

APPLICATION FOR ENROLMENT

Date: _____

School Year Applying for: Year 9 Year 10 Year 11 Year 12

PERSONAL DETAILS

Student Name:

Surname _____

First Name _____ Middle Name(s) _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Student Address: _____

Suburb: _____ Post Code: _____

Student Email: _____

Home Ph Number: (____) _____ Student's Mobile: _____

Mailing address (if different) _____

Living arrangements: (Please tick)		
With Parents <input type="checkbox"/>	With Mother <input type="checkbox"/>	With Father <input type="checkbox"/>
With other relative: <input type="checkbox"/> _____	Independent <input type="checkbox"/>	Other: <input type="checkbox"/> _____

Contact Details of Parent /Guardian 1

Mr/Mrs/Ms/Dr (Please circle) _____ Relationship to Student _____

First Name: _____ Surname: _____

Home Ph.: (____) _____ Work: _____ Mobile _____

Email: _____

Contact Details of Parent /Guardian 2

Mr/Mrs/Ms/Dr (Please circle) _____ Relationship to Student _____

First Name: _____ Surname: _____

Home Ph.: (____) _____ Work: _____ Mobile _____

Email: _____



Statistics

Country of Birth _____ Australian Citizen Yes No

Is the young person of Aboriginal decent? Yes No

Is the young person of Torres Strait Islander decent? Yes No

Does the young person come from a Non English Speaking background? Yes No

Details: _____

Does the young person have a disability or current diagnosis? Yes No

If yes, please attach letter from treating Medical Provider.

Details: _____

EDUCATIONAL DETAILS

Current/ Previous School Enrolments

Currently Attending School

Not currently attending School

School attending/attended: _____

Year : 8 / 9 / 10 / 11 / 12 Completed: Yes No

Details (if not currently attending school): _____

STUDENT MEDICAL DETAILS

Medicare No:																			
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Known Allergies

None

Yes - please specify (e.g. peanuts, insect stings)

NB: If a parent /guardian indicates any allergies, the school requests an action plan from a Medical Practitioner outlining advice regarding the required process for further action.



Other Medical Conditions

Please specify any other medical and mental health conditions. (e.g. asthma, diabetes, epilepsy, anxiety)

Assessment / Support Details

If the young person is currently receiving assistance from a psychiatrist, psychologist, behavioral therapist or other practitioner.

- None
- Yes - please complete their details below.

Type of Service: _____

Name of Service: _____

Please attach an outline of results or copy of report.

Other Emergency Contacts

If we cannot contact you in the event of an emergency please provide contact details of least at two other contacts. Please nominate people who may be contacted in the event of an emergency when you cannot be contacted.

1st Contact – parent/Guardian 1 - as listed under Personal details.

Contact

Name: _____ Relationship to Student: _____

Contact phone 1: _____ Contact phone 2: _____

Contact

Name: _____ Relationship to Student: _____

Contact phone 1: _____ Contact phone 2: _____

GP Details

GP Name: _____ Phone: _____

ATTACHMENTS

An application will not progress any further until all supporting documents have been provided.

If you have difficulty obtaining information, please contact TLK Alesco School.

Please only attach copies of any reports and certificates.

DO NOT ATTACH ORIGINAL DOCUMENTS.

Item	Attached	
	YES	NO
Copy of birth certificate (full or extract) or passport		
Letter from treating Medical Provider if you ticked yes for: <ul style="list-style-type: none"> • Disability/Current Diagnosis • Allergy (action plan) • Assessment/Support Details 		

Please ensure you have completed all sections.

A final decision regarding the young person's placement will only be decided AFTER all information required has been provided to the school and an interview with the student has been conducted.

Places at TLK Alesco School are in high demand. All people applying for a position with the school need to be aware that an application does not automatically entitle the young person a place.

SIGNATURE

Personal Information Protection Statement - Personal information and medical details are collected from you so that school staff can develop a medical action plan and provide support for the student's medical condition. Personal information may be disclosed to health practitioners to support student health requirements.

Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the school.

