APPLICATION FOR ENROLMENT

Diocese of Wilcannia Forbes Systemic Schools

| Office use only |
| --- |
| Date Entered into Compass |  |

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

| School Name: | Town: |
| --- | --- |

| FAMILY MAILING DETAILS |
| --- |
| School mail to be sent to: |
| Name: |
| Address: |
| Town and Postcode: |
| Email (required for Compass Parent Portal): |

BASIC DETAILS

| STUDENT DETAILS |
| --- |
| First Name: | Middle Name: | Surname: |
| Preferred Name: | Preferred Last Name: |  |
| Former Name: | Former Last Name: |  |
| Date of Birth: | Gender: |  |

| HOME ADDRESS OF STUDENTA street name MUST be supplied. A PO Box, Property Name or Farm No. only is NOT acceptable under Government Requirements. |
| --- |
| No. and Street Name: | Suburb: |
| Postcode: | Emergency GEOCoding: |

DEMOGRAPHICS

| RESIDENCY |
| --- |
| Town of Birth: | Country of Birth: | Nationality: |
| Residency Status: Permanent, Temporary, Citizen | Visa Subclass: | Visa Expiry: |
| Passport Number: | Date of Arrival (Australia): | Refugee Status: None, Pending, Confirmed |
| OSHC Membership Number: | OSHC Expiry Date: |  |

| RELIGION |
| --- |
| Religion: | Parish: |
| Religious Milestones: | Location | Date |
| Sacrament of Baptism: |  |  |
| Sacrament of Reconciliation: |  |  |
| Sacrament of the Eucharist: |  |  |
| Sacrament of Confirmation: |  |  |

| ADDITIONAL DETAILS |
| --- |
| Languages Spoken at Home: | Main Language Spoken at Home: |
| Indigenous Status: |  |
| Neither Aboriginal or Torres Strait Islander |  |
| Aboriginal but not Torres Strait Islander Origin |  |
| Torres Strait Islander but not Aboriginal Origin |  |
| Both Aboriginal and Torres Strait Islander Origin |  |
| Not stated/ do not wish to provide |  |

STUDENT

| Commencement Year | Start Date | Year Child will Enter on Enrolment |
| --- | --- | --- |
| Previous School  | Year Level |
| I / We give permission for school to contact previous school or pre-school Yes ▢ No ▢ |
| Living Arrangements |  |  |
| Home with Parent/s |  |  |
| Home with One Parent |  |  |
| State Arrangement Accommodation |  |  |

| KINDERGARTEN |
| --- |
| In the year before school, has the child been in non-parental care on a regular basis and/or attended any other educational programs?  |
| Preschool  | Postcode | Long Day Care | Postcode |
| Family Day Care | Postcode | Day Care (with a preschool program) | Postcode |
| Grandparent | Postcode | Other relative  | Postcode |
| Other Person (includes nanny, friend or neighbour) | Postcode |
| Please indicate the amount of formal care (long day care, preschool) each week prior to enrolling at school Full time ▢ Part time ▢ |

LEARNING NEEDS

STUDENT HISTORY - *Government Requirement*

| To your knowledge, is there anything in your child’s history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school? Yes ▢ No ▢If yes please provide a brief description: |
| --- |
| Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues: |

| Please tick the appropriate box for each question below | YES | NO |
| --- | --- | --- |
| Does your child have any history of violent behaviour?  |  |  |
| Does your child have any history of behavioural problems (including verbal bullying)? |  |  |
| Has your child ever been suspended or expelled from any previous school? |  |  |
| If yes, was this for any of the reasons listed below?Actual violence to any person?  |  |  |
| Possession of a weapon or any items used to cause an injury?  |  |  |
| Intimidation, bullying or harassment of students or staff at a school?  |  |  |
| Threats of violence?  |  |  |
| Illegal drugs?  |  |  |
| Other (please specify) |  |  |
| I / We will provide written consent to the school on request to contact health professionals or other relevant agencies.  |  |  |

| COURT ORDERS (if applicable) |
| --- |
| Are there any current court orders relating to the student?  | YES | NO |
| If yes, copies of these court orders e.g. AVOs, Family Court/Federal Magistrate Court orders or other relevant court orders must be provided.Is there other information you wish the school to be aware of?  |

| SPECIAL CIRCUMSTANCES |
| --- |
| Are there any circumstances about the student seeking to be enrolled that the school should know prior to the enrolment? (e.g. mature age, living apart from parental supervision, subject of a court order, out of home care arranged by the state)  | YES | NO |
| If yes, please provide of brief description of the circumstances |

