



A Christ centred learning community
exploring and impacting on God's world

PLEASE NOTE THE FOLLOWING ENROLMENT PROCEDURE

OBTAIN

1. Birth Certificate
2. Last two school reports;
3. Year 3, 5, 7 or 9 NAPLAN results (where applicable);
4. Other necessary documents or reports;
(includes any Court Orders, custody documents,
specialist reports, details of learning difficulties)

THEN

5. Fill in this Enrolment Form and attach all of the above to this form.
6. Bring all of the above to the school.
7. We will process these forms and contact you.

STANDARD COLLECTION NOTICE

1. Richmond Christian College (RCC) collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at RCC. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable RCC to provide schooling for your child and to enable them to take part in all activities of the School.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable RCC to discharge its duty of care.
3. Laws governing or relating to the operation of schools require that certain information is collected and disclosed. These include relevant Education Acts, Work Health and Safety (including Health Acts), 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 ask you to provide medical details about students for duty of care and relevant risk assessment.
5. From time to time RCC discloses personal and sensitive information to others for administrative and education purposes, including to facilitate the transfer of a student to another School. This includes, but is not limited to: other schools; government departments; medical practitioners; and people providing services to RCC, including specialist visiting teachers, sport coaches, tutors and volunteers.
6. The School may store personal information in the 'cloud' which means that it resides on servers which are situated outside Australia.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, students' activities and other news is published in school newsletters, on Facebook and on our website. Individual or group photos may also be published in the school's newsletter or Year Book. You must advise us if you do not wish photos of your child to appear in such publications.
8. Parents may seek access to personal information collected about them and their child by contacting RCC. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include those where: access would have an unreasonable impact on the privacy of others; where access may result in a breach of RCC's duty of care to the student; or where students have provided information in confidence.
9. RCC's Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
10. RCC 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 RCC'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. We may include your contact details in a class list and/or school directory. In the case of publicly available school directories, if you do not agree to this you must advise us prior to the publication of such directories. In the first instance, we will notify you of our intention to publish such a directory.
12. If you provide RCC 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 RCC and why; they can access that information if they wish; and that RCC does not usually disclose the information to third parties.
13. As a Christian community concerned for its members, staff, students and parents regularly pray for each other. At times this will involve disclosing personal and sensitive information, eg: with regard illness, accident, birth or engagement, to others. If you give us such information but do not want it used in this way please advise us at the time of notification.
14. Copies of Richmond Christian College's Privacy Policy are available on the school website www.richmond.nsw.edu.au.

STUDENT DETAILS

Surname :	Year Level Applying For:	
Given Names:	For which Year: ie: 2018 / 2019 / 2020	

Preferred Name :

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
--	----------------------	--

Has the student attended this school previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
---	---------------------------------

Does the student have a sibling at this school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name and year level:
--	---

IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Torres Strait Islander
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander

IN WHICH COUNTRY WAS THE STUDENT BORN?

<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify)
------------------------------------	---

Cultural Background**Religion****Church Attendance?****RESIDENTIAL STATUS***(Original documents to be sighted and copies to be retained by school)*

Australian Citizen <i>(Naturalisation Certificate or Australian passport if country of birth is not Australia)</i>	<input type="checkbox"/>
Permanent Resident <i>(passport if country of birth is not Australia)</i>	<input type="checkbox"/>
Temporary Resident <i>(passport and visa)</i>	<input type="checkbox"/>
Foreign National without residential status <i>(passport and visa)</i>	<input type="checkbox"/>
Other/Visitor/Student/Passport/Other/Visa <i>(passport and visa)</i>	<input type="checkbox"/>

VISA STUDENT

Is the Student a Visa student? Yes No If Yes, Date of Arrival in Australia _____
 First Australian School _____ First Australian School Year _____

VISA DETAILS (if applicable)

Passport Number		Passport Expiry Date	
Visa Number		Visa Expiry Date	
Visa Sub Class		Visa Fees Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

