



## APPLICATION TO ENROL

Student First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

I am applying to enrol into:  Year 11 or  Year 12

### ENROLMENT CHECKLIST

**Please check supporting documents have been included:**

- Proof of student's residential address.** (e.g. current council rates notice, residential lease, electricity account, statutory declaration etc.)
- Birth Certificate or identity documents.** (e.g. current Passport)
- Latest School Report or equivalent.** (e.g. Year 10 Half Yearly Report for new Year 11 applications or Year 11 Half Yearly Report for Year 12 applications)
- Subject selection page.**
- Vocational Education and Training (VET) Student Enrolment Agreement** CHSC delivered (completed and signed if applicable)
- TVET Expression of Interest Form.** TAFE delivered (completed and signed if applicable)
- If there are any fees/costs, would you like these split with the nominated other parent?** (e.g. school excursions)
- Include student NESA number on subject selection page.**

***In addition -***

**Are there family law or other relevant court orders?**

- YES** Please provide copies       Copies provided

**Does your child have health, disability or other support needs?**

- YES** Please provide current medical/healthcare or emergency action plans or evidence of any disability or other support needs, including any learning and support plans.
- Copies provided.

***In addition -***

**Non Australian Citizens OR Temporary Visa Holders.** please refer to the Checklist on page 15 of the Application to Enrol for documents required.

**PLEASE NOTE: APPLICATIONS WILL NOT PROGRESS UNTIL A FULLY COMPLETED ENROLMENT FORM AND ALL SUPPORTING DOCUMENTATION IS RECEIVED.**

**Please return your Application to Enrol and all supporting documents to:**

**Email:** [coffsharbs-h.school@det.nsw.edu.au](mailto:coffsharbs-h.school@det.nsw.edu.au) **OR**

**Post:** Coffs Harbour Senior College (Enrolments)  
363 Hogbin Drive, COFFS HARBOUR NSW 2450 **OR**

**In Person:** CHSC Administration Office  
"A" Block (at the top of the main stairs)  
Office hours 8:30am – 4:00pm Monday – Thursday 8:30am – 1:30pm Friday





**Student First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**NESA number** \_ \_ \_ \_ \_

Go to [studentsonline.nesa.nsw.edu.au](http://studentsonline.nesa.nsw.edu.au)  
Click on *activate your account now*, complete your details  
& submit to receive your number OR phone 1300 138 323

**Full Time Study** OR  **Part Time Study** (Pathways)

**Do you want an ATAR** (university entrance rank)?  **Yes**  **No**

**SUBJECT SELECTION** (refer to Curriculum Handbook and Line Sheet)

Subjects selected are to total 12 units (Year 11), or 10 units (Year 12) – you do not need a subject on each line. Subject choices will be discussed at the enrolment interview.

Line	Subject you would like to study	Year 11 or 12	No. of Units
Line 1			
Line 2			
Line 3			
Line 4			
Line 5			
Line 6			
Line 7			
Line 8/Off Line			

**If you have chosen a TAFE course please indicate what other subject you wish to study in the event of the TAFE course not being available. Reserve subject :**

Have you lodged an Application for a TAFE course through another school?    Yes    No

Are you studying a Distance Education course through another school?    Yes    No





# Application to enrol in a NSW Government school

Thank you for your interest in seeking enrolment in a NSW Government school.

This application to enrol form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the school staff. You are welcome to provide further information on an attached sheet.

**Before beginning to complete this form please refer to pages 15 and 16 of this form for details about completing this application and documents that you are required to provide to the school. An explanation of the purpose and use of the information you provide is given on page 13.**

The school will notify you of the results of your application. The information you have provided will be used by the school for student enrolment if your application is accepted. Please do not purchase items such as uniforms until you receive confirmation of enrolment.

