



## APPLICATION FOR ENROLMENT

(Please read Conditions of Enrolment)

PART A: APPLICANT STUDENT DETAILS			
First name		Middle name/s	
Last name		Preferred name	
Gender: Female / Male <i>(please circle)</i>		Date of birth	
Home address <i>(number, street)</i>			
Suburb / State / Postcode			
Postal address <i>(if different from above)</i>			
Religion and/or Denomination		Church attended	
Language or languages other than English spoken at home <i>(main language first please)</i>			
Country of Birth	Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality, if not Australian <i>(attach a copy of visa, or proof of residence status)</i>	
Is the student of Aboriginal or Torres Strait Islander origin? <i>(for persons of both Aboriginal and Torres Strait Islander origin, tick both boxes)</i> <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander			
Proposed starting calendar year <i>(e.g. 2016)</i>	Proposed starting Year level <i>(e.g. Kindy, Year 1)</i>	Proposed starting term/date <i>(e.g. Term 1)</i>	
Proposed Campus <input type="checkbox"/> Oakhurst <input type="checkbox"/> Marsden Park	If Pre-Kindergarten at MP, specify preferred days <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		
Previous school/s		Current school year	
Details of any special learning needs and/or special education support <i>(if necessary, please attach full details on separate sheets)</i>			
Has the applicant repeated any Year levels? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes please provide details)</i>		Has the applicant skipped any Year levels? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes please provide details)</i>	
<b>For office use only:</b>			
Received:	Interview:	Offer Date:	Acceptance:

**PART B: PARENT / CARER / GUARDIAN / DEBTOR DETAILS****Father / Carer / Guardian 1:**

First name		Middle name	Preferred name
Last name		Relationship to student applicant <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Title <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Mobile		Home phone	
Email address ( <i>please print clearly</i> )		Would you like to join the 'RJAS Parents and Friends' Facebook page? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address ( <i>number, street</i> )			
Suburb / Town		State	Postcode
Employer / Business		Occupation	
Work phone	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual		
What is the highest year of schooling completed? <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 less			
What is the highest qualification completed? <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including Trade) <input type="checkbox"/> No non-school qualification			
Country of Birth	Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality, if not Australian ( <i>attach a copy of visa, or proof of residence status</i> )	Languages other than English spoken

**Mother / Carer / Guardian 2:**

First name		Middle name	Preferred name
Last name		Relationship to student applicant <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Title <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Mobile		Home phone	
Email address ( <i>please print clearly</i> )		Would you like to join the 'RJAS Parents and Friends' Facebook page? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address ( <i>number, street</i> )			
Suburb / Town		State	Postcode
Employer / Business		Occupation	
Work phone	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual		
What is the highest year of schooling completed? <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 less			
What is the highest qualification completed? <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including Trade) <input type="checkbox"/> No non-school qualification			
Country of Birth	Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality, if not Australian ( <i>attach a copy of visa, or proof of residence status</i> )	Languages other than English spoken

**To whom should invoices for fees and charges be sent?** Invoices for fees and charges will normally be sent to both parents, jointly.

Name		
Address		
Suburb / Town	State	Postcode

## PART C: DETAILS OF SIBLINGS (If more than three, please attach a separate sheet.)

1	Last name		Other name/s
	Relationship to applicant student	Age	Proposed Year and calendar year of entry to RJAS <i>(if applicable)</i>
2	Last name		Other name/s
	Relationship to applicant student	Age	Proposed Year and calendar year of entry to RJAS <i>(if applicable)</i>
3	Last name		Other name/s
	Relationship to applicant student	Age	Proposed Year and calendar year of entry to RJAS <i>(if applicable)</i>

### *The following information is important to help avoid confusion or embarrassment*

Please complete if relevant:	<input type="checkbox"/> Parents separated	<input type="checkbox"/> Father deceased	Student lives with:
	<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Mother deceased	
Communication regarding day-to-day matters:	Father <input type="checkbox"/> First <input type="checkbox"/> Second Mother <input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> Father only <input type="checkbox"/> Mother only	<input type="checkbox"/> Carer <input type="checkbox"/> Guardian

