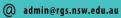


# **Enrolment Form**

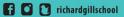
STUDENT DETAILS					
Family Name					
First Given Name					
Second Given Name					
Preferred First Name					
Gender [		Date of birth	dd	/ mm	/ ٧٧٧٧
Into which year are you seek to enrol this student?	K 1 2 3	Intended Start Date	dd	/ mm ,	/ ٧٧٧٧
Publishing student inform	nation				
informing the school and br noteworthy projects or comm at school such as photographs interactive media. Platforms a	ormation about your child for the proader community about schood nunity service. This information mass, sound and visual recordings of across which this information may school report and various social numbers.	ol and student activities and renay include your child's name, ag your child, your child's work and be shared include, but are not li	ecording ge, class a d expressi	student pa and informa ions of opin	articipation in ation collected nion such as in
	d Gill School to publish informa ective until I advise otherwise.	tion about my child in publicly	ı accessik	ole commu	nications.
Yes No					
Aboriginality					
Is the student of Aboriginal o	or Torres Strait Islander Origin?				
☐ No ☐ Aboriginal ☐	Torres Strait Islander 🔲 Both				
Languages Other than En	nglish Spoken at Home				
Does the Student Speak a lar	nguage other than English at Ho	ome?			
No, English only Main Language other than E	Yes English spoken at home by the st	:udent			
Country of Birth?					
Student's Residency Statu	us				
Australian Citizen Yes [	No If NO, Visa – Resid	dency details (if applicable)			













Previous Schools		
Previous school/pre-school name  Previous school/pre-school contact person  Previous school/pre-school contact phone number		
STUDENT DETAILS – additional information		
Are you interested in accessing a school bus?	Yes	☐ No
Special Circumstances		
Are there any special circumstances about the student seeking to be enrolled that the schoenrolment? (e.g. living apart from parental supervision, subject of a court order)	ol should know p	orior to
Yes No If yes, please provide a brief description of the circumstan	ces below.	
Students with additional learning and support needs, including disability		
Does the student require support for learning because of disability?	Yes	☐ No
Special needs/NDIS Plan	Yes	No
Please describe any special need conditions which your child may require:		
Student medical details and health conditions		
Student's Medicare number Medicar	e card reference n	umber
Medicare card valid to date dd / mm / vvvv		
Doctor's name/medical centre  Address  Phone number		



Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing this form. Attach an additional page if required.

AH / 1: 1 1::		A 1 1		,
Allergy/medical condition	Doctor's name	Address	Tele	ephone
If your child has a documented	plan to support any health or m	nedical needs from a previous	s school or organ	isation (e.g.
preschool, occasional care, etc,	) please provide it to the school (	as an attachment to this forr	n.	
ALLERGIES – these can incl	ude allergies to insect stings	s, drugs, latex, food (e.g.	nuts, eggs, pea	nuts) or other
If you child has an allergy, plea	ase specify in the box below. Fo	r this allergy please answer	the questions bel	low where
applicable.				
<u></u>				
Allergy to				
Has a doctor diagnosed this all	ergy?		Yes	☐ No
				_
Is this a severe allergy (anaphy	•		Yes	☐ No
Anaphylaxis is a severe, potent	tially life-threatening, allergic re	eaction.		
Does your child have an ASCIA	Action Plan for Anaphylaxis?		☐ Yes	∐ No
ır				
If yes, is this plan attached?				∐ No
Has your child been prescribed	Nan EniBon2		☐ Yes	□No
•	ed an EpiPen, you will need to p	rovide the school with one (		
	ped a new EpiPen the doctor sho		·	
important that any updated pl	•	raid issue all apadica liselit	, , , , , , , , , , , , , , , , , , , ,	mapriyramar re is
,		_		
What is the expiry date of the	EpiPen that will be provided to	the school?	mm /	VVVV
• •	pleting this form, the school wi	_	enrolment.	
Does your child have an ASCIA	Action Plan for Allergic Reactio	ins?	Yes	☐ No
It is important that any update	ed plan is provided to the school	l.		
Please list any medication pres	scribed for this allergy			
The school will require further	details in relation to prescribed	medication on enrolment	Parents of childre	en who require
	prescribed medication at school			
you with a copy of the request form.				



