



Student Enrolment Application

**FATHER**

Title  Given Name  Surname

Address  State  Postcode

Postal Address  State  Postcode

Home Phone  Work phone  Mobile

Email  Occupation  Employer

Religion  Church Attending  Church Membership (SDA only)

Nationality  Australian Citizen Yes  No  Australian Resident Yes  No

Passport Number  Visa Type/Number

**MOTHER**

Title  Given Name  Surname

Address  State  Postcode

Postal Address  State  Postcode

Home Phone  Work phone  Mobile

Email  Occupation  Employer

Religion  Church Attending  Church Membership (SDA only)

Nationality  Australian Citizen Yes  No  Australian Resident Yes  No

Passport Number  Visa Type/Number

**OTHER (step parent/guardian/defacto)**

Title  Given Name  Surname

Address  State  Postcode

Postal Address  State  Postcode

Home Phone  Work phone  Mobile

Email  Occupation  Employer

Religion  Church Attending  Church Membership (SDA only)

Nationality  Australian Citizen  Yes  No  Australian Resident  Yes  No

Passport Number  Visa Type/Number

**PARENT INFORMATION**

What is your marital status?  
 Married  Divorced  Single  Widowed  Defacto  Separated

If parents are separated/divorced, student/s reside with  
 N/A  Mother  Father  Shared  Other

Are there any court orders in place that affect the student/s?  
 No  Yes (please supply copy of order with this application)

## EMERGENCY CONTACTS (people other than a parent)

Full Name (Contact 1)	Relationship to student	Full Name (Contact 2)	Relationship to student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work/Home Phone	Mobile	Work/Home Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CENSUS

What is the main language spoken at home by:

Mother	Father	Student/s
<input type="text"/>	<input type="text"/>	<input type="text"/>

Father's School Education (Please tick the highest level you have completed)

<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
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Father's Post School Education (Please tick the highest level you have completed)

<input type="checkbox"/> Certificate I to IV	<input type="checkbox"/> Diploma/Advanced Diploma	<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> No post school education
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Mother's School Education (Please tick the highest level you have completed)

<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
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Mother's Post School Education (Please tick the highest level you have completed)

<input type="checkbox"/> Certificate I to IV	<input type="checkbox"/> Diploma/Advanced Diploma	<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> No post school education
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## COMMUNICATION

With whom should Toronto Adventist School communicate regarding day to day matters?

<input type="checkbox"/> Mother & Father	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other	<input type="text"/>
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If other, please specify.

A SMS will be sent to the below nominated number when your child is absent. One mobile number only:

Mobile	<input type="text"/>	<input type="checkbox"/> Mother & Father	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other	<input type="text"/>
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If other, please specify.

Who should receive copies of the reports?

<input type="checkbox"/> Mother & Father	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other	<input type="text"/>
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If other, please specify.

## STUDENT 1

Pre-Kindy (circle)

Wed Thur

Expected Entry Grade Level (circle) K 1 2 3 4 5 6

Expected Entry Year (example, 2022)

Given Name	Surname	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Country of Birth	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Female	<input type="checkbox"/> Male	Aboriginal but not Torres Strait Islander	<input type="checkbox"/> Torres Strait Islander but not Aboriginal	<input type="checkbox"/> Aboriginal and Torres Strait Islander	<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander	Australian Resident	If Yes, Visa Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Religion	Church Attending	Church Membership (SDA only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Year Level	Current School	Other Schools Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>

How will this student travel to school?	Has the student repeated any grade levels? If yes, please detail.
<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

Has the student been expelled, suspended or refused admission to another school? If yes, please detail.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

### Medical Details

Student's Doctor	Doctor's Phone	Medicare Number	Expiry	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Fund Name	Health Fund Number	Ambulance Cover
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical History
<input type="text"/>

Prescribed Medication	Are medications to be brought to school?
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the student have an Asthma diagnosis?	Has this student been hospitalised in the past 2 years for Asthma?	Does the student have allergies?	If yes, please detail.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Current Asthma reliever medication (please attach health care plan or other reports/plans if applicable).	Current Asthma preventer medication (please attach health care plan or other reports/plans if applicable).
<input type="text"/>	<input type="text"/>

Does the student require support because of a Disability?	If yes, please detail (failure to disclose information may result in the enrolment not being accepted/cancellation of enrolment).
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Does the student have any of the following?						
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Behavioural disorder	<input type="checkbox"/> Language disorder	<input type="checkbox"/> Learning difficulty	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Intellectual disability
<input type="checkbox"/> Mental health disorder	<input type="checkbox"/> Autism	<input type="checkbox"/> Other	If other, detail:	<input type="text"/>		

## STUDENT 2

Pre-Kindy (circle) Wed Thur

Expected Entry Grade Level (circle) K 1 2 3 4 5 6

Expected Entry Year (example, 2022)

