Bayview College

Application for Enrolment Form & Student Medical Form

Student Name:

Office Use Only
Year of Entry:
Year Level:
Present/Previous School:

Paid: Reg. ☐   Est. ☐
NAPLAN ☐
School Report ☐
Interview ☐
Other Attachments ☐
Offer sent ☐
Scholarship ☐

Please return this form to Reception at Bayview College

Form to be lodged at the school office prior to student commencing at the College.

Bayview College
PO Box 256
119 Bentinck Street
Portland  Vic 3305
Tel: 03 5523 1042
Fax: 03 5523 5828
www.bayview.vic.edu.au
Important Information

1. This Enrolment Form should be returned to the Registrar at Bayview College.

2. Prior to the completion of this Enrolment Form please read the attached Enrolment Contract, the College Fees Schedule, the College’s Prospectus and other relevant documents. Please complete all sections of this Application Form, writing “NA” if not applicable.

3. This enrolment will not be processed unless accompanied by the $50 non-refundable registration fee.

4. All information collected through this Enrolment form will be subject to the provisions of the Bayview College Privacy Guidelines that are available from our main office.

The information given in this form may be used to keep parents informed about matters related to their child’s schooling, through correspondence, newsletters and magazines; for day-to-day administration; to assist in the process of looking after the pupils’ educational, social, spiritual and medical wellbeing; in seeking donations and marketing for the School; to satisfy the School’s legal obligations; to meet Government requirements; and to allow the School to discharge its duty of care.

Family Mailing Details (Primary Mailing for Accounts/Notices)

Student Surname__________________________________________

Mail to (eg Mr & Mrs Smith) __________________________________

Home Address__________________________________________________

Postal Address___________________________________________________

Family Phone Number_________________________ Mobile _____________________________

Additional Mobile _____________________________

Email _________________________________________________________________________

(Newsletters are emailed to families weekly to this email address)

Student Details

First Names________________________________________________________________________

Preferred Name (if applicable)________________________________________________________

Sex Male ☐ Female ☐

Country of Birth __________________________ Date of Birth _____________________________

Proposed calendar year of entry________________________ Year Level________________________

1st Australian School Year (eg: 2001) __________________________

Present or Previous School________________________________________ Year level___________

Religious Denomination___________________________________________________________

Church Attending (If applicable) ______________________________________________________
Nationality________________________________________________________

Is there a language other than English spoken at home? __________________________

Is the student of Indigenous Origin? Apostolic ☐ Torres Strait ☐ Neither ☐

**Special Interests** (provide details)

Sporting___________________________________________________________

Music______________________________________________________________

Debating__________________________________________________________

Public Speaking____________________________________________________

Drama_______________________________________________________________

Other_______________________________________________________________

Please attach photocopies of latest school reports and NAPLAN Data testing results.

Student lives with:

Both parents ☐ Mother ☐ Father ☐ Guardian ☐

If student does not live with both parents, please indicate family situation:

Parents separated ☐ Mother/Father deceased ☐

Other ☐ ___________________________________________________________

If separated, correspondence goes to:

Mother ☐ Father ☐ Both ☐

Copies of relevant Court Orders provided ☐
(If applicable, please attach to this form)

Usual travel method to and from School_____________________________________

**Please indicate any siblings you may enrol in the future.**
Please note that a separate Application for Enrolment form is to be completed for each sibling as they enrol and this should be done 12 months prior to the year they commence.

Name:______________________________ Present Grade:_____ Possible year of enrolment:_____

Name:______________________________ Present Grade:_____ Possible year of enrolment:_____

Name:______________________________ Present Grade:_____ Possible year of enrolment:_____
Contact (Family) Details

Father/Guardian (Residing at the student address)

Surname __________________________________________________     Title_________________
First Name________________________________    Middle Name________________________________
Relationship to student ______________________________________________________________
Home Address____________________________________________________________________
____________________________________________________________________________________

Residential Guardian       Yes ☐        No ☐

Telephone       Home__________________________    Business__________________________
                 Mobile__________________________    Facsimile_________________________
                 Email_______________________________________________________

Occupation__________________________

Occupational Group
(Refer to List of Parental Occupations on last page of this form)

☐ Group A      ☐ Group B
☐ Group C      ☐ Group D
☐ Not in paid work in the last 12 months

Employer_______________________________________________________

Highest Year of School Education

☐ Year 12 or equivalent      ☐ Year 11 or equivalent
☐ Year 10 or equivalent      ☐ Year 9 or equivalent or below

Level of Highest Qualification

☐ Batchelor degree of above     ☐ Advanced Diploma/Diploma
☐ Certificate I to IV     ☐ No non school qualification

Languages spoken at home_____________________________________________________

Country of Birth ______________________    Nationality ______________________

Religion__________________________________________________________
Mother/Guardian (Residing at the student address)

Surname ____________________________  Title ____________________

First Name __________________________ Middle Name _______________________

Relationship to student ________________________

Home Address ____________________________________________
________________________________________________________________________
________________________________________________________________________