## Student details

### A. Student details

Family name

First given name

Second given name

Preferred first name

Gender

Male

Female

Date of birth

/ /  
day month year

Into which year are you seeking to enrol this student? (mark only one box)

K 1 2 3 4 5 6 7 8 9 10 11 12

Intended start date

/ /  
day month year

### OFFICE USE ONLY

School name

Student registration number

Date of enrolment at this school

Roll Class (eg 3 SMITH, 9R2)

Current scholastic year in which the student is enrolled (K-12)

House group

Out of home care  Yes  No

Name of statutory care provider

## Student details

### STUDENT'S BROTHERS AND SISTERS

Does this student have any brothers or sisters currently or previously enrolled at a NSW Government school?

Yes No

If yes, name of most recent school?

If yes, please provide the details of the most recently enrolled brother or sister.

Gender Male Female Date of birth / /  
day month year

Brother's/sister's family name

Brother's/sister's given name

### ABORIGINALITY

Is the student of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does the student speak a language other than English at home?

No, English only Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by the student

Other language(s) spoken at home

### STUDENT'S MOBILE PHONE

Student's mobile phone number (if applicable)

## Student details

### COUNTRY OF BIRTH

What is the country of birth of the student seeking to be enrolled?

### STUDENT'S RESIDENCY STATUS

What is the student's residency status?

Australian citizen

New Zealand citizen

Norfolk Islander

Permanent resident

Temporary visa holder

Residence determination

*A student born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the student was born. To determine the student's residency status, refer to the Proof of Identity and Residency Status policy on the Department's website. If the student is a temporary visa holder, please contact the Temporary Residents Program on 1300 300 229. If the student is holding or applying for visa subclass 571, please contact the International Students Program on 1300 300 229.*

If born overseas, on what date did the student arrive in Australia?

/ /  
day month year

For Australian born citizens, if the student was living overseas for two or more years, on what date did the student return to Australia?

/ /  
day month year

If the student is a permanent or temporary visa holder, please provide the following information

Current visa sub-class

Visa expiry date

/ /  
day month year

If this is not the student's first enrolment at an Australian school, what was the student's first date of enrolment at an Australian school?

/ /  
day month year

### PREVIOUS SCHOOLS

*Please provide details of any school where the student has previously been enrolled (NSW, interstate or overseas) starting with the most recent.*

Name of school last attended

Location of school last attended (suburb/town/state/country)

Dates of attendance (for example: from 05/2009 to 06/2011)

/ / to / /  
month year month year

Names of other schools attended and their locations

*If more space is needed, please attach a page marked 'Previous Schools'.*

### KINDERGARTEN STUDENTS

In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs?

Yes No

If **yes**, indicate any of the following that apply and show if this was part time (less than 15 hours per week) or full time (15 hours or more per week).

Preschool	Part time	Full time	Postcode
Long Day Care (with a preschool program)	Part time	Full time	Postcode
Long Day Care (without a preschool program)	Part time	Full time	Postcode
Family Day Care	Part time	Full time	
Grandparent	Part time	Full time	
Other formal or informal care (eg occasional care, playgroup, other relative, nanny, friend, neighbour)	Part time	Full time	

**Preschools** usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

**Long day care services** offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before school.

Name of preschool/long day care service

## Family details

### B. Parent/Carer 1 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)  Gender  Male  Female

Relationship to student (eg mother/father/carer)

Family name

Given name

Country of birth

Aboriginality  No  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

#### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- Group 8 Have not been in paid work in the last 12 months
- Group 4 Machine operators, hospitality staff, assistants, labourers and related workers
- Group 3 Tradespeople, clerks and skilled office, sales and service staff
- Group 2 Other business managers, arts/media/sportspersons and associate professionals
- Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

#### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

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

#### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

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

#### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carer speak a language other than English at home?

