

# **APPLICATION FOR ENROLMENT**

Student Information					
Name:	St	urname:			
Address:	St	uburb:	Post Code:		
Date of Birth://	Gender: M / F N	ationality:			
Application for entry into Yearin calendar year					
Present School:	resent School:				
Country of Birth:	Country of Birth:Place of Birth:				
Australian Permanent Resident: Yes / No Visa Type/Number:					
Visa Exp	Permission to vi	ew VISA documents (through \	VEVO): Yes / No		
Aboriginal Torres S	Strait Island At	poriginal <u>and</u> Torres Strait Islar	nd Neither		
Students First Language:.					
YOUR PRIVACY IS IMPORTANT  The administration of Court Grammar School (CGS) collects information of a personal and sensitive nature as part of the Application process and enrolment of your child/children at the School. The collection and storage of this information is governed by the Privacy Policy set down in accordance with the Privacy Amendment (Private Sector) Act 2000 which regulates the way private sector organisations, including non-government schools and systems, handle 'personal information' of individuals. The information collected may be passed to a third party if required, but only in accordance with the requirement of the Act. The full CGS Privacy Policy is available for the general public on the School's website <a href="https://www.cgs.wa.edu.au">www.cgs.wa.edu.au</a> The Schools enrolment practices comply with the School Education Act 1999, the Disability Discrimination ACT 1992 and the Disability Standards for Education 2005.  Office use only:					
Application Received:		Student Key:			
Interview Date:		Family Key:			
Interview Time:		House:			
Best Contact No: (Name)		All Relevant Documents:			

Scholarship: YES / NO Type: \_\_\_\_\_ AFL/W: YES / NO Category \_\_\_\_\_ Notes:

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# **Family Information**

Mother / Guardian 1 (please circle - If	guardian, specify relationship to student)
Title:First Name:	Surname:
Address:	Suburb:
Post Code:	Country of Birth:
Nationality:	.Country of Citizenship:
Religion:	.Language Spoken at Home:
Home Ph: Work Ph:	Mobile:
Email: (Please print clearly)	
Occupation:	Employer:
•	guardian, specify relationship to student)
Title:First Name:	Surname:
Address:	Suburb:
Post Code:	Country of Birth:
Nationality:	.Country of Citizenship:
Religion:	.Language Spoken at Home:
Home Ph: Work Ph:	Mobile:
Email: (Please print clearly)	
Occupation:	Employer:
Custody/Guardianship Name of person/s with legal guardiansl	nip of the student
•	Court Orders in place for the student: Yes / No court orders needs to be provided
Please indicate who the child lives with	most of the time
Balanced care (split) Please specify da	
Other	

# Alternate Parent/Guardian details Title: Surname: Surname: Address: Suburb: Post Code: Relationship to student: Email: (Please print clearly)..... Occupation: Employer: Employer: Siblings Name/s of siblings being enrolled or currently enrolled at Court Grammar School: Date Of Birth Calendar Year of Entry Full Name School Year of Entry Please note: A full application must be submitted for each child Emergency Contact Numbers (In the event primary contacts can not be reached) 1) Name: 2) Name: ..... Address:.... Address:.... Telephone:..... Telephone:..... Relationship to student:.... Relationship to student:.... Please note the following information is required by the Australian Government What is the highest year of primary or secondary school the parents/guardians have completed? Parent/Guardian 1 Parent Guardian 2 ☐ Year 12 or equivalent ☐ Year 12 or equivalent Year 11 or equivalent Year 11 or equivalent Year 10 or equivalent Year 10 or equivalent Year 9 or equivalent or below Year 9 or equivalent or below What is the level of the highest qualification the parents/guardians have completed? Parent/ Guardian 1 Parent/ Guardian 2 Bachelor degree or above Bachelor degree or above Advanced diploma/Diploma Advanced diploma/Diploma Certificate I to IV (including trade Certificate I to IV (including trade certificate) certificate) No non-school qualification No non-school qualification What is the parents/ guardians occupation group? (Note: If the person is not currently in paid work but has had a job Mother/ Father/ in the last 12 months or has retired in the last 12 months, please Guardian Guardian use the person's last occupation.) 2 1 Senior management, government administration and defence and

(Note: If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.)