Yes No

If Yes, please specify (if more than one language, in order of language spoken most to least often)

STUDENT DETAILS

Origin NSW / QLD / ACT / NT / SA / VIC / WA / TAS / Overseas

Group: Pre -Kindy / Kindergarten / Primary / Secondary / Other

Previous School/Other Location:

How did you hear about Richmond Christian College? Website / Peers / Family / Other (give details)

STUDENT SPECIAL NEEDS

DOES YOUR CHILD HAVE:

Autism Spectrum Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	A language disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	A hearing impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An intellectual disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	A vision impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A physical disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Acquired brain injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anxiety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ADD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	OCD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dyslexia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Disgraphia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dispraxia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Giftedness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mental Health Issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Learning Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child currently receiving support for:								
Maths			Yes <input type="checkbox"/>	No <input type="checkbox"/>	English		Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Other		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered YES to any of the above, please give details:

STUDENT MEDICAL INFORMATION

STUDENT NAME: _____ **Medicare Number:** _____

Doctor's Name: _____ **Doctor's Phone No:** _____

Doctor's Address _____

Does the student have any of the following medical conditions? Please tick all boxes that apply to the student, and give details below

Asthma Yes No **Epilepsy** Yes No **Eczema** Yes No **Diabetes** Yes No **Other:** Yes No **Please specify below**

Allergies Please list any known allergies the student has, eg: allergy to nuts, penicillin, bee stings including specific details below

Has the student been diagnosed as being at risk of anaphylaxis? Yes No

If yes, does the student have an EpiPen? Yes No

Does the student need to take medication during school hours Yes No

If YES a medication request form **MUST** be filled out, these are at the school office. **ALL** medication must be in the original packaging.

STUDENT IMMUNISATION : Please indicate if the student has been immunised against the following

Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rotavirus	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diphtheria/Tetanus/Whooping Cough	Yes <input type="checkbox"/> No <input type="checkbox"/>	Measles/Mumps/Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>
Haemophilus Influenza type b (Hib)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Meningococcal C disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
Polio	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chickenpox	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pneumococcal disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Human Papillomavirus (HPV)(12-18Years)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Last Tetanus injection Date:

HEALTH AND SAFETY

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 the 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.

PREVIOUS SCHOOL HISTORYDoes your child typically enjoy school? Yes No Has your child received recognition for academic / cultural / sporting / behavioural excellence? Yes No

If yes please provide details:

Has your child represented previous schools in academic / cultural / sporting events? Yes No

If yes please provide details:

Does your child have any history of violent behaviour? Yes No

If yes please provide details:

Does your child have any history of behavioural problems? Yes No

If yes please provide details:

Has your child ever been suspended or expelled from any previous school? Yes No

If yes was it for:

STUDENT ACCESS - DETAILS OF OTHER PARENTING / CHILD WELFARE ARRANGEMENTS

Please provide details of any orders, agreements, documents or special arrangements in force in relation to the custody, schooling and safety of the child or which may affect the enrolment and education of the child, (eg: court orders, parenting agreements or arrangements, guardianship orders in relation to the child or apprehended violence orders). (Please attach copies)

PUBLICITY

Does the school have permission to use the student in all forms of school publicity including advertising, internet and year book.