Given Name		Surname		Preferred Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth		Country of Birth		Nationality	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Female <input type="checkbox"/> Male		Aboriginal and Torres Strait Islander		Neither Aboriginal nor Torres Strait Islander	
<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal		<input type="checkbox"/> Aboriginal and Torres Strait Islander		<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander	
Religion		Church Attending		Church Membership (SDA only)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Current Year Level		Current School		Other Schools Attended	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
How will this student travel to school?		Has the student repeated any grade levels? If yes, please detail.			
<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>			
Has the student been expelled, suspended or refused admission to another school? If yes, please detail.					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>					
<b>Medical Details</b>					
Student's Doctor		Doctor's Phone		Medicare Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Health Fund Name		Health Fund Number		Ambulance Cover	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical History					
<input type="text"/>					
Prescribed Medication				Are medications to be brought to school?	
<input type="text"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have an Asthma diagnosis?		Has this student been hospitalised in the past 2 years for Asthma?		Does the student have allergies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	
Current Asthma reliever medication (please attach health care plan or other reports/plans if applicable).			Current Asthma preventer medication (please attach health care plan or other reports/plans if applicable).		
<input type="text"/>			<input type="text"/>		
Does the student require support because of a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>					
Does the student have any of the following?					
<input type="checkbox"/> Physical disability		<input type="checkbox"/> Behavioural disorder		<input type="checkbox"/> Language disorder	
<input type="checkbox"/> Mental health disorder		<input type="checkbox"/> Autism		<input type="checkbox"/> Other	
				If other, detail: <input type="text"/>	

## STUDENT 3

Pre-Kindy (circle) Wed Thur

Expected Entry Grade Level (circle) K 1 2 3 4 5 6

Expected Entry Year (example, 2022)

Given Name		Surname		Preferred Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth		Country of Birth		Nationality	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Female <input type="checkbox"/> Male		Aboriginal and Torres Strait Islander		Neither Aboriginal nor Torres Strait Islander	
<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal		<input type="checkbox"/> Aboriginal and Torres Strait Islander		<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander	
Religion		Church Attending		Church Membership (SDA only)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Current Year Level		Current School		Other Schools Attended	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
How will this student travel to school?		Has the student repeated any grade levels? If yes, please detail.			
<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>			
Has the student been expelled, suspended or refused admission to another school? If yes, please detail.					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>					
<b>Medical Details</b>					
Student's Doctor		Doctor's Phone		Medicare Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Health Fund Name		Health Fund Number		Ambulance Cover	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical History					
<input type="text"/>					
Prescribed Medication				Are medications to be brought to school?	
<input type="text"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have an Asthma diagnosis?		Has this student been hospitalised in the past 2 years for Asthma?		Does the student have allergies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	
Current Asthma reliever medication (please attach health care plan or other reports/plans if applicable).			Current Asthma preventer medication (please attach health care plan or other reports/plans if applicable).		
<input type="text"/>			<input type="text"/>		
Does the student require support because of a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>					
Does the student have any of the following?					
<input type="checkbox"/> Physical disability		<input type="checkbox"/> Behavioural disorder		<input type="checkbox"/> Language disorder	
<input type="checkbox"/> Mental health disorder		<input type="checkbox"/> Autism		<input type="checkbox"/> Other	
				If other, detail: <input type="text"/>	

## FEE INFORMATION

Details of person/s responsible for payment of fee account

<b>Person 1</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="text"/>	Other (specify)	<b>Person 2</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="text"/>	Other (specify)
Title	Full Name				Title	Full Name			
<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>			
Postal Address	<input type="text"/>				Postal Address	<input type="text"/>			
<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Home Phone	Work Phone		<input type="text"/>		Home Phone	Work Phone		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	
Mobile	<input type="text"/>				Mobile	<input type="text"/>			
<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>			
Email	<input type="text"/>				Email	<input type="text"/>			
<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>			

### Employee Subsidy

If your employer offers assistance with an Employee Subsidy, please supply the following:

Company Name & Payroll Officer

Postal Address

<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
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### Employee Subsidy

If your employer offers assistance with an Employee Subsidy, please supply the following:

Company Name & Payroll Officer

Postal Address

<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
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Are you enrolled in a full-time degree course at Avondale University?

Yes  No

If yes, please detail:

Are you enrolled in a full-time degree course at Avondale University?