Senior management, government administration and defence and qualified professionals Group (1)

Other business managers, art/media/sportsperson and associated professionals (2)

Tradesmen/women, clerks and skilled office, sales and service staff (3)

Machine operators, hospitality staff, assistants, labourers and related workers (4)

Not been in paid work for the last 12 months (8)

### Student individual needs

## **Disability**

The DDA defines disability broadly as:

- a. total or partial loss of the person's bodily or mental functions; or
- b. total or partial loss of a part of the body; or
- c. the presence in the body of organisms causing disease or illness; or
- d. the presence in the body of organisms capable of causing disease or illness; or
- e. the malfunction, malformation or disfigurement of a part of the person's body; or
- f. a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- g. a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour;

Does your child have a known disability? Please tick all of the boxes that apply. Autism Spectrum Disorder ☐ Dyslexia Dysgraphia ☐ ADD ☐ ADHD Epilepsy Anaphylaxis Global Developmental Delay ☐ Intellectual Development Disorder ☐ Anxiety ☐ Auditory Processing ☐ Language Disorder ☐ Depression Obsessive Compulsive Disorder (OCD) ☐ Deaf or Hard of Hearing Post Traumatic Stress Disorder (PTSD) ☐ Diabetes Other (please specify)..... Additional information......

By providing this information, you consent to the sharing of data between Court Grammar School, Association of Independent Schools of Western Australia (AISWA) and the Nationally Consistent Collection of Data (NCCD) for funding purposes.

Please provide copies of any documentation which exists in relation the disability condition listed above. These reports are required for planning and to access funding.

Please keep us up to date with copies of reports as your circumstances change.

# **Medical Information**

To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Does your child have a medical condition	n? Please	tick all of the boxes that apply.
☐ Allergies		Eczema
☐ Asthma	П	Heart disorder
☐ Coeliac	Ħ	Other
If you have ticked any of the boxes above		
Does your child need to take any prescri	bed medic	sines at school? Yes / No
If yes, please specify:		
		and Antina Diago (Managalana attach a annuat this
plan ) Yes No	ire a Medio	cal Action Plan? (If yes please attach a copy of this
		ch exists in relation the medical condition/s listed. propriate care for your child.
Medicare Details		
Number:	Ехр	o. Date:/Position on card:
<u>Panadol</u>		
Permission to administer Panadol: Yes /	No	
Ambulance Ambulance Cover: Yes / No If there is a medical emergency, parents	s/guardians	s are responsible for cost of ambulance conveyance.
3 771	J	,
<u>Doctor</u>		
Doctor's Name:	.Name of N	Medical Centre:
Suburb:	Phone Nu	mber:
Do you give permission to call the Docto	or named a	hove in case of an emergency Yes / No
Do you give permission to our the Doote	" Hairioa a	bovo in oddo or an omorgonoy 1007 140
School in educating students and promo samples of work in ways including, but n	oting the So not limited t line), maga	d during school activities for use by Court Grammar chool. I also agree to the publication of images or so, web sites or intranet web sites of Court Grammar azines and local newspapers, subject to the decide to change this consent.
☐ Yes		☐ No
Transport		
<u>Transport</u>		
Will your student require the use of a CG	3S bus ser	vice? (Bus routes are available from our website)
☐ Baldivis ☐ Bertram ☐ Karr	nup 🗌 k	Kwinana/Rockingham ☐ Oakford ☐ Warnbro
School Social Worker		
Permission to meet with School S	Social Wor	ker
	<del></del>	
Other Is your child toilet independent? Yes / No If no, please explain:		

1	) Name:Relationship to student:	
	Responsible for what % of feesEmail	
	Postal address:	de:
	Home phone:Mobile phone:	
2	2) Name:Relationship to student:	
	Responsible for what % of feesEmail	
	Postal address: Suburb: Post Cod	
	Home phone:	
Plea	se read and initial the terms and conditions and submit this application to the	
eithe	er in person or via email. Please note the application fee must be paid at time o	
Post	: Locked Bag 1 Mundijong, WA 6123 Email: enrolments@cgs.wa.edu	<u>.au</u>
	TERMS AND CONDITIONS	
		Initial
	I/We have read and fully understand the publication entitled "Fees and Charges Information".	
	I/We accept admission of the student to Court Grammar School (Inc.) and agree to pay fees and charges in respect of the student as set out in the document: "Fees and Charges Information" published annually by the School.	
	I/We agree to be solely and jointly responsible for the payment of all fees and	
	charges with all signatories to this application for admission.	
	I/We agree to be bound by these Conditions of Admission which form part of my/our agreement with Court Grammar School (Inc.) in respect of the student.	
	I/We agree to be bound by resolutions made by the Board of Court Grammar	
	School (Inc.) in regard to the conduct of the School and to fully support the	
	objectives and programmes of the School and its Christian ethos.	
	I/We agree to be bound by the School Policies and Practices, as determined by the Principal.	
	I/We agree that the Principal will be given a full school term's notice in writing	
	prior to the withdrawal of a student from the School. In default of such notice a	
	quarter of the annual tuition fee will be payable in lieu of notice.	
	I/We understand that any personal property brought on to the School premises may be searched, at the request of the Principal.	
	I/We acknowledge that the School may at any time upon notice to me/us terminate the enrolment.	
).	I/We have answered all the questions in this Application for Enrolment Form	
	truthfully and to the best of my/our knowledge and accept that failure to answer any question or the provision of false information may jeopardise the enrolment of	
	my/our child.	
ther /	Guardian 1 Signature:Date:/	/
her / (	Guardian 2 Signature:Date:/	/
ır enro	olments officer will be in contact regarding the next step in the enrolment process. The of this application does not guarantee a place at Court Grammar School.	e submissi
	STUDENT DOCUMENT CHECK LIST	
	The following documents must accompany this application	
	<ul> <li>☐ Birth Certificate</li> <li>☐ Visa Information and Citizenship Certificate (if applicable)</li> <li>☐ Immunisation History Statement (must be obtained from Medicare online via My No other immunisation documentation is acceptable)</li> <li>☐ Latest School Reports</li> <li>☐ All Naplan Reports</li> </ul>	Gov websit
	Medical and/or Disability specialist reports     Medical Action plan (if applicable)	