| ADDITIONAL NEEDS *Government Requirement* |
| --- |
| Please indicate by a tick if your child has any of the following: |
| autism |  | behaviour disorders  |  | a physical disability  |  |
| an intellectual disability  |  | a hearing impairment  |  | giftedness |  |
| a language disorder  |  | a vision impairment  |  | difficulties in the basic areas of learning |  |
| mental health issues  |  | ADD / ADHD  |  | occupational therapy |  |
| Other (please specify) include any Early Intervention Services |
| Please tick any accommodations and/or learning adjustments that were provided for your child in his/her previous school/pre-school? |
| alternative teaching and learning strategies  |  | a reader or scribe  |  | personal carer support  |  |
| signing |  | access to technology  |  | braille  |  |
| modifications to equipment, furniture and learning spaces |  | Other (please specify): |

| ACCEPTABLE BEHAVIOUR REQUIREMENTS OF STUDENTS  |
| --- |
| * Treat everyone fairly and with respect
* Participate to the best of their ability in all school activities
* Look after their own and others’ property
* Be courteous, well-mannered and well behaved
* Take responsibility for their words and actions and accept the consequences
* Use technology responsibly
* Take a restorative practice approach to repairing relationships
 |

MEDICAL *Government requirement*

| Doctor’s Name: |
| --- |
| Address:  | Phone: |
| Date of last tetanus injection/booster: |
| Medical Conditions: Please specify any medical conditions the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student. |
| Allergies: Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details: |
| Has the student been diagnosed as being at risk of anaphylaxis?  | Yes  | No |
| If yes, does the student have an EpiPen? \*Please supply copies of your child’s Anaphylaxis/Asthma Plan if applicable. | Yes  | No |

| Immunisation: |
| --- |
| Please tick applicable box | YES | NO | Date of Immunisation |
| Hepatitis B  |  |  |  |
| Diptheria-Tetanus-Whooping Cough  |  |  |  |
| Haemophilus Influenzae type b (Hib)  |  |  |  |
| Polio  |  |  |  |
| Pneumococcal disease  |  |  |  |
| Rotavirus  |  |  |  |
| Measles-Mumps-Rubella  |  |  |  |
| Meningococcal C disease  |  |  |  |
| Chickenpox  |  |  |  |
| Human Papillomavirus (HPV) (12-18 years) |  |  |  |

 FAMILY/CONTACTS

| SIBLINGS ATTENDING A SCHOOL/ PRE-SCHOOL  |
| --- |
| List all children in your family attending school or preschool (from oldest to youngest) – include applicant. |
| Name | Date of Birth(in current calendar year) | School / Pre-school | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 FAMILY

| BILLING |
| --- |
| Leave address blank if same as student home address |
| Payment schedules: Weekly, Fortnightly, Monthly, Termly, Annual (upfront) - please circlePreferred payment method: BPay, Credit Card, Centrepay - please circle |
| School accounts to be sent to: | This section only to be completed if a split bill is required: |
| Name: | Name: |
| Address: | Address: |
| Town: Postcode: | Town: Postcode: |
| Email: | Email: |

| PARENT / GUARDIAN 1 DETAILS |
| --- |
| Title: | First Name: | Middle Name: |
| Surname: | Preferred Name: | Preferred Last Name: |
| Former Name: | Former Last Name: |  |
| Date of Birth: | Gender: |  |
| CONTACT INFORMATION |  |  |
| Home: | Business: | Mobile: |
| Email: | Address: |
| Occupation: |  |  |
| Government Requirement: | What is the occupation group? (Select from list of parental occupation groups) |
| Religion: | Nationality: | Country of Birth: |
| Government Requirement: | What is the highest year of primary or secondary school the mother/guardian has completed:(for persons who have never attended school, mark ‘Year 9 or equivalent or below’) |
| Year 9 or equivalent or below  | Year 10 or equivalent  | Year 11 or equivalent  |
| Year 12 or equivalent |  |  |
| Government Requirement: | What is the level of the highest qualification the mother/guardian has completed:(mark one box only) |
| No non-school qualification |  Certificate I to IV (including trade certificate) | Advanced diploma/Diploma  |
| Bachelor degree or above |  |  |

| PARENT / GUARDIAN 2 DETAILS |
| --- |
| Title: | First Name: | Middle Name: |
| Surname: | Preferred Name: | Preferred Last Name: |
| Former Name: | Former Last Name: |  |
| Date of Birth: | Gender: |  |
| CONTACT INFORMATION |  |  |
| Home: | Business: | Mobile: |
| Email: | Address: |
| Occupation: |  |
| Government Requirement: | What is the occupation group? (Select from list of parental occupation groups) |
| Religion: | Nationality: | Country of Birth: |
| Government Requirement: | What is the highest year of primary or secondary school the mother/guardian has completed:(for persons who have never attended school, mark ‘Year 9 or equivalent or below’) |
| Year 9 or equivalent or below  | Year 10 or equivalent  | Year 11 or equivalent  |
| Year 12 or equivalent |  |  |
| Government Requirement: | What is the level of the highest qualification the mother/guardian has completed:(mark one box only) |
| No non-school qualification |  Certificate I to IV (including trade certificate) | Advanced diploma/Diploma  |
| Bachelor degree or above |  |  |

| EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/ GUARDIAN (to be used in the event of an emergency if parents cannot be contacted, e.g. grandparent or friend) |
| --- |
| Contact 1 | Contact 2 |
| Name: | Name: |
| Gender: | Gender: |
| Date of Birth: | Date of Birth: |
| Relationship to student: | Relationship to student: |
| Language Spoken at home: | Language Spoken at home: |
| Phone: Mobile: | Phone: Mobile: |

PARENT OCCUPATION GROUPS

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

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

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

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

| Please note: | If the person is not currently in paid work but had a job or 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, please write ‘8’ in the box. |
| --- | --- |

CATHOLIC EDUCATION WILCANNIA FORBES

Standard Collection Notice

1. The School and the Catholic Education Office (CEO) (both independently and through its Schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’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 for your son/daughter/guardian and to enable them to take part in all activities.

2. Some of the information collected is to satisfy the School’s legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected and disclosed. These include relevant Education Acts, Crimes Act, Public Health and Child Protection\* laws.

4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. The school may ask you to provide medical reports about pupils from time to time.

5. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter or they may not be able to participate in certain events.

6. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes other schools, government departments, CEO, Catholic Schools NSW, the school’s local diocese and parish, schools within other dioceses, medical practitioners, people providing services to the school including specialist visiting teachers, coaches, volunteers and counsellors, financial and legal advisers of CEO and the school and anyone to whom CEO and the school are required or authorised to disclose the information to by law.

7. CEWF and the school contracts with an external service provider to provide counselling services for students. The school principal and authorised CEO staff may require the counsellor to inform them or other teachers of any issues the counsellor believes may be necessary for the school and CEO to know for the well-being or development of the student who is counselled and other students at the school.

8. The school stores personal information in our Student Information System and Finance Management System which is administered and managed by the owners of these software services. The school may also store other personal information in the ‘cloud’ which may mean that it resides on servers which are situated outside Australia.

9. The School, from time to time, may also collect and disclose personal information about current or prospective students in accordance with the Education Act or child protection legislation. Information may also be collected and exchanged for the purposes of the NSW Education Standards Authority (NESA) and the Australian Curriculum, Assessment and Reporting Authority (ACARA). Information provided to the NESA and ACARA may be published in accordance with government requirements on the MySchool website.

10. Personal information collected from pupils is regularly disclosed to their parents or guardians, unless otherwise permitted under law, for example under child protection legislation or instruction by statutory authorities.

11. On occasions, information such as academic and sporting achievements, pupil activities and similar news is published in school newsletters and magazines and on our website. Photographs of pupil activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters and magazines, newspapers, social media or school apps. The school will obtain separate permission from the pupil’s parent or guardian prior to publication if we would like to include photographs or other identifying material in promotional material for the school or otherwise make it available to the public. We may include pupils’ and pupils’ parents’ contact details in a class list and school directory.

12. Catholic Education Wilcannia-Forbes Privacy Policy sets out how parents or pupils 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 pupil, or where pupils have provided information in confidence.

13. Catholic Education Wilcannia-Forbes Privacy Policy also sets out how you may complain about a breach of privacy and how the school will deal with such a complaint.

14. 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. The School will not disclose your personal information to third parties for their own marketing purposes without your consent.

15. If you provide the school with the personal information of others, such as doctors or emergency contacts, you are encouraged to inform them that you are disclosing that information to the School and that they can access that information if they wish and that the School does not usually disclose the information to third parties.

| AGREEMENT Please note: Acceptance of this application for enrolment is subject to the approval of the school’s enrolment committee. Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary). |
| --- |

1. I/We agree to support all school policies in relation to program of studies, sport, pastoral care, school uniform, bullying, responsible use of technology, discipline and the general operation of the school. *(Copies of all policies are available on request).*

Yes ▢

1. I/We have included copies of the following documents with this application for enrolment: (please tick appropriate boxes) \*Originals to be produced during the enrolment process.

▢ Birth certificate

▢ Sacramental Certificates to date

▢ Passport, visa, citizenship documentation (if applicable) \*

▢ Most recent previous school reports and external test results

▢ Current Family Court Orders (if applicable) \*

▢ Relevant medical and/or special needs information (if applicable)

▢ Immunisation Certificate

▢ Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy

 (if applicable)

▢ Anaphylaxis/Asthma Plan/s (if applicable)

1. If this enrolment application is successful I/we agree to honour, the financial commitments required by the school as per the Schedule of Fees and Charges. This includes levies and extra school activities charges. Failure to meet financial commitments may result in your contact details being passed to a debt collection agency.

