 12 months.

MEDICAL INFORMATION

Is your child immunised against childhood diseases?

- Yes -> **Please attach a copy of your current Immunisation History Statement.**
 No

Does your child have any pre-existing medical conditions?

- No
 Yes -> **Please specify, and provide a complete Medical Action Plan or details as necessary.**
 Allergies Anaphylaxis Asthma Diabetes Epilepsy Other condition

Details:

PLEASE ENSURE YOU ALSO COMPLETE THE HEALTH SUPPORT PLAN (131p)

Medicare No: _____ Expiry Date: Number on card:

APPLICATION FEE PAYMENT DETAILS - \$352 (non-refundable) payable once per family group application

Please indicate how the \$352 application fee will be paid

- Cash (in person at the school office)
 Cheque Payment (made payable to Lorien Novalis School)
 Eftpos (in person at the school office)
 Direct Deposit - Name: Lorien Novalis School, BSB: 062 313, Account Number: 1006 8164
 MYOB Payby or BPay (Invoice will be emailed)
 Payment by credit card – Please circle: Mastercard / Visa (in person at the school office or over the phone)

PLEASE NOTE - 1.1% surcharge applicable on all card transactions

SUPPORTING DOCUMENTATION CHECKLIST

As part of the Application for enrolment, we may request background information from a student's current school.

Please tick and sign to indicate your agreement: _____

The following documents are required on application. Please indicate you have attached where relevant:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Copy of Birth Certificate (Australian Resident)
<input type="checkbox"/> Copy of Visa and Passport (if non-Australian resident)
<input type="checkbox"/> Copy of Permanent Residency (if applicable)
<input type="checkbox"/> Court Orders (if answered yes)
<input type="checkbox"/> Two most recent school reports | <input type="checkbox"/> Students Class 10-12 NESA number: _____
<input type="checkbox"/> Specific Needs Documentation (if answered yes)
<input type="checkbox"/> Learning Support Needs Documentation (if answered yes)
<input type="checkbox"/> Medicare Immunisation History Statement
<input type="checkbox"/> Medical or Specialist Reports/Medical Action Plan (if answered yes) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 NSW, Australia 2158

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OFFICE USE ONLY:

Application Date:	Application Fee Paid:	Enrolment Fee Paid:	
Edumate Student No:	Family Biller Id:	Student Register No:	MYOB Entry:
Leaving Notice Date:	Leaving Date:	Leaving Class:	Leaving to: