

APPLICATION FOR ENROLMENT

INTRODUCTION

The information requested on this form will be used to initially assess, and where necessary, gain further information to make an assessment of the student's suitability for enrolment in a Carinity Education school.

The application form gives you as a parent or carer a crucial opportunity to provide the school with information that will help facilitate the smooth transition of the student into the School setting. This will include preparing appropriate strategies directed at meeting the particular needs of the student.

In doing this, it is also necessary, on occasions to follow up on information provided by contacting others to discuss the student's needs. By signing the Parent/Carer Declaration at the end of this form, permission will be given for Carinity to contact any previous schools and/or agencies as listed in this enrolment form, to obtain full and/or further records relating to the application for enrolment. This information is crucial in assessing the student's suitability for a Carinity education.

If, your application is successful, the information will also be used to provide an initial profile of the student that will enable us to productively and safely start working together, hopefully, for the duration of the student's school years.

You can be assured that Carinity is committed to protecting your privacy. To that end, Carinity has in place a strong and current Privacy Policy and associated Privacy Procedure. This policy and procedure is available in hard copy on request and contains detailed information on how we protect your privacy, including the way in which we may collect, use and disclose your information.

Your full and accurate responses to the questions below will also help the School to fulfil its responsibility to provide a safe working and educational environment for all students, staff and volunteers.

FAILURE TO PROVIDE OR DISCLOSE INFORMATION MAY RESULT IN CANCELLATION OF ENROLMENT

Parent/ carer/ guardian signature: _____ Date: _____

STUDENT DETAILS

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| First Name: | Surname: | D.O.B |
| Student Preferred Name: | Student Mobile: | |
| Student Address: | | |
| | | Sex: M <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> (Indeterminate) |
| Nationality: <input type="checkbox"/> Australian <input type="checkbox"/> Other (Details): | Copy of Passport attached <input type="checkbox"/> | |
| Application for Year Level: Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> | | |
| Enrolment Year: | 2022 <input type="checkbox"/> | 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> |

EDUCATION AND LEARNING BACKGROUND




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|-----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------|
| Current / Most recent school attended: | | |
| School Name: | Daytime Contact Number: | |
| School Address: | | |
| Current Year level: | Still enrolled at school? <input type="checkbox"/> Yes <input type="checkbox"/> No | If NO, when did you last attended school? |
| Reason for leaving: | | |
| Previous school attended: | | |
| School Name: | Daytime Contact Number: | |
| School Address: | | |
| Year level: | When did you last attend? | Copy of School report attached <input type="checkbox"/> |
| Reason for leaving: | | |

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| STUDENT EDUCATIONAL NEEDS <input checked="" type="checkbox"/> | |
| Has the student been "verified" by a previous school? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|
| VERIFICATION DETAILS (Tick where applicable) | | |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Intellectual Impairment (ID) | <input type="checkbox"/> Hearing Impairment (HI) |
| <input type="checkbox"/> Physical Impairment (PI) | <input type="checkbox"/> Speech-Language Impairment (SLI) | <input type="checkbox"/> Visual Impairment (VI) |
| <input type="checkbox"/> Social Emotional disorder (SED) | | |

Is the student diagnosed with any other condition that may affect their learning and / or behaviour? Yes No

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|---------------------------------------------------------|--------------------------------------------------|---------------------------------------------|-----------------------------------------------|
| DETAILS (Tick where applicable) | | | |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> ODD | <input type="checkbox"/> Tourettes Disorder | <input type="checkbox"/> Anxiety / Depression |
| <input type="checkbox"/> Post-Traumatic Stress Disorder | <input type="checkbox"/> Diagnosed Mental Health | | |
| <input type="checkbox"/> OCD | <input type="checkbox"/> Emotional | | |

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| SUPPORTING DOCUMENTATION MUST BE ATTACHED | |
| <input type="checkbox"/> Paediatrician – Name: |  Copy of report attached <input type="checkbox"/> |
| <input type="checkbox"/> Phycologist – Name: |  Copy of report attached <input type="checkbox"/> |
| <input type="checkbox"/> Medical Practitioner- Name: |  Copy of report attached <input type="checkbox"/> |

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| OTHER STUDENT DETAILS |
| To your knowledge, is there anything in the student's history or circumstances (including medical history) that might pose a risk of any type to the student, other students or staff at the school? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (include a brief description of the students medical or other history) |

Please provide names and contact details of health professional or other relevant support agencies who may have knowledge of these issues and who we can liaise with:

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| <input type="checkbox"/> Counsellor - Name: | Phone number (direct): |
| <input type="checkbox"/> Guidance Officer – Name: | Phone number (direct): |
| <input type="checkbox"/> Support Agency - Name: | Phone number: |
| <input type="checkbox"/> Support Agency - Name: | Phone number: |


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

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| PROVIDE DETAILS (Tick where applicable) | | | |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Theft | <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Harm to Animals |
| <input type="checkbox"/> Possession of a weapon or any item used to cause harm or injury | | <input type="checkbox"/> Illegal drugs | |
| <input type="checkbox"/> Actual violence directed at /to another person | | | |
| <input type="checkbox"/> Threats of violence or intimidation of staff, students or others via written communication, spoken communication or social media | | | |
| <i>Please include a brief written description:</i> | | | |

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| Are there any other special circumstance about the student seeking to be enrolled that the school should be aware of prior to enrolment ? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | PROVIDE DETAILS (Tick where applicable) |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Parenting responsibilities <input type="checkbox"/> State arranged out-of-home care |
| <i>Please include a brief written description:</i> | |