Medical Conditions Other than Allergies and Anaphylaxis (E.g. Asthma, Severe Astellars identify and provide details below of any other medical condition for which your child one condition or insufficient space, please attach additional pages and answer all the following	d is being trea	ted. (If more than
Medical Condition		
Has a doctor diagnosed this condition?	Yes	☐ No
Does your child have a documented action plan from a doctor (e.g. asthma action plan)?	Yes	☐ No
If yes, is the plan attached?	Yes	☐ No
Is your child taking prescribed medication for this condition	Yes	☐ No
If yes, what is the prescribed medication?  The school will require further details in relation to prescribed medication on enrolment. Polynomials of the school will require further details in relation to prescribed medication on enrolment.	arents of childi	ren who require
their child to be administered prescribed medication at school must complete a written request you with a copy of the request form.	-	,
Risk to Others		
To your knowledge, is there anything in the child's history or circumstances which might pochild, other children or staff at this school?	ose a risk of an Yes	y type to this No
If yes, please provide additional information.		





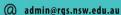




#### **FAMILY DETAILS**

## Parent/Carer 1 with whom this child normally lives If applicable, copies of any relevant family law or other court orders must be provided. Title (e.g. Mr/Mrs/Ms) Gender Relationship to child Family name Given name Country of birth Aboriginality No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander **Occupation Group** Please choose the group that best describes your occupation Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See the final page attachment for more information and examples. Group 8 Have not been in paid work in the last 12 months Group 4 Machine operators, hospitality staff, assistants, labourers and related workers Group 3 Tradespeople, clerks and skilled office, sales and service staff Group 2 Other business managers, arts/media/sportspersons and associate professionals Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals Occupation School Education What is the highest level of schooling completed? For persons who never attended school, mark 'year 9 or equivalent or below' (mark one box only). Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below **Educational Qualifications** What is the highest qualification completed? No non-school qualification Certificate I to IV (including trade certificate Advanced diploma/diploma Bachelor degree or above Languages Other Than English Spoken At Home Does this parent/carer speak a language other than English at home? No, English Only Yes If yes, what language(s) other than English are spoken at home? Please write the actual language(s) used, for example Swahili (not African), Punjabi (not Indian) Main language other than English spoken at home by parent/carer 1 Other language(s) spoken at home











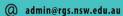
### Parent/Carer 2 with whom this child normally lives If applicable, copies of any relevant family law or other court orders must be provided. Title (e.g. Mr/Mrs/Ms) Gender Relationship to child Family name Given name Country of birth No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander Aboriginality **Occupation Group** Please choose the group that best describes your occupation Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See the final page attachment for more information and examples. Group 8 Have not been in paid work in the last 12 months Group 4 Machine operators, hospitality staff, assistants, labourers and related workers Group 3 Tradespeople, clerks and skilled office, sales and service staff Group 2 Other business managers, arts/media/sportspersons and associate professionals Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals Occupation **School Education**

What is the highest level of schooling completed?  For persons who never attended school, mark 'year 9 or equivalent or below' (mark one box only).  Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below					
Educational Qualifica	ntions				
What is the highest qualification completed?					
No non-school qualifica	☐ No non-school qualification ☐ Certificate I to IV (including trade certificate ☐ Advanced diploma/diploma ☐ Bachelor degree or above				
Languages Other Than English Spoken At Home					
Does this parent/carer speak a language other than English at home?					
No, English Only	Yes	If <b>yes</b> , what language(s) other than English are spoken at home?			
Please write the actual language(s) used, for example Swahili (not African), Punjabi (not Indian)					