## **COURT GRAMMAR SCHOOL ENROLMENT AGREEMENT**

NOTE: It is essential both parents/quardians and students read the following agreements prior to submitting this application for consideration. THEY ARE ONLY TO BE SIGNED AT THE ENROLMENT INTERVIEW.

#### PERIOD OF VALIDITY

This agreement is valid from the date of commencement of attendance at the School to the date of formal graduation, withdrawal or dismissal from the School.

### STAFF UNDERTAKING

- The Principal undertakes, on behalf of the School staff, to provide good quality teaching and pastoral care to each student.
- Given the goodwill, good behaviour and co-operation of the student, the Principal further guarantees that (ii) the School staff will work, within the resource limitations of the School, to enable each student to reach their highest possible level of achievement in all courses undertaken.

		y
Signatu	ıre (Prind	cipal):Date :/
		my part in building a caring school family particularly with the Respect ethos I shall: act with respect towards School staff and students; try to achieve my personal best in my studies; behave in public in such a way as to uphold the good name of the School; strive to develop appropriate Work Attitudes and Habits; observe the School Classroom and Travel Codes of Behaviour; make myself available to represent the School in sporting and cultural activities and to attend training sessions/rehearsals; observe the uniform, hair and jewellery standards of the School; and comply with all School regulations (Student Handbook).
I shall r venues		the possession or use of illicit drugs; the possession or use of alcohol, tobacco, or unauthorised prescription drugs; the possession or use of a weapon or implement that may inflict harm; bullying, fighting or verbal intimidation; vandalism or theft; offensive language or possession of offensive literature; disruption of lessons through inappropriate behaviour; and unauthorised absence from class or school.
		understand that I must follow the School rules and do not do so, the Principal may suspend or end my enrolment at the School without notice.
Signatu	ıre (Stud	ent):Date :/
	ITS/ GU ndertake (i)	ARDIANS UNDERTAKING : to support all School regulations and policies as set out in the Student's Undertaking and in the
	` /	The state of the s

- the Student Handbook;
- to accept the Principal's ruling in relation to my son/daughter breach of the Enrolment (ii) Agreement to pay one terms fees in lieu of notice of withdrawal of a student;
- (iii) to pay the School fees within fourteen days of receiving your account, except where a special arrangement has been made with the School. In the event of outstanding fees having to be collected, I understand that I would be liable for any legal costs and commissions incurred.
- (iv) agree and support the values of the CGS Code of Ethical Conduct and Conduct Statements.

Signature (Mother/Guardian 1)	Date:	/
Signature (Father/Guardian 2)	Date:	/

### FOR OFFICE USE ONLY

**ENROLMENTS** 

- □ Birth Certificate
- ☐ Visa Information / Citizenship Certificate (if applicable)
- Immunisation History (must be obtained from Medicare online via MyGov website. No other immunisation documents are acceptable)
- □ Latest school reports
- □ NAPLAN Results
- Medical/Disability specialist reports
- ☐ Medical Action Plan

## **NCCD MANAGER**

- Birth Certificate
- ☐ Immunisation History (must be obtained from Medicare online via MyGov website. No other immunisation documents are acceptable)
  - Latest school reports
  - □ NAPLAN Results
  - Medical/Disability specialist reports
  - ☐ Medical Action Plan