



STRIVING
FOR
EXCELLENCE

APPLICATION FOR ENROLMENT

To complete your child's Application for Enrolment, please complete the form below and return it to our Admissions Registrar at enrolments@sag.wa.edu.au, along with the non-refundable registration fee of \$50 and copies of the required documents as listed on page 7.

STUDENT INFORMATION

Proposed St. Andrew's Grammar Year Level of Entry (**Kindergarten to Year 12**) _____ for **20** _____

Surname: _____

First Name: _____

Preferred Name: _____

Sex: M / F / X Date of Birth: ____ / ____ / ____

Current Year Level and School (if attending): _____

Australian Citizen: Yes No

If No, Permanent Resident Yes No

Country of Birth: _____

Ethnicity: _____

Do you identify as: Aboriginal: Yes No

Torres Strait Islander: Yes No

Main Language(s) spoken: _____

Other Language(s) spoken _____

Religion: _____

INTERNATIONAL STUDENT Yes No

If yes, please attach a copy of your Visa & Passport

Visa Type and Number: _____

Passport Number: _____

Country of Issue: _____

Date of Entry into Australia: _____

STUDENT MEDICAL INFORMATION

Medicare Number: _____

Row: _____

Please detail any medical conditions your child has. Please note we may require more detailed information during the enrolment process.

Please tick and provide information for all that apply below:

Medical Action Plan: Yes No To be provided to the school annually: Yes No

Anaphylactic reactions: _____ Yes No

EpiPen Required: Yes No To be provided to the school annually: Yes No

Allergies: _____ Yes No

Intolerance to food: _____ Yes No

Asthma: _____ Yes No Diabetes: _____ Yes No

Epilepsy: _____ Yes No Phobias: _____ Yes No

Please be aware that we have a Nut Exclusion Policy at our school. As some students at our school have severe allergies to these products, we do not allow them on campus. Please ensure your children do not bring these foods to school. For example, foods such as peanut butter and/or Nutella sandwiches are not allowed.

STUDENTS WITH SPECIAL NEEDS

In order to best assist your child's education and provide the appropriate level of support, please detail any special needs your child has that may affect their education. The Supplementary Enrolment Form will also need to be completed if you have ticked **Yes** on any of the boxes below. This form is available from our website or from the School upon request. Failure to disclose this information may negate this application or may result in the School having to cancel the enrolment at any time.

Psychological <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioural/Safety <input type="checkbox"/> Yes <input type="checkbox"/> No	Communication <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobility <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensory (e.g. Vision/Hearing) <input type="checkbox"/> Yes <input type="checkbox"/> No
Cognitive <input type="checkbox"/> Yes <input type="checkbox"/> No (Gifted & Talented or Learning Difficulties)	Other (please state) <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY DEMOGRAPHICS

Student resides with: Both Parents Both Parents - Shared Custody Mother Father Guardian/s

Siblings – please include children who have previously attended **(P)**, are currently attending **(C)** or are a Future **(F)** student of St Andrew’s Grammar:

Full Name	Date of Birth	P	C	F	Proposed Enrolment
_____	_____				Year _____ 20 _____
_____	_____				Year _____ 20 _____

Other family/relatives that are currently or have previously attended: _____

How did you hear about St Andrew’s Grammar?

- Attended Open Day Lives locally Word of Mouth
 Social Media Website Advertising
 Recommended by a past or current School family.

If yes, please provide the reasons for recommending: _____

PARENT/GUARDIAN DETAILS

Only complete both sections if both parents/guardians are able to sign this application form

PARENT/GUARDIAN 1

Relationship to student: _____

Relationship to Guardian 2: _____

Mr/Mrs/Ms/Miss/Dr Other: _____

Surname: _____

First Name: _____

Religion: _____

Country of Birth: _____

Nationality: _____

Australian Citizen: Yes No

Main Language(s) spoken at Home: _____ Other Language(s) spoken: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Mobile Number: _____ Telephone (work): _____

Telephone (home): _____

Email (please print clearly): _____

The following information regarding your educational qualifications is required by the Federal Government for school census data collection – See MCEETYA Data Collection below

Occupation: _____ Employer: _____

What is the highest year of schooling you have completed? (Please tick the appropriate)

Year 9 or below

Year 10

Year 11

Year 12

What is the highest level of qualification you have completed?