No, English only  Yes

If **yes**, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carer 1

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required?  Yes  No

## Family details

### Parent/Carer 2 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Gender

Male

Female

Relationship to student (eg mother/father/carer)

Family name

Given name

Country of birth

Aboriginality

No

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- |         |  |
|---------|--|
| Group 8 | Have not been in paid work in the last 12 months   |
| Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers                                      |
| Group 3 | Tradespeople, clerks and skilled office, sales and service staff   |
| Group 2 | Other business managers, arts/media/sportspersons and associate professionals  |
| Group 1 | Senior management in large business organisation, government administration and defence, and qualified professionals |

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

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

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

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

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carer speak a language other than English at home?

- No, English only    Yes

If **yes**, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carer 2

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required?

Yes

No

### C. Parents/carers with whom this student normally lives

**Name to be used for all correspondence** (eg Mr and Mrs A Black, Ms B Green)

**Residential address** (eg 1 High Street, Sydney, NSW, 2000)

**Is this the residential address of the student to be enrolled?**      Yes      No

**Correspondence address**

*If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).*

**If the school needs to contact a parent/carer, please specify, in order of preference, who to contact**

*If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).*

#### **NAME OF PARENT/CARER TO CONTACT FIRST**

**Comments**

**Phone number** (mobile)

**Phone number** (home)

**Phone number** (work)

**Contact email address**

#### **NAME OF PARENT/CARER TO CONTACT SECOND**

**Comments**

**Phone number** (mobile)

**Phone number** (home)

**Phone number** (work)

**Contact email address**



## Family details

### D. Parents/carers not living with this student

Complete only if applicable. Copies of any relevant family law or other court orders must be provided. Please print and attach additional pages if required for multiple parents/carers not living with this student.

Title (eg Mr/Ms/Mrs/Dr) Gender Male Female

Relationship to student (eg mother/father/carer)

Family name

Given name

Aboriginality No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

#### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- |         |  |
|---------|--|
| Group 8 | Have not been in paid work in the last 12 months   |
| Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers                                      |
| Group 3 | Tradespeople, clerks and skilled office, sales and service staff   |
| Group 2 | Other business managers, arts/media/sportspersons and associate professionals  |
| Group 1 | Senior management in large business organisation, government administration and defence, and qualified professionals |

Occupation

#### SCHOOL EDUCATION

What is the highest level of schooling completed? For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

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

#### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

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

#### CONTACT DETAILS

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Comments

Phone number (mobile)

Phone number (home)

Phone number (work)

Preferred email address for correspondence

## Family details

### D. Parents/carers not living with this student (continued)

**Residential address** (eg 1 High Street, Sydney, NSW, 2000)

**Does the student sometimes reside at this address?** Yes No

**Correspondence address**

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

## Additional emergency contacts

### E. Additional emergency contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed in Section C. Ideally each contact should be someone who lives near the school. Please ensure that you have discussed with these people their willingness to be emergency contacts.

**CONTACT DETAILS** (first preference)

**Family name**

**Given name**

**Relationship to student** (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

**Comments**

**Phone number** (mobile)

**Phone number** (home)

**Phone number** (work)

**CONTACT DETAILS** (second preference)

**Family name**

**Given name**

**Relationship to student** (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

**Comments**

**Phone number** (mobile)

**Phone number** (home)

**Phone number** (work)

### F. Special circumstances

**Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?**

*(eg living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state, pregnancy, mature age, asylum seeker student living in immigration detention, eg community detention).*

Yes      No

*If yes, please provide a brief description of the circumstances. Write in the spaces below.*

### G. Students with additional learning and support needs, including disability

**Does the student require support for learning because of disability?**      Yes      No

*Legislation and NSW Department of Education policy recognise that adjustments may be required for students with special needs, including students with disability, so that they can participate at school. School personnel and parents work together to identify the adjustments that may be needed to meet the student's learning and support needs.*

**Is there anything that you do or modify at home that may help us at school to meet the student's educational needs?**      Yes      No

*If yes, please specify*

**Please indicate any learning adjustments that may be required to allow the student to participate at school** *(complete only if applicable)*