Yes  No

If yes, please detail:

## CONDITIONS OF ENROLMENT

Enrolment at Toronto Adventist School is subject to the following terms and conditions:

1. That the Parents/Guardians will support the ethos and philosophy of the School and will endeavour to support and uphold the principles, practices and policies of the School in every way.
2. That the Parents/Guardians give permission for their child/children to take part in all of the School's activities, including Biblical Studies, devotional activities, sports and school-sponsored trips away from the School and understand and accept that teachers will be responsible and liable for such reasonable care and protection as is normally given by parents.
3. That the Parents/Guardians undertake to provide their child/children with all necessary equipment of a personal nature including school uniform that may be needed to enable full participation in the School's education program and to give positive encouragement to help the child/children complete assigned tasks.
4. That, while acknowledging that students come from varied religious and ethnic backgrounds, enrolment in Toronto Adventist School presupposes that students will behave, both in and out of school, in a manner which does not contravene the Student Code of Conduct. This code, based on Christian principles of behaviour and lifestyle, is outlined in the School Handbook (available at the Administration Office). Should a student not behave in such a manner, and bring dishonour on the School, his/her enrolment may be jeopardised.
5. That the Parents/Guardians, in the event of illness or injury to their child/children which requires medical or hospital treatment including injections, blood transfusions, surgery and the like and if the Parent/Guardian is not readily available, will authorise the Principal or person in control to arrange such treatment, without incurring any legal liability to the School or persons authorising the medical attention.
6. Upon both parties signing this enrolment form both parties agree to be held jointly and severally liable for all school fees, costs, contingency fees, interest etc regardless of any changes in their circumstances now or in the future to Toronto Adventist School. Toronto Adventist School may at times enter into an arrangement with either party or a third party, but in doing so does not relinquish, diminish or alter the way that Toronto Adventist School may exercise its rights to pursue either party for any outstanding school fees, costs, contingency fees, interest etc from either party regardless of any payments that have been paid by either party or any other third party. These conditions apply for the duration of enrolment.
7. Parents/Guardians agree that in the event of the customers breach of any of the terms of this agreement including a failure to make payment of any monies due to Toronto Adventist School pursuant to this agreement the Parents/Guardians shall pay to Toronto Adventist School all collection costs, commissions, fees, charges and expenses including legal costs on a solicitor and own client basis incurred by Toronto Adventist School of and incidental to this agreement or any matter arising out of or incidental to this agreement or the Parent/Guardian performance of or failure to perform any of the terms of this agreement.
8. That each child will accept his/her responsibility to make the most of the opportunity that Toronto Adventist School provides. If, however, this is not the case the School Advisory Council may suspend or terminate enrollment at its discretion for failure to comply with these conditions or for other serious breaches of the School's rules and regulations.
9. For further information about our Conditions of Enrolment please refer to our School Handbook. You can obtain a copy at the Administration Office.

### Medical Authority

A Medication Authority Form must be completed for any medication required, and all medications will be stored in a locked cupboard.

If the School is unable to contact a Parent/Guardian nominated contact person, I/We hereby authorise the School to arrange the necessary medical attention through one of the local medical centres or ambulance services. I/We agree to accept full responsibility for expenses incurred. I/We acknowledge that the medical information given is accurate and can be used for all school activities.

### School Excursions

Realising that I shall be notified of all school excursions, I/We give permission for my child/children, listed on this application, to attend these events. I/We reserve the right to request that my child/children does/do not participate in individual excursions.

### Information Technology

Each student will accept age appropriate responsibility for the use of IT and internet access and agrees to the conditions set out in the Acceptable Use Policy of the School which is binding to both parents/guardians and students. All students are required to sign a IT User Agreement form yearly.

### Marketing

Toronto Adventist School collects data and images of students for identification, marketing and website/social media purposes. The Privacy Policy for the School is available in the School Handbook and on the School's website. If you do not want your child/children's data or images to be used for the above purposes, please notify the Principal in writing.

### Change of Information

I/We acknowledge that it is my/our responsibility to inform the school with updated medical and personal information as it arises.

The School Advisory Council reserves the right to amend, modify, add to or remove from the 'Conditions of Enrolment' such items as are required from time to time and will undertake to notify parents/guardians of such changes in writing while their child/children remain at Toronto Adventist School.

## OTHER

How did you first hear of Toronto Adventist School?

Friend

Relative

Local newspaper

Website

Social Media

Other (specify)

What is the main reason for enrolling your child/children at Toronto Adventist School?

Do you have children that attend another SDA School?

Yes

No

If yes, please specify name of other Adventist School

Number of children attending other Adventist School

## APPLICATION SIGNATURE 1

I have read and accept the Conditions of Enrolment and agree to actively support and to assist where possible in the life of the school program. I certify that the information given is true and correct.

Signature of Parent/Guardian

Date

Full Name (please print)

## APPLICATION SIGNATURE 2

I have read and accept the Conditions of Enrolment and agree to actively support and to assist where possible in the life of the school program. I certify that the information given is true and correct.

Signature of Parent/Guardian

Date

Full Name (please print)

## CHECKLIST

Completed all sections of this form

Copies of previous school reports/NAPLAN

Immunisation Certificate

Birth Certificate

Copy of Visa (if applicable)

Copies of any external professional reports/health care plans

Return Application for Enrolment forms and documents to Administration Office