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| PARENTAL / CARER DETAILS |
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| Are there any COURT ORDERS relevant to parental contact, youth justice, health or education that relates specifically to the student? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes  Copy of report attached <input type="checkbox"/> |

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| Is the student in the care of the State? <input type="checkbox"/> No <input type="checkbox"/> Yes PROVIDE DETAILS: |
| Dept of Child Safety Office: |
| Name of Child Safety Officer: Phone number: |

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| Is the Department responsible to signing all / some of the enrolment documentation or student permissions? No <input type="checkbox"/> Yes <input type="checkbox"/> |
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| PARENT / CARER / GUARDIAN 1 |
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|---------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| Name: | | | |
| Residential Address: | | | |
| Mailing Address: | | | |
| Email Address: | | | |
| Phone number: | Mobile: | Other: | |
| Relationship to student - | <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Biological Father | <input type="checkbox"/> Step-parent <input type="checkbox"/> Other - |
| Does the student live with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |

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| PARENT / CARER / GUARDIAN 2 |
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|---------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| Name: | | | |
| Residential Address: | | | |
| Mailing Address: | | | |
| Email Address: | | | |
| Phone number: | Mobile: | Other: | |
| Relationship to student - | <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Biological Father | <input type="checkbox"/> Step-parent <input type="checkbox"/> Other - |
| Does the student live with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |

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| PARENT / CARER / GUARDIAN 3 |
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|---------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| Name: | | | |
| Residential Address: | | | |
| Mailing Address: | | | |
| Email Address: | | | |
| Phone number: | Mobile: | Other: | |
| Relationship to student - | <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Biological Father | <input type="checkbox"/> Step-parent <input type="checkbox"/> Other - |
| Does the student live with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |

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| PARENT / CARER / GUARDIAN 4 |
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|---------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| Name: | | | |
| Residential Address: | | | |
| Mailing Address: | | | |
| Email Address: | | | |
| Phone number: | Mobile: | Other: | |
| Relationship to student - | <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Biological Father | <input type="checkbox"/> Step-parent <input type="checkbox"/> Other - |
| Does the student live with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |

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| ABSENT PARENT - (Other parent / guardian not living with student) |
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|--------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| Name: | | | |
| Residential Address: | | | |
| Email Address: | Phone number - Mobile: | Other: | |
| Relationship to student - | <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Biological Father | <input type="checkbox"/> Step-parent <input type="checkbox"/> Other - |
| Does this person have authority to enquire & receive corespondence from the school ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

If yes, signature of enrolling Parent/ Guardian / Carer required: _____ Date: _____
 Why would you like the student to attend Carinity Education – Glendyne?

Please include a brief written description:

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|---------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
| How did you hear about Carinity Education – Glendyne? | | |
| <input type="checkbox"/> Carinity / School website | <input type="checkbox"/> Other school | <input type="checkbox"/> Online Search |
| <input type="checkbox"/> Other agency | <input type="checkbox"/> School newsletter | <input type="checkbox"/> Radio / Television |
| <input type="checkbox"/> Social Media (Facebook, Twitter) | <input type="checkbox"/> Word of Mouth | |
| <input type="checkbox"/> Other: <i>Please provide details</i> | | |

COLLECTION & DISCLOSURE OF PERSONAL INFORMATION

1. Carinity Education (hereafter called the "School") collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the student and to enable them to take part in all the activities of the School.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including facilitating the transfer of a student to another school. This includes to other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. The School may store personal information in the 'cloud', which may mean that it resides on servers, which are situated outside Australia.
8. The Carinity Privacy Policy and Privacy Procedure set out how parents or students may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
9. The Carinity Privacy Policy and Privacy Procedure also set out how you may complain about a breach of privacy and how Carinity will deal with such a complaint.
10. As you may know, the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions, information such as academic and sporting achievements, student activities and similar news are published in School newsletters, Facebook, magazines and on our website. Photographs of student activities such as sporting events, school camps and school

excursions may be taken for publication in School newsletters, Facebook, magazines and on our website. The school will obtain separate permissions from the students' parent or guardian prior to publication.

12. We may include students' and students' parents' or guardians' contact details in a class list and School directory.
13. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.

PARENT / CARER/ GUARDIAN DECLARATION

- We hereby apply to enroll the student named in "Student Details" at Carinity Education - Glendyne.
- We understand and acknowledge this application **does not guarantee** a place at Carinity Education - Glendyne.
- We understand that the student will be placed on an enrolment waitlist.
- We have provided to the best of our knowledge the information required in "Student Educational Needs" and "Parent/Guardian Details" including additional medical, specialist and/or academic reports if applicable. We understand that the enrolment and establishment of relevant programs related to the student at Carinity Education - Glendyne depend on open and honest disclosure of information relating to the health and wellbeing, and academic progress of the student.
- We undertake to notify Carinity Education - Glendyne immediately of any changes to information provided in this application.
- We give Carinity Education - Glendyne permission to contact schools and agencies named in Sections 2, 3 and 4 to obtain and exchange information and records relating to the student applying for enrolment.

FAILURE TO PROVIDE OR DISCLOSE INFORMATION MAY RESULT IN CANCELLATION OF ENROLMENT

| | |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Parent/ carer/ guardian 1 Name: _____ Signature: _____ Date: _____ | Parent/ carer/ guardian 2 Name: _____ Signature: _____ Date: _____ |
| Parent/ carer/ guardian 3 Name: _____ Signature: _____ Date: _____ | Parent/ carer/ guardian 4 Name: _____ Signature: _____ Date: _____ |