- changes to learning programs and/or teaching strategies
- communication, eg speaking and/or listening
- modification to equipment, furniture, learning spaces and/or learning materials
- support for personal care needs, eg hygiene, mealtimes and/or health care needs
- social support to engage safely with other children and teachers
- other *(please specify)*

**Please indicate if the student has any of the following**

- |                       |                               |                        |
|-----------------------|-------------------------------|------------------------|
| autism                | a hearing impairment          | a language disorder    |
| a physical disability | difficulties in learning      | acquired brain injury  |
| behaviour disorder    | intellectual disability       | mental health disorder |
| a vision impairment   | other <i>(please specify)</i> |                        |

**Has any previous education provider prepared a documented plan to support the student's additional learning needs?**      Yes      No

*If yes, please provide details*

### H. Student medical details and health conditions

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Medicare number

Student's Medicare card reference number

Medicare card valid to date

/  
month year

Doctor's name/medical centre

Doctor's address (eg 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

Allergy / medical condition	Doctor's name	Address	Telephone
-----------------------------	---------------	---------	-----------

**If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.**

#### **ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.**

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.

For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.

Allergy to

1. Has a doctor diagnosed this allergy? Yes No

2. Is this a severe allergy (anaphylaxis)? Yes No

**Anaphylaxis is a severe, potentially life-threatening, allergic reaction.**

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? Yes No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? Yes No

6. If yes, is this plan attached? Yes No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)? Yes No

**If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).**

**Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the school.**

## Student details – additional information

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school? /  
month year

*If not known at the time of completing this form, the school will require this information on enrolment.*

9. Does your child have an ASCIA Action Plan for Allergic Reactions? Yes No

10. If yes, is this plan attached? Yes No

*It is important that any updated plan is provided to the school.*

11. Please list any other medication prescribed for this allergy

*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*

### MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).*

#### Medical condition

1. Has a doctor diagnosed this condition? Yes No

2. Has your child been hospitalised with this condition? Yes No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (eg asthma action plan)? Yes No

5. If yes, is this plan attached? Yes No

6. Is your child taking prescribed medication for this condition? Yes No

7. If yes, what is the prescribed medication?

*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*

### I. Student's history relevant to risk assessment

The NSW Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide schools with information that will help facilitate the smooth transition of the student into this specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

**To your knowledge, is there anything in the student's history or circumstances (including medical history not listed in Section H) which might pose a risk of any type to this student, other students, or staff at this school?**

Yes      No

*If yes, please provide a brief description of the student's medical or other history which might pose a risk of any type to him or her, other students, or staff at this school.*

*Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.*

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

*If yes, please provide details.*

**Has the student ever been suspended or expelled from any previous school?**      Yes      No

*If yes, was this for:*

Actual violence to any person?      Yes      No

Possession of a weapon or any item used to cause harm or injury?      Yes      No

Threats of violence or intimidation of staff, students, or others at the school?      Yes      No

Illegal drugs?      Yes      No

**Are you aware of any other incidents of the kind listed above in which the student has been involved outside of the school setting?**

Yes      No

*If yes, please provide a brief outline of these incidents.*

## Personal information, consent, and declaration of accuracy

The personal information collected on this application is for purposes directly related to your child's education including processing this application.

Any information provided to the NSW Department of Education (the Department) will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's school. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the school.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the school or meeting your child's educational needs.

Further information about the collection of information while your child is enrolled at a NSW Government school, and how we protect your privacy, is available on the Department's website or from your school.

### Publishing student information

The school/Department may publish information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites of the Department including the school website, the Department's intranet (staff only), blogs and wikis
- Departmental publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department websites
- Official departmental and school social media accounts on networks such as the school's YouTube, Facebook and Twitter pages.

### Declaration of accuracy and signature

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

I have read and understand the information in this application including about the collection of personal information, publishing student information, online services and consent.