## PART D: EMERGENCY CONTACTS (Additional to Parent / Carer / Guardian / Debtor)

<b>Emergency Contact 1:</b>	
Full name	
Relationship to student applicant	Contact number
<b>Emergency Contact 2:</b>	
Full name	
Relationship to student applicant	Contact number
<b>Emergency Contact 3:</b>	
Full name	
Relationship to student applicant	Contact number

## PART E: MEDICAL HISTORY

<b>Asthma</b> <input type="checkbox"/> Yes <i>(If yes tick how severe)</i> <input type="checkbox"/> No	<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <b>A student Asthma Record form will be forwarded to you for completion if enrolment proceeds</b>
	<input type="checkbox"/> Severe (Epipen required) <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <b>A student Allergy Action Plan will be forwarded to you for completion if enrolment proceeds</b>
<b>Allergies</b> <input type="checkbox"/> Yes <i>(If yes tick how severe)</i> <input type="checkbox"/> No	

**Please list allergies:**

<b>Permission to give Student Panadol:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please select yes or no for permission for Student Reception staff to administer Panadol if required)</i>	
Medication:	Doctor's Name:
-----	Doctor's Phone Number:

Health issues, medical alerts, disabilities or special needs the School should be aware of: *(if necessary, please attach full details on separate sheets)*

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## PART F: APPLICATION, DECLARATION AND AGREEMENT

- ✓ I/We apply to have the student named in Part A admitted to the School.
- ✓ I/We certify that all personal details supplied with this Application are true and correct.
- ✓ I/We acknowledge and accept that, as set out in the *Prospectus* for the School, a copy of which I/we have received and read, Christianity as described in the Bible will be taught as the spiritual and moral basis of life, and students will be encouraged to come to a personal faith in Jesus Christ.
- ✓ I/We enclose an Application Fee with this *Application for Enrolment* as listed in the current *Fees and Charges* schedule and I/ we acknowledge and agree that this Fee is not refundable.
- ✓ In the event of *Acceptance* by the School, I/we agree to be bound by the *Conditions of Enrolment* current at the time and by the regulations that may be made from time-to-time for the conduct of the School, including the requirement for participation in all activities that are organised by the School as part of its regular academic and co-curricular program.
- ✓ In the event of *Acceptance* by the School, I/we agree to be held jointly and severally responsible for the payment of all Fees and Charges to the School, as set from time-to-time by the School. We also accept that confirmation of Enrolment will necessitate the payment of a non-refundable Acceptance Fee.
- ✓ I understand that photographs and/or videos of my child may be used by the School for community and promotional purposes, including social media, unless otherwise advised in writing by me/us.

### SIGNATURE/S OF APPLICANT/S

(Note: Both parents / carers / guardians are to sign unless there is only one parent / carer / guardian.)

<b>Signature</b> Parent / Carer / Guardian 1	<b>Date</b>
<b>Signature</b> Parent / Carer / Guardian 2	<b>Date</b>

### PRIVACY NOTE

The information requested in this form is required for the purpose of the potential enrolment of a student by the School. The Anglican Schools Corporation has a policy that covers the security, confidentiality and privacy of information obtained. Any 'health information' you provide will be handled in accordance with the *Health Records and Privacy Act 2002*.

Upon completion, please return this Form with the \$50 non-refundable **Application Fee**. Cheques can be made payable to Richard Johnson Anglican School. EFTPOS facilities are available at Reception.

### Richard Johnson Anglican School

PO Box 143

Plumpton NSW 2761

Please note that your submission of this completed *Application for Enrolment* does not constitute Acceptance by the School. Please retain a copy of this *Application for Enrolment* for your records.

### PLEASE ATTACH RELEVANT DOCUMENTATION

This Application will only be considered when copies of the relevant documents listed below are provided.

- A Full Birth Certificate.
- An Immunisation Certificate.
- The two latest School Reports (for a student entering Years 1 to 12).
- The two latest NAPLAN results (for a student entering Years 4 to 11).  
(i.e. NAPLAN exams are conducted in Year 3, 5, 7, 9).
- A Year 10 Record of School Achievement (ROSA) (if applicable).
- A Year 11 Preliminary Record of Achievement (if applicable).
- Any relevant reports regarding learning/behaviour/health/medical/speech, etc.
- Proof of Citizenship Status (if applicable).

Thank you for completing this Application Form. If you have any questions, please do not hesitate to contact the Registrar on **9677 2455** or **registrar@rjas.nsw.edu.au**.