 Yes No**TRAVEL DETAILS**Mode of Transport to School Car Bus Bike Track

FAMILY INFORMATION

FAMILY INFORMATION			
	Parent/Caregiver 1 (PC1)	Parent/Caregiver 2 (PC1)	Step Parent/Residing Guardian (if applicable)
Surname			
Given Names			
Title			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Student			
Occupation			
What is your occupation group?	<input type="checkbox"/> (please refer to the list of Parental Occupation Groups, on back page)	<input type="checkbox"/> (please refer to the list of Parental Occupation Groups, on back page)	<input type="checkbox"/> (please refer to the list of Parental Occupation Groups, on back page)
Drivers Licence Number	State	State	State
Work location			
Work Phone			
Work Mobile			
Home Phone			
Home Mobile			
E-mail			
Are you Aboriginal (A) or Torres Strait Islander (TSI) origin? or both.	<input type="checkbox"/> No <input type="checkbox"/> Yes,(TSI) <input type="checkbox"/> Yes,(A) <input type="checkbox"/> Yes, both(A) & TSI	<input type="checkbox"/> No <input type="checkbox"/> Yes,(TSI) <input type="checkbox"/> Yes,(A) <input type="checkbox"/> Yes, both(A) & TSI	<input type="checkbox"/> No <input type="checkbox"/> Yes,(TSI) <input type="checkbox"/> Yes,(A) <input type="checkbox"/> Yes, both(A) & TSI
Cultural Background			
Country of Birth			

The following questions are designed to meet the School's data collection responsibilities under the National Goals For Schooling in the Twenty First Century programme conducted by the Commonwealth Government. Information is treated as private and confidential, and is not used by the School for any purpose other than that for which it has been collected.

What is the highest year of primary or secondary school the parents/caregivers and/or step parent/residing Guardian have completed? For those who never attended school, please mark 'year 9 or equivalent or below'.

Parent/Caregiver 1 (PC1)	Parent/Caregiver 2 (PC2)	Step Parent/Residing Guardian
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below

What is the highest qualification the parents/caregivers have completed?

Parent/Caregiver 1 (PC1)	Parent/Caregiver 2 (PC2)	Step Parent/Residing Guardian
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc: trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc: trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc: trade certificate) <input type="checkbox"/> No non-school qualification

**PARENT/CAREGIVER AND/OR STEP PARENT/RESIDING GUARDIAN LANGUAGE DETAILS:
Does the students parents/caregivers and/or step parent/residing guardian speak a language other than English at home?**

Parent/Caregiver 1 (PC2)	Parent/Caregiver 2 (PC2)	Step Parent/Residing Guardian
<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify

RESIDENCE DETAILS

Family Surname		Mail to (eg: Mr & Mrs A Smith)	
Residential Address			
Suburb/Town		State	Postcode

RESIDENTIAL STRUCTURE

Married <input type="checkbox"/>	Separated <input type="checkbox"/>
Defacto <input type="checkbox"/>	Single Parent <input type="checkbox"/>
Divorced <input type="checkbox"/>	Widow <input type="checkbox"/>
Partner <input type="checkbox"/>	Widower <input type="checkbox"/>

MAILING (if it is the same as home address, write 'AS ABOVE')

Address Line 1			
Suburb/Town		State	Postcode
Phone (home)	Phone (Work)	Mobile	

EMERGENCY CONTACT DETAILS

(parent/caregivers are automatically the 1st & 2nd emergency contact unless otherwise stated)

	Emergency Contact 3	Emergency Contact 4
Name		
Relationship (eg Aunt)		
Home Phone		
Work Phone		
Home Mobile		
Work Mobile		

DECLARATION TO BE SIGNED

I/We, the undersigned parent(s)/caregiver(s)/step parent/residing guardian of the above child/children, declare that the information given herein is full and correct to the best of our knowledge, and I/we accept and agree to abide by the conditions of enrolment. We understand that any inaccurate or withheld information could affect the student's enrolment.

I/We agree to abide by the policies and procedures of the school.

(A comprehensive list of policies are available at the school office and a selection are on the school website.)

Parent/Caregiver 1/ (PC1)
(or Step Parent/Residing Guardian)

Parent/Caregiver 2 (PC2)
(or Step Parent/Residing Guardian)

Signature

Date

Parental Occupation Groups for use with Parent / Caregiver details

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

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.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [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]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist 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, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/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 3: Tradesmen/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 group.

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]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

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]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [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 workers

Defence Forces ranks below senior NCO not included above

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]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]