Where I have given personal information about people other than myself or my child(ren) I have done so with their authorisation.

I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

### Permission to publish

I have read the information about publishing student information (above) and

**I give permission**      **I do not give permission**

for the school/Department to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

### Online services

The Department provides students with filtered access to the Internet. Students also have access to a secure learning portal. After logging into their portal, students have access to a personalised email account and online applications. These resources enable students to collaborate with peers, publish online, and securely store their data for access within, or outside of, school.

When accessing some online services, data, including your child's name and files they have saved, are stored with the online application service provider in a location outside of the Department's network. The Department has worked closely with online application providers to assess privacy impacts and data security controls. Information about student privacy for parents is available from <https://education.nsw.gov.au/going-to-a-public-school/privacy-information> or from your school.

**I give permission**      **I do not give permission**

for my child to have access to online services provided by the Department. This permission remains effective until I advise the school otherwise.

### Consent

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the student listed in Section A of this application form.

I consent to the school/Department of Education seeking information from previous schools, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the student named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this application, to provide the school/Department with information about any condition that has been identified in this application. This may include any other aspects of the student's health that may impact on the condition or on the health and safety of this student or other students at school or on staff at the school.

#### Signature of parent/carer

*(at least one of the student's parents/carers must sign the application to enrol)*

**Print name**

**Date** (dd/mm/yyyy)      /      /

#### Signature of second parent/carer

**Print name**

**Date** (dd/mm/yyyy)      /      /

## Record of evidence - all students

### Original documents must be sighted.

Photocopies of evidence related to student identity and their residential address may also be required.

**Student Identity** (name and age eg birth certificate, passport etc)

Yes  No

**Residential address**

(eg rates notice, rental agreements, electricity accounts etc)

**Evidence supplied**  Yes  No

**In area?**  Yes  No

In addition, for students who are not Australian citizens, more information is required.

**Passport or travel documentation no.**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Country of issue**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Current visa sub-class** (if applicable)

--	--	--

**Previous visa sub-classes** (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**In addition** (for temporary visa holders) Authority to Enrol code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Medical/emergency plans sighted and copied**

(eg ASCIA Plan)

Yes  Not applicable

**Disability or other support needs, including any personal learning and support plan sighted and copied**

Yes  Not applicable

**AIR Immunisation History sighted, and a copy retained, for students enrolling in a NSW Government school for the first time**

Yes  No

**If yes, AIR Immunisation History statement indicates immunisation status**

Up to date  Not up to date

**Any family law, AVOs or other relevant court order sighted and copied**

Yes  Not applicable

**For parent not living with student** (Section D p7)

Shared parental responsibility

Receive academic report

**SRE and SEE participation letter returned**

Yes  Not applicable

## Principal's checklist

**1. Enrolment interview conducted?**  Yes  No

**2. Special circumstances, additional support needs and student history assessed?**  Yes  Not required

**3. Risk assessment required?**  Yes  No

If yes, risk assessment conducted?  Yes

**4. Is personalised learning and support required for this student?**  Yes  No

If yes:

Consultation with parents/carers conducted  Yes

Planning to personalise learning and support completed?  Yes  Not required

Behaviour Management Plan (violence) developed?\*  Yes  Not required

Behaviour Management Plan (other) developed?\*  Yes  Not required

Individual Health Care Plan developed?\*  Yes  Not required

Emergency response plan developed?\*\*\*  Yes  Not required

**5. Communication of documented provision/s and plan/s to relevant staff?**  Yes  Not required

\* It may be necessary to defer the finalisation of enrolment until this action has been taken. This may require development of an interim plan until all relevant medical or other information has been obtained. Consideration must be given to all special needs when developing behaviour management or health care plans. Any deferral should be no more than reasonably necessary to collect the required information.

An emergency response plan must be included in the student's individual health care plan where the student is diagnosed at risk of a medical emergency.