Other language(s) spoken at home



Main language other than English spoken at home by parent/carer 1







Parent/Carers with whom this child normally lives					
Name to be used for all correspondence (e.g. Mr and Mrs A Black, Ms B Green)					
Residential Address					
Is this the residential address	of the child to be enrolled	1?	Yes	☐ No	
Correspondence Address					
If you have a correspondence	address that is different t	o your residential address, please	write it below (e.g.	. PO Box)	
	tions or times relevant to a	ecify, in order of preference, who any contact number, please include		ent box next to	
Name of Parent/Carer to con	tact first				
		Comments			
Phone number (mobile)					
Phone number (home)					
Phone number (work)					
Contact Email Address	Contact Email Address				
Name of Parent/Carer to contact second					
		Comments			
Phone number (mobile)					
Phone number (home)					
Phone number (work)					
Contact Email Address					









### Parent/Carers not living with this child

Complete only if applicable. Copies of any relevant family law or other court orders must be provided. Please print and attach additional pages if required for multiple parents/carers not living with this student.

Title (e.g. Mr/Mrs/Ms)	Gender			
Relationship to child				
Family name				
Given name				
Country of birth				
, 1				
Aboriginality	No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander			
Occupation Group Please choose the group th	nat best describes your occupation			
	have retired or stopped work in the last 12 months, choose the group in which you used to work. ent for more information and examples.			
= '	een in paid work in the last 12 months perators, hospitality staff, assistants, labourers and related workers			
Group 3 Tradespeop	sle, clerks and skilled office, sales and service staff			
=	ess managers, arts/media/sportspersons and associate professionals			
Group 1 Senior man	agement in large business organisation, government administration and defence, and qualified professionals			
Occupation	Occupation			
School Education				
•	f schooling completed?  ended school, mark 'year 9 or equivalent or below' (mark one box only).  Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below			
Educational Qualifications				
What is the highest qualific	cation completed?			
No non-school qualification Certificate I to IV (including trade certificate Advanced diploma/diploma Bachelor degree or above				
Contact Details				
If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (e.g. Mondays and Tuesdays only).				
	Comments			
Phone number (mobile)				
Phone number (home)				
Phone number (work)				
Preferred email address for	r correspondence			



f richardgillschool



Parent/Carers not living with this student (continued)					
Residential Address					
Does the child sometimes re	side at this address?	☐ Yes ☐ No			
Correspondence Address  If you have a correspondence	Correspondence Address  If you have a correspondence address that is different to your residential address, please write it below (e.g. PO Box)				
	r the age of 18 years who n th contact should be someo	may be contacted in the event of an emergency if the school is unable to contact one who lives near the school. Please ensure that you have discussed with these			
Contact Details (first pref	erence)				
Family name					
Given name					
Relationship to child (e.g. ne	eighbour/aunt/uncle)				
If there are any special condithe number (e.g. Mondays a		to any contact number, please include this in the comment box next to  Comments			
Phone number (mobile)					
Phone number (home)					
Phone number (work)					
Contact Details (second p	Contact Details (second preference)				
Family name					
Given name					
Relationship to child (e.g. neighbour/aunt/uncle)					
If there are any special condition the number (e.g. Mondays a		to any contact number, please include this in the comment box next to			
		Comments			
Phone number (mobile)					
Phone number (home)					
Phone number (work)					











#### Declaration and signature

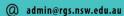
I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I have read and understand the information in this application including about the collection of personal information, publishing student information, online services, and consent. Where I have given personal information about people other than myself or my child(ren) I have done so with their authorisation. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

I understand the Richard Gill School (RGS) is a comprehensive, secular, independent primary school with a musical focus, tailored around the educational philosophy of Richard Gill AO. I acknowledge that:

- the school has no faith affiliation
- the school will deliver daily music lessons to all students,
- fees are payable per term as per the Fee Schedule
- I agree to abide by all policies held by the school.