Certificate I to IV

Advanced Diploma

Bachelor's Degree or above

Please indicate your appropriate occupational group:

Senior Management, Government Administration or Defence, Qualified Professionals

Business Managers, Arts/media/sportspersons, Associate Professionals

Tradespersons, Clerks & Skilled Office Workers, Sales & Service Staff

Machine Operators, Hospitality Staff, Assistants, Labourers and related workers

Not in paid work

PARENT/GUARDIAN 2

Relationship to student: _____

Relationship to Guardian 1: _____

Mr/Mrs/Ms/Miss/Dr Other: _____

Surname: _____

First Name: _____

Religion: _____

Country of Birth: _____

Nationality: _____

Australian Citizen: Yes No

Main Language(s) spoken at Home: _____

Other Language(s) spoken: _____

Residential Address: _____

Suburb: _____

Postcode: _____

Mobile Number: _____

Telephone (work): _____

Telephone (home): _____

Email (please print clearly): _____

The following information regarding your educational qualifications is required by the Federal Government for school census data collection – See MCEETYA Data Collection below

Occupation: _____

Employer: _____

What is the highest year of schooling you have completed? (Please tick the appropriate)

Year 9 or below

Year 10

Year 11

Year 12

What is the highest level of qualification you have completed?

Certificate I to IV

Advanced Diploma

Bachelor's Degree or above

Please indicate your appropriate occupational group:

Senior Management, Government Administration or Defence, Qualified Professionals

Business Managers, Arts/media/sportspersons, Associate Professionals

Tradespersons, Clerks & Skilled Office Workers, Sales & Service Staff

Machine Operators, Hospitality Staff, Assistants, Labourers and related workers

Not in paid work

EMERGENCY CONTACTS

Please provide the names and details of persons to be called if parents/guardians cannot be contacted.

*****This is a compulsory field and must be completed, with a minimum of 2 contacts required*****

Name 1: _____

Relationship to student: _____

Telephone: _____

Mobile: _____

Name 2: _____

Relationship to student: _____

Telephone: _____

Mobile: _____

Name 3: _____

Relationship to student: _____

Telephone: _____

Mobile: _____

MCEETYA DATA COLLECTION

The Ministerial Council on Education, Employment, Training and Youth Affairs, Federal Government, requires information captured above regarding your educational qualifications for school census collection.

Information is also collected on this form and during your child's enrolment in order to meet our obligations under the ESOS Act and the National Code 2007 for international students; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you and your child on this form and during his or her enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information can be collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

PRIVACY STATEMENT

Under the Privacy Act (the Act) St Andrew's Grammar is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Act and the 13 Australian Privacy Principles (APP's). This information is set out in your Privacy Policy which is available on the schools public website www.sag.wa.edu.au and also available upon request from the School Administration. Our Privacy Policy describes:

- Who we collect information from;
- The types of personal information collected and held by us;
- How this information is collected and held;
- The purpose for which your personal information is collected, held, used and disclosed;
- How you can gain access to your personal information and seek its correction;
- How you may complain or inquire about our collection, handling, use or disclosure of your personal information and how that complaint or inquiry will be handled; and
- Whether we are likely to disclose your personal information to any overseas recipients.

** We strongly recommend that you read our Privacy Policy and if you have any queries with respect to its content you should contact the Principal's Personal Assistant at principalpa@sag.wa.edu.au.

PARENT/GUARDIAN ACKNOWLEDGEMENTS

I/We acknowledge that all information provided to the school is true and current to the best of our knowledge and belief, and that a failure to disclose any information may result in this application being refused or may result in the school having to cancel the enrolment at any time.

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____

DOCUMENTS ATTACHED TO THIS APPLICATION FOR ADMISSION

It is essential that copies of the following documents are supplied together with your application. Please tick the boxes below to acknowledge that copies have been attached.

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate or current Passport | <input type="checkbox"/> Any relevant custodial documents |
| <input type="checkbox"/> Immunisation records | <input type="checkbox"/> Certificates of any academic testing (eg. NAPLAN) |
| <input type="checkbox"/> Most recent school reports (2 years if possible) | <input type="checkbox"/> Copy of current Visa (International students) |
| <input type="checkbox"/> Supplementary Form for Students with Special Needs (if applicable) | |

ADMINISTRATION USE ONLY

- | | | |
|--|---|----------------------|
| <input type="checkbox"/> Registration Fee of \$50.00 | Receipt Number: _____ | Cash/EFTPOS |
| <input type="checkbox"/> Documents scanned/received | Date received: _____ | |
| <input type="checkbox"/> Interview Booked | Date of Interview: _____ | |
| <input type="checkbox"/> Entered into Synergetic | <input type="checkbox"/> F <input type="checkbox"/> C | Date of entry: _____ |

Additional Notes: _____