\*\* Where a student has been diagnosed at risk of anaphylaxis the emergency response plan will be the ASCIA Action Plan for Anaphylaxis, which will be provided by the parent, completed and signed by the treating doctor.

## Principal's certification

On the basis of the information provided on this form and gained from the required assessments,

I accept, or

I decline this application to enrol

**Signature of principal**

--

**Print name**

--

**Date**

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

day month year



**PLEASE TEAR OFF THIS BACK PAGE BEFORE RETURNING YOUR APPLICATION TO THE SCHOOL.**

## Having trouble with this form?

If you have difficulty understanding this form or would like further information, please call the school.

If you need assistance with English please call the **Telephone Interpreter Service** on telephone **131 450** and ask for an interpreter in your language. The operator will get an interpreter on the line to assist you with your conversation. You will not be charged for this service.

## How to complete this application form

- All applicants **must** complete sections A, B, C, E, H and I
- You **may** be required to complete sections D, F and G
- Use a black or blue pen to fill in this form
- When you are asked to mark a box, put a tick or a cross in the box like this:
- When you are asked to put information into boxes, put a single number in each box like this:

1	2	3	4																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Please print as neatly and legibly as possible like this:

Write as clearly as possible in the box
---

- Attach any additional information securely to the back of this form. Clearly indicate which section (A–I) this information refers to.
- If you require another application form, you can download additional copies from:  
<https://education.nsw.gov.au/going-to-a-public-school/translated-documents/enrolment-application>

Note: In every Government school, time is to be allowed for Special Religious Education (SRE) and/or Special Education in Ethics (SEE). Schools offering SRE and/or SEE will provide you with a SRE and SEE participation letter to complete and return to the school.

## Complaints, Compliments and Suggestions

If you have a complaint, compliment or suggestion or are concerned about any aspect of our services we're keen to hear from you.

We encourage you to contact the school to talk about your concerns, as most problems can be solved by talking to the school office staff, your child's teacher or the school principal. They know your child and are best placed to help you. Also, it's best if you let them know about your concerns as early as possible.

We will deal with your issue thoroughly and fairly and we have a clear process for resolving problems.

Further information, including access to our Complaints Handling Policy and procedures, is available from:

<https://education.nsw.gov.au/public-schools/going-to-a-public-school/enrolment>

## Checklist

**When you come to the school to enrol, please bring these original documents with you:**

### Proof of student's residential address

(eg council rates notice, residential lease, electricity accounts, statutory declaration etc)

### Birth certificate or identity documents

### Australian Immunisation Register (AIR) Immunisation

**History Statement** (required for all students enrolling in NSW Government schools for the first time)

### In addition

*If your child is the subject of family law matters you will need to provide:*

### Copies of any family law or other relevant court orders

### In addition

*If your child has health, disability or other support needs you will need to provide:*

### Copies of medical/healthcare or emergency action plans

### Evidence of any disability or other support needs, including any learning and support plans

### In addition

### Non-Australian Citizens

*If your child is a permanent resident but not an Australian citizen you will need to provide:*

### Passport or travel documents

### Current visa and previous visas (if applicable)

### In addition

### Temporary visa holders

*If your child is a temporary visa holder you will need to provide:*

### Passport or travel documents

### Current visa and previous visas (if applicable)

**Authority to Enrol issued by the Temporary Residents Program Unit.** This is required for visitor and temporary visa holders (other than sub class 571P referred to below)

**Authority to Enrol or evidence of permission to transfer issued by the International Student Centre** (if holding an international full fee student visa, sub class 571P)

**Evidence of the visa the student has applied for** (if the student holds a bridging visa)

**Need more help? Contact your school or visit [www.schools.nsw.edu.au](http://www.schools.nsw.edu.au)**

## Parent occupation groups

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool.

You will need to use this table to complete the 'Occupation Group' section on pages 4, 5 and 7.