Signature of Parent/Carer 1	Signature of Parent/Carer 2
Print name	Print name
Date	Date
dd / mm / vvvv	dd / mm / vvvv









Student Name			
Year/Class			
House			
Original documents must be sighted. Photo	ocopies to be taken to place on file.		
Birth Certificate		Yes	No
Immunisation Record		Yes	☐ No
Prior Education Learning Record		Yes	☐ No
Medical/emergency plans (copied)		Yes	Not applicable
Disability or other support needs		Yes	Not applicable
Any Family Law, AVO's, Court Orders		Yes	Not applicable
For Parent Not Living with Student		Shared p	arental responsibility
		Receive A	Academic Report
Uniform Order Form		Yes	☐ No
Deposit Paid		Yes	☐ No
Scholarship		Yes	Not applicable
Percentage Approved			
Principal's Checklist			
Enrolment Interview Conducted		Yes	□ No
Enrolment Interview Conducted Special circumstances, additional support n	needs and student history assessed?	Yes	☐ No
Enrolment Interview Conducted Special circumstances, additional support n Risk Assessment Required		Yes Yes	No No
Enrolment Interview Conducted Special circumstances, additional support n Risk Assessment Required Is personalised learning and support requir	ed for this child	Yes Yes Yes	No No Not required
Enrolment Interview Conducted  Special circumstances, additional support n  Risk Assessment Required  Is personalised learning and support requir  Communication of documented provision/s	ed for this child s and plan/s to relevant staff	Yes Yes Yes Yes Yes	No No
Enrolment Interview Conducted  Special circumstances, additional support n  Risk Assessment Required  Is personalised learning and support requir  Communication of documented provision/s	ed for this child s and plan/s to relevant staff	Yes Yes Yes Yes Yes	No No Not required
	ed for this child s and plan/s to relevant staff	Yes Yes Yes Yes Yes	No No Not required



#### INFORMATION SHEET

#### PLEASE REMOVE PAGES 12 AND 13 BEFORE RETURNING YOUR APPLICATION TO THE SCHOOL.

Please complete the enrolment form and return via:

- In person 157 Maitland Street, Muswellbrook NSW 2333 8:30am 3:00pm
- Email <u>admin@rgs.nsw.edu.au</u>
- Post 157 Maitland Street, Muswellbrook NSW 2333

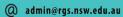
NOTE: if emailing or posting, please be aware that original documents (birth certificate, immunisation, visas etc) will need to be sighted and copied prior to enrolment.

#### **CHECKLIST**

When yo	u come to th	he school to enrol,	, please bring thes	e <b>original documents</b> with you:	
	Most recent report card (if applicable)				
	Birth certificate or identity documents				
	Australian Immunisation Register (AIR) Immunisation History Statement				
<i>In additio</i> Payment		ransfer of the \$250	0 Enrolment Fee D	eposit to Richard Gill School	
	BSB C	032-616	Bank Account	248377 – Please use your child's name as a reference	
	In addition If your child is the subject of family law matters, you will need to provide:				
	Copies of fa	amily law or other	relevant court ord	ders	
<i>In additio</i> If your ch		th, disability or otl	ner support needs	you will need to provide:	
	Copied of medical/healthcare or emergency action plans				
	Evidence of any disability or other support needs, including any learning support plans				
In addition  Non-Australian Citizens  If your child is a permanent resident but not an Australian citizen, you will need to provide:					
	Passport or travel documents				
	Current visa and previous visas (if applicable)				









#### PARENT OCCUPATION GROUPS

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool.

You will need to use this table to complete the 'Occupation Group' section on pages 5, 6 and 8.

The five groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group (1, 2, 3, 4 or 8) that you think best describes your occupation.

If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

### **Group 8**

• You have not been in paid work in the last 12 months

#### Group 4 Machine operators, hospitality staff, assistants, labourers and related workers

- Drivers, mobile plant, production/processing machinery and other machinery operators
- Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)
- Office assistants, sales assistants and other assistants
- Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)

- Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- · Labourers and related workers
- Defence Forces ranks below senior NCO not included below
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

### Group 3 Tradespeople,

clerks and skilled office, sales and service staff

- Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group.
- Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged/disabled/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### Group 2

Other business managers, arts/media/ sportspersons and associate professionals

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate **business**
- · Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)
- Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proofreader, sportsman/woman, coach, trainer, sports official
- Associate professional's generally have diploma/technical qualifications and support managers and professionals
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged/disabled/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

- Senior executive/management/department head in industry, commerce, media or other large organisation
- · Public service manager (section head or above), regional director, health/dean, library/museum/ gallery director, research facility director)
- Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director
- Defence Forces Commissioned Officer

- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others
- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
- Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller