# **Enrolment Form**

# ENROLMENT PROCEDURE

To apply for enrolment please complete and return this Enrolment Form with the following documents:

- 1. Birth Certificate
- 2. Last two school reports;
- 3. Recent NAPLAN results (where applicable)
- 4. Signed Statement of Faith
- Other necessary documents or reports;
   (eg court orders, custody documents, specialist reports, details of learning difficulties, immunisation record)



### 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 :  | ear Level<br>pplying For:           |  |         |               |  |  |  |  |
| Given Names:   | or which Year:<br>: 2022 /2023/2024 |  |         |               |  |  |  |  |
| Preferred Name :   |                                     |  |         |               |  |  |  |  |
| Gender: Male   | e Female                            |  | Da      | ate of Birth  |  |  |  |  |
| Has the student attended   | yes, provide details:               |  |         |               |  |  |  |  |
| Yes N  |                                     |  |         |               |  |  |  |  |
| Does the student have a  | yes, provide name and<br>ear level: |  |         |               |  |  |  |  |
| Yes N  | lo                                  |  |         |               |  |  |  |  |
| IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?   |                                     |  |         |               |  |  |  |  |
| No   | No Yes, Torres Strait Islander My M |  |         | OB (optional) |  |  |  |  |
| Yes, Aboriginal  | Yes, both Aborigin                  | al and Torres Strait Islander                      |         |               |  |  |  |  |
| IN WHICH COUNTRY WAS THE STUDENT BORN?   |                                     |  |         |               |  |  |  |  |
| Australia Other (please specify)   |                                     |  |         |               |  |  |  |  |
| Cultural Background  |                                     |  |         |               |  |  |  |  |
| Religion   | Religion                            |  |         |               |  |  |  |  |
| Church Attendance?   |                                     |  |         |               |  |  |  |  |
|  |                                     | DENTIAL STATUS ighted and copies to be retained by | school) |               |  |  |  |  |
| Australian Citizen (Naturalisation Certificate or Australian passport if country of birth is not Australia)  Permanent Resident (passport if country of birth is not Australia)  Temporary Resident (passport and visa  Foreign National without residential status (passport and visa)  Other/Visitor/Student/Passport/Other/Visa (passport and visa)   |                                     |  |         |               |  |  |  |  |
|  | VI                                  | SA 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 ☐ Yes ☐ No ☐ Ex                     |         |               |  |  |  |  |
| DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?  |                                     |  |         |               |  |  |  |  |
| Yes No No Service No S |                                     |  |         |               |  |  |  |  |

| 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: (Please tick all boxes either yes or no)   |                                 |                        |                          |             |   |               |  |  |  |
| Autism Spectrum Disorder   | Yes □ No □                      | A language disorder    | Yes □                    | No □        | A hearing impairment                      | Yes □ No □    |  |  |  |
| An intellectual disability   | Yes □ No □                      | A vision impairment    | Yes □                    | No □        | Depression                                | Yes □ No □    |  |  |  |
| A physical disability  | Yes □ No □                      | Acquired brain injury  | Yes □                    | No □        | Anxiety                                   | Yes □ No □    |  |  |  |
| ADD  | Yes □ No □                      | ADHD                   | Yes □                    | No □        | OCD                                       | Yes □ No □    |  |  |  |
| Dyslexia   | Yes □ No □                      | Disgraphia             | Yes □                    | No □        | Dispraxia                                 | Yes □ No □    |  |  |  |
| Giftedness   | Yes □ No □                      | Mental Health Issues   | Yes □                    | No □        | Learning Difficulties                     | Yes □ No □    |  |  |  |
| Is your child currently receiv   | ring support for:               | Maths Yes □ No         | □ Er                     | nglish \    | 'es □ No □ Other                          | Yes □ No □    |  |  |  |
| If you have answered YES to any of the above, please give details:  STUDENT MEDICAL INFORMATION  |                                 |                        |                          |             |   |               |  |  |  |
| STUDENT NAME:  |                                 | STODENT MEDICA         |                          | care Nu     | mher.                                     |               |  |  |  |
| Doctor's Name:   |                                 |                        |                          | or's Pho    |   |               |  |  |  |
| Doctor's Address   |                                 |                        |                          |             |   |               |  |  |  |
|  | y of the follow                 | ing medical conditions | <b>57</b> Please tick al | I hoves the | it apply to the student, and give details | : helow       |  |  |  |
|  | epsy Yes $\square$ No $\square$ | _                      | Diabetes                 |             |   |               |  |  |  |
| Asthma Yes No D Epil   | epsy yes — No —                 | ECZEIIIA Yes No        | Diabetes                 | Yes L No    | Other: Yes No Please                      | specify delow |  |  |  |
|  |                                 |                        |                          |             |   |               |  |  |  |
|  |                                 |                        |                          |             |   |               |  |  |  |
|  |                                 |                        |                          |             |   |               |  |  |  |
| 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 <b>YES</b> a medication request form <b>MUST</b> be filed out, these are at the school office. <b>ALL</b> medication must be in the original packaging. |                                 |                        |                          |             |   |               |  |  |  |