The five groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group **(1, 2, 3, 4 or 8)** that you think best describes your occupation.

If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

<h3>Group 8</h3>	<ul style="list-style-type: none"> <li>You have not been in paid work in the last 12 months</li> </ul>	
<h3>Group 4</h3> <p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>	<ul style="list-style-type: none"> <li>Drivers, mobile plant, production/processing machinery and other machinery operators</li> <li>Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)</li> <li>Office assistants, sales assistants and other assistants</li> <li>Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)</li> <li>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)</li> <li>Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)</li> <li>Labourers and related workers</li> <li>Defence Forces ranks below senior NCO not included below</li> <li>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)</li> <li>Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)</li> </ul>	
<h3>Group 3</h3> <p><b>Tradespeople, clerks and skilled office, sales and service staff</b></p>	<ul style="list-style-type: none"> <li>Tradespeople generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group.</li> <li>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)</li> <li>Skilled office, sales and service staff</li> <li>Office (secretary, personal assistant, desktop publishing operator, switchboard operator)</li> <li>Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)</li> <li>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)</li> </ul>	
<h3>Group 2</h3> <p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<ul style="list-style-type: none"> <li>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</li> <li>Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)</li> <li>Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)</li> <li>Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)</li> <li>Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)</li> <li>Associate professionals generally have diploma/technical qualifications and support managers and professionals</li> <li>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</li> <li>Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)</li> <li>Defence Forces senior Non-Commissioned Officer</li> </ul>	
<h3>Group 1</h3> <p><b>Senior management in large business organisation, government administration and defence, and qualified professionals</b></p>	<ul style="list-style-type: none"> <li>Senior executive/manager/department head in industry, commerce, media or other large organisation</li> <li>Public service manager (section head or above), regional director, health/education/police/fire services administrator</li> <li>Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)</li> <li>Defence Forces Commissioned Officer</li> <li>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</li> <li>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</li> <li>Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)</li> <li>Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)</li> </ul>	



APPLICATION PROGRESS FORM

YEAR 11

YEAR 12

FOR OFFICE USE ONLY

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Previous School \_\_\_\_\_

Interstate Request given...../...../20.....  Returned  Sent to current school...../...../20.....  Returned

Medical/Other \_\_\_\_\_ Court Order \_\_\_\_\_ SRN \_\_\_\_\_

Date Received ...../...../20..... Received by \_\_\_\_\_ NESA \_\_\_\_\_

Checked by \_\_\_\_\_ Date Application Completed ...../...../20.....  Registered in ERN \_\_\_\_\_

Entered in Edval \_\_\_\_\_

Entered in Student Tracker \_\_\_\_\_

=====  
**Interview** Contacted ...../...../20.....

Date of Interview ...../...../20..... Time ..... Location.....

Attendees:  Principal  Deputy Principal Year 11  Deputy Principal Year 12

Counsellor  Careers Advisor  Learning Support Coordinator

**ADDITIONAL INTERVIEW REQUIRED** Contacted ...../...../20.....

**LST**  **IHCP**  **Special Circumstances/Other meeting** .....

Date of Interview ...../...../20..... Time ..... Location.....

**OUTCOME**  Accept Enrolment  Waitlist Letter sent ...../...../20.....  Removed from ERN  Subjects removed from Edval **Offer letter sent** ...../...../20.....

=====  
**FINALISATION OF APPLICATION**

**Principal Check List**  Acceptance slip/verbal acceptance received on ...../...../20.....

DE application sent  DE application received

LST Plan requested  Returned  Health Plans  Returned

Non ATAR  Returned  ROSA Letter  Returned

Language Declaration sent  Returned

VET Student Agreement  Returned

TAFE Enrolment sent  Returned

Marine sent  Returned  Entered in ERN by \_\_\_\_\_ Start Date ...../...../20.....  
=====

**Comments:** (include date and your initials for all comments made)

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