Signing this form - to sign this form you must be either be:

- an independent or adult student; or
- the parent or guardian or other person who has care of the student.
- I certify that the information provided in this form is correct.
- I have read and understood the Personal Information Protection Statement.

Signed: _____
 Parent /Guardian /Caregiver / Adult Student

Date: _____



Publication Permission

Student Name: _____ Year _____

Dear Parent/Guardian,

From time to time we are lucky enough to have the opportunity to promote the activities of TLK Alesco School either internally through staff newsletters or externally through the school newsletter or public media such as local newspaper, television news and digital media (e.g. the Alesco website). If a student is under the age of 16 we require parental consent to be able to use their image or voice. If a student is 16+ we are happy for them to sign the consent form but like to ensure parents of the regulations around use of student images and opinions. The points of importance are:

- Whenever a student is involved in photographs or opinions for publication we always ensure a staff member has approved the story and is present during the photography.
- We only ever have stories and use images that are appropriate and related to the learning environment.

The school will take all care possible to ensure that any image or opinion is used for legitimate purposes but in the case of Newspaper and Television the image taken by them remains their property.

I **am** happy with involvement in promotion of the learning environment if the opportunity arises.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

I do not give permission. Parent/Guardian Signature _____



Local Learning Excursion

Students Name: _____ Year _____

Dear Parent/Guardian,

Throughout the year we like to take the opportunity to take both impromptu and organised short excursions within Gosford and Wyong Shires. These excursions may aid in meeting subject outcomes and students learnings experiences. We would like to know that you support us in our ability to enhance learning by giving your permission for us to take your child on any excursions.

These local excursions may consist of, but are not limited to:

- Walking down to the lake or taking part in an activity
- A walk to the nearest sport grounds
- Workplace visits
- Reward days
- Trips to the library or other educational facility
- Bush walks

I give permission for my child to participate in Local Learning Excursions.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

I do not give permission. Parent/Guardian Signature _____

Information Release

Students Name: _____ Year _____

Dear Parent/Guardian,

From time to time it is necessary for staff from TLK Alesco School to access records or information regarding a student so that we may be better placed to support their needs during their enrolment with us.

As a general rule if we are to access external information we discuss this need with the student/parents concerned and inform them of the explicit purposes of needing the information. However we are also required to have permission given to us in writing.

Examples of reports which may be required are;

- School
- Counsellor
- Behavioural Assessment
- Health Assessment
- Juvenile Justice
- Case Worker
- Department of Community Services

I give permission for TLK Alesco School to request or access any records or information which may be required to support the ongoing placement of me /my child at TLK Alesco School.

I am aware that all records, reports or case notes will be filed in my child's individual file and will be maintained under the Privacy & Confidentiality Policy, which includes storage in a locked filing cabinet and access granted only to authorised staff.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____

I do not give permission. Parent/Guardian Signature _____



Flexible School Attendance Parental Supervision Form

Students Name: _____ Year _____

Dear Parent/Guardian,

You are aware from information provided in the school’s prospectus that we have a flexible timetable, which allows students to complete the mandatory requirements and necessary outcomes, as stipulated by the NSW Education Standards Authority.

To ensure that TLK Alesco School is compliant and to allow our flexible timetable to continue, we require all parent/guardians to acknowledge parental responsibility for supervision of students on days where there are no timetabled lessons - presently Fridays during the school term.

If the form is not completed, there will be an expectation that the student attends school on a Friday to complete tasks required of them from the staff of TLK Alesco School. We would prefer students to be seeking part-time employment and building their resume, which is the purpose of our flexible timetable.

STATEMENT

As the parent/carer of the above mentioned student, I understand that I am responsible for his/her supervision when there are no timetabled lessons, currently Friday.

The school collects this information to process Flexible School Attendance. The personal information provided will be managed in accordance with the school’s privacy policy.

I understand that:

- I am responsible for his/her supervision where there are no timetabled lessons (currently Fridays), for the period of their enrolment.
- Flexible School Attendance may be cancelled at any time.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____

I do not give permission. Parent/Guardian Signature _____