| STUDENT IMMUNISATION   |                                   |  |  |  |  |  |  |  |
|--|-----------------------------------|--|--|--|--|--|--|--|
| IS YOUR CHILD IMMUNISED? Yes No  |                                   |  |  |  |  |  |  |  |
| Last Tetanus injection Date: PLEASE PROVIDE IN   | MMUNISATION RECORDS               |  |  |  |  |  |  |  |
| HEALTH AND SAFETY  |                                   |  |  |  |  |  |  |  |
| To your knowledge, is there anything in your child's history or circumstances (including me risk of any type to him or her, other students, or staff at the schoool?  If yes please provide a brief description:   | dical history) which might pose a |  |  |  |  |  |  |  |
| Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues.   |                                   |  |  |  |  |  |  |  |
| PREVIOUS SCHOOL HISTORY  |                                   |  |  |  |  |  |  |  |
| Does your child typically enjoy school?  | Yes No No                         |  |  |  |  |  |  |  |
| Has your child received recognition for academic / cultural / sporting / behavioural excellent of the sporting is the sporting in the sporting is the sporting of the sporting is the sporting in the sporting is the sporting is the sporting in the sporting in the sporting is the sporting in the sporting in the sporting is the sporting in the sporting in the sporting in the sporting is the sporting in the sporting | ence? Yes No No                   |  |  |  |  |  |  |  |
| Has your child represented previous schools in academic / cultural / sporting events?  If yes please provide details:  | Yes No No                         |  |  |  |  |  |  |  |
| Does your child have any history of violent behaviour? If yes please provide details:  | Yes No                            |  |  |  |  |  |  |  |
| Does your child have any history of behavioural problems?  If yes please provide details:  | Yes No                            |  |  |  |  |  |  |  |
| Has your child ever been suspended or expelled from any previous school?  If yes was it for:   | Yes No                            |  |  |  |  |  |  |  |
| STUDENT ACCESS - DETAILS OF OTHER PARENTING / CHILD WELFARE A  | RRANGEMENTS                       |  |  |  |  |  |  |  |
| 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, website and social media. (All students are included in the year book).   | ng Yes No No                      |  |  |  |  |  |  |  |
| TRAVEL DETAILS   |                                   |  |  |  |  |  |  |  |
| Mode of Transport to School  |                                   |  |  |  |  |  |  |  |

| FAMILY INFORMATION   |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
|  | Parent/Caregive                          | er 1 (PC1)   | Parent/Caregiver 2 (PC   | Step Parent/Residing Guardian (if applicable)                           |  |  |  |
| Surname  |  |  |  |   |  |  |  |
| Given Names  |  |  |  |   |  |  |  |
| Title  |  |  |  |   |  |  |  |
| Gender   | ☐ Male ☐ Fei                             | male   | ☐ Male ☐ Female  | ☐ Male ☐ Female   |  |  |  |
| Relationship to Student  |  |  |  |   |  |  |  |
| Occupation   |  |  |  |   |  |  |  |
| What is your occupation group?   | (please refer to the Occupation Groups   |  | (please refer to the list of Pare<br>Occupation Groups, on back pa |   |  |  |  |
| 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.  | No Yes,(TSI) Yes,(A) Yes, both(A) & TSI) |  | No Yes,(TSI) Yes,(A) Yes, both(A) & T                              | No Yes,(TSI)  Yes (A) 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 se                    | econdary scho  |  | d/or step parent/residing Guardian have<br>r 9 or equivalent or below'. |  |  |  |
| Parent/Careg   | iver 1 (PC1)                             | Pare   | nt/Caregiver 2 (PC2)   | Step Parent/Residing Guardian   |  |  |  |
| Year 12 or equivalent  |  | Year 1   | 2 or equivalent  | Year 12 or equivalent   |  |  |  |
| Year 11 or equivalent  |  |  | 1 or equivalent  | Year 11 or equivalent   |  |  |  |
| Year 10 or equi  |  | Year 10 or equivalent  |  | Year 10 or equivalent   |  |  |  |
| Year 9 or equiv  | alent or below                           | ∐ Year 9   | or equivalent or below   | Year 9 or equivalent or below   |  |  |  |
| What is the highest qualification the parents/caregivers have completed?   |  |  |  |   |  |  |  |
| Parent/Caregiver 1 (PC1)   |  |  |  | ep Parent/Residing Guardian   |  |  |  |
| Bachelor degree or above   |  | Bachelor degree or above   |  | Bachelor degree or above  |  |  |  |
| Advanced Diploma/Diploma  Certificate I to IV (inc: trade certificate)   |  | Advanced Diploma/Diploma  Certificate I to IV (inc: trade certificate) |  | Advanced Diploma/Diploma  Certificate I to IV (inc: trade certificate   |  |  |  |
| □ No non-school qualification □  |  |  | n-school qualification   | 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  |  |  |  |   |  |  |  |
| Parent/Caregiver 1 (PC2)  No, English Only   |  | <b>+ -</b>   | glish Only   | Step Parent/Residing Guardian  No, English Only                         |  |  |  |
| Yes, Other – Ple   | •  | l <u>—</u>   | ther – Please specifiy   | Yes, Other – Please specifiy  |  |  |  |

| RESIDENCE DETAILS   |  |                              |                         |                        |   |                     |                |   |  |
|---|--|------------------------------|-------------------------|------------------------|---|---------------------|----------------|---|--|
| Family Surname  |  |                              |                         |                        | Mail to   | Mrs A Smith)        |                |   |  |
| Residential Address   |  |                              |                         |                        | 1.5   | · · · · · ·         | l              |   |  |
|   | l .  |                              |                         |                        |   |                     |                |   |  |
| Suburb/Town   |  |                              |                         |                        | State   |                     | Postcode       |   |  |
|   |  | RES                          | IDENTIAL                | STRUCTU                | JRE   |                     |                |   |  |
| Married   |  |                              |                         | Separat                | ted   |                     |                |   |  |
| Defacto   |  |                              |                         | Single I               | Parent  |                     |                |   |  |
| Divorced  |  |                              |                         | Widow                  |   |                     |                |   |  |
| Partner   |  |                              |                         | Widowe                 | er  |                     |                |   |  |
|   |  | <b>MAILING</b> (if it is the | same as h               | ome addre              | ss, write 4   | AS ABOVE')          |                |   |  |
| Address Line 1  |  |                              |                         |                        |   |                     |                |   |  |
| Suburb/Town   |  |                              |                         |                        | State   |                     | Postcode       |   |  |
| Phone (home)  |  | Phon                         | e (Work)                |                        |   | Mobile              |                |   |  |
|   |  | EMER                         | RGENCY CO               | NTACT DET              | TAILS   |                     |                |   |  |
| (parent/ca  | aregive  | rs are automatically         | the 1 <sup>st</sup> & 2 | 2 <sup>nd</sup> emerge | ncy conta   | ct unless oth       | nerwise stated | ) |  |
|   |  | Emerge                       | ncy Contac              | t 3                    |   | Emergency Contact 4 |                |   |  |
| Name  |  |                              |                         |                        |   |                     |                |   |  |
| Relationship (eg Aunt)  |  |                              |                         |                        |   |                     |                |   |  |
| Home Phone  |  |                              |                         |                        |   |                     |                |   |  |
| Work Phone  |  |                              |                         |                        |   |                     |                |   |  |
| Home Mobile   |  |                              |                         |                        |   |                     |                |   |  |
| Work Mobile   |  |                              |                         |                        |   |                     |                |   |  |
| DECLARATION TO  | BES  | 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) |                              |                         | (or                    | Parent/Caregiver 2 (PC2) (or Step Parent/Residing Guardian) |                     |                |   |  |
| Signature<br>——   |  |                              |                         |                        |   |                     |                |   |  |
| 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/refuge/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

 $\label{lem:production} \textbf{Drivers, mobile plant, production/processing machinery and other machinery operators.}$ 

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, 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]