Yes ▢

1. I/We understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment e.g. change of address, court orders.

Yes ▢

1. If this enrolment is accepted I/we agree to support our child’s participation in the religious life of the school e.g. school liturgies, retreat programs

Yes ▢

1. I will complete Working With Children Checks at appropriate times.

Yes ▢

1. Media/Communications Permission to cover all forms of media

I/We authorise the school to take and use photographs, video or sound recordings of the student/student’ work. These items may be used by the school or the Catholic Education Office, Diocese of Wilcannia-Forbes for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriate by the school/Catholic Education Office that portray the student in a positive light. If circumstances change, I/we undertake to inform the school if there is a need to rescind this media and communications permission.

Yes ▢ No ▢

1. If, in time of emergencies, accidents or serious illness, I/we cannot be contacted I/we give permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle.

Yes ▢ No ▢

1. I give permission for my child to walk to functions and sporting fixtures arranged by the school during the year.

Yes ▢ No ▢

1. I/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

Yes ▢

1. I consent to School and CEWF staff obtaining medical and educational information from other agencies which is considered relevant to the transition and enrolment process for my child. This includes medical reports, cognitive, speech, hearing and vision assessments and any other relevant allied health or educational reports.

 Yes ▢ No ▢

1. I agree that any information collected about my child will be accessed and collated as confidential information and placed on file at the school and CEWF to support funding application and in school support.

 Yes ▢ No ▢

1. I give permission for the staff from the school and staff from CEWF to visit, observe and talk to the staff of any educational facility where my child is currently enrolled in order to assess my child’s educational, social and/or medical needs.

Yes ▢ No ▢

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent / Guardian 1*  *Parent / Guardian 2*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



| COMPLETED ENROLMENT APPLICATION AND ACCOMPANYING DOCUMENTATION |
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CHECKLIST OF REQUIRED STUDENT DOCUMENTS

(to be kept on student file with Application for Enrolment)

The following documents are required as part of the enrolment application.

A COPY of the original documents must be provided with this completed enrolment form.

The original documents must be sighted by the school at the enrolment interview or as arranged.

| DOCUMENT NAME | To be submitted with Enrolment Application | Staff signature for documents sighted |
| --- | --- | --- |
| Birth certificate if born in Australia |  |  |
| Birth certificate if not born in Australia |  |  |
| Citizenship Certificate |  |  |
| Home address supplied (not PO Box)  |  |  |
| Child’s passport |  |  |
| Visa Grant Notice (if a Bridging Visa is given, a copy of the previous Visa held by parents and child is also required) - Visa information sent to visa@wf.catholic.edu.au  |  |  |
| Latest school report from the previous school |  |  |
| NAPLAN results  |  |  |
| Baptismal Certificate |  |  |
| Immunisation Certificates |  |  |
| Indigenous Identifier section completed |  |  |
| Parent Occupation and education/qualification section completed (Government requirement) |  |  |
| [Form AN1 - Additional Needs Information](https://docs.google.com/document/d/1RCD4_SWerDydmojUU24KWdsKhW2nbOBZZsWUug-oCO8/edit?usp=sharing) completed (if applicable) - (Notification to Education Officer: Diverse Learning - disability@wf.catholic.edu.au) |  |  |
| [Form AN2 - Additional Needs Enrolment Meeting Record](https://docs.google.com/document/d/1HQh2v4s3i-ElX8XA-_VMSTx1Z80vXPni6lCQ1R65iTI/edit?usp=sharing) completed (if applicable) |  |  |
| Additional Needs and Assessments reports for speech, hearing, cognitive, occupational therapy or others (if applicable) |  |  |
| Medical Action Plan e.g. Asthma, Anaphylaxis (if applicable) |  |  |
| Medical Plan e.g. Mental Health Plan, Medication Plan (if applicable) |  |  |
| Interstate Student Data Transfer Forms 1 & 3 complete if transferring from outside a NSW school: [Form 1 - Parent/Guardian Consent](https://drive.google.com/file/d/1kQCrZjFOL_pGgVByWi11FbfWfRCb-GSU/view?usp=drive_link) & [Form 3 - Interstate Student Data Transfer Note](https://drive.google.com/file/d/1W7lZV_JX0INWceHu4_b6I_ujWk7V5Xu4/view?usp=drive_link) |  |  |
| Family Court Orders/Parenting Agreements/AVO/DVO relevant to the student (if applicable) |  |  |
| All sections of Application for Enrolment are completed |  |  |
| Both parents/guardians signatures are on the enrolment form |  |  |

Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_