Residential Guardian   Yes ❑  No ❑

Telephone
     Home__________________________  Business__________________________
     Mobile__________________________  Facsimile__________________________
     Email__________________________

Occupation ____________________________

Occupational Group
(Refer to List of Parental Occupations on last page of this form)

❑ Group A  ❑ Group B
❑ Group C  ❑ Group D
❑ Not in paid work in the last 12 months

Employer ____________________________

Highest Year of School Education

Year 12 or equivalent ❑
Year 11 or equivalent ❑
Year 10 or equivalent ❑
Year 9 or equivalent or below ❑

Level of Highest Qualification

Bachelor degree of above ❑
Advanced Diploma/Diploma ❑
Certificate I to IV ❑
No non school qualification ❑

Languages spoken at home ____________________________

Country of Birth ____________________________  Nationality ____________________________

Religion ____________________________
Non Residential Parent (Please only complete if there is a Parent who does not reside at the Student’s Home Address)

Surname ______________________________________________________ Title_________________

First Name____________________________________ Middle Name__________________________

Relationship_______________________________________________________________________

Home Address______________________________________________________________

_________________________________________________________________________________

Telephone

Home__________________________  Business__________________________

Mobile__________________________  Facsimile_________________

Email_______________________________________________________________

Occupation_______________________________________________________________________

Occupational Group
(Refer to List of Parental Occupations on last page of this form)

☐ Group A  ☐ Group B
☐ Group C  ☐ Group D
☐ Not in paid work in the last 12 months
☐ Unknown

Duplicates of School Reports and Newsletters etc to be mailed to this parent?

Yes ☐ No ☐

Emergency Contact (Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted)

Surname ______________________________________________________ Title_________________

First Name____________________________________

Home Address______________________________________________________________

_________________________________________________________________________________

Relationship to Student___________________________________

Telephone

Home__________________________  Business__________________________

Mobile__________________________
Enrolment Contract

A registration fee of $50 per pupil, if not previously paid, is charged and should accompany this application form to Bayview College

If _____________________________________________________________ (hereinafter called “the pupil”)

(PLEASE PRINT NAME OF PUPIL)

is accepted as a pupil of the College, I/We hereby agree jointly and severally to abide by the following obligations:

1. (a) To pay fees, charges and contributions as are from time to time fixed by the College Board, such fees, charges and contributions being payable in advance each term, upon receipt of the account rendered by the College.
   (b) Unless prior arrangements are made with the Business Manager and in order to fund expenses incurred in follow-up procedures, to pay an administration charge of $30 per month if accounts have not been paid in full by the due date.
   (c) To pay any costs incurred by the College if account is placed in the hands of a collection agency

2. (a) To give the College one full term’s notice in writing of the intention to withdraw the pupil from the College.
   (b) If notice is not given in accordance with paragraph (a), to pay one term’s fees that would have been payable for the pupil in the term following the pupil’s withdrawal as liquidated damages suffered by the College as a result of lack of proper notice, which damage is admitted.

3. To ensure that the pupil obeys College Rules and the direction of the Principal and staff in matters of conduct and discipline, and to recognise the right of the Principal to suspend the pupil’s enrolment should such rules and directions not be obeyed.

4. To accept liability for and indemnify the College against any loss or damage to the College or any person caused or contributed to, by any act or default of the pupil.

5. Payment of the Establishment Fee of $250.00 is a requirement of Enrolment. The establishment fee is non refundable [except in the case of relocation outside the Portland area] and is payable as a confirmation of enrolment. This amount will be credited against the student’s Term One fees. Please note that enrolment can not be confirmed until the Establishment Fee is paid.

Signed______________________________________

Relationship to Pupil_______________________________________________________________

Date____________________________________

Signed____________________________________

Relationship to Pupil_______________________________________________________________

Date____________________________________

This Enrolment Contract is to be signed by each parent/guardian named on the form.
Student Acknowledgement

1. On all occasions the student should maintain the expectations as outlined in the Prospectus.

2. No student may leave the College property during school hours without permission of the appropriate teacher.

3. All students are normally required to participate in all activities within the College.

4. Students are financially responsible for damage caused to the College property through carelessness or neglect.

Signature of Pupil

<table>
<thead>
<tr>
<th>Office Use Only</th>
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<tbody>
<tr>
<td>Registration Fee</td>
<td>Establishment Fee</td>
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<td>$</td>
<td>$</td>
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<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Receipt #</td>
<td>Receipt #</td>
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<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
</tbody>
</table>
Confidential Medical History

Student Name ___________________________________________________________________

Medicare Number __________________________________________________________________

Medicare Expiry Date _________________________

Private Health Fund & Number _____________________________________________________

Ambulance Cover Yes ☐ No ☐

Medical Information
Please tick box if your child suffers any of the following conditions and provide details of any special care which is required – attached a separate sheet if necessary.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>Special Care</th>
<th>☐ Management plan attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Asthma</td>
<td>________________________________</td>
<td></td>
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<tr>
<td>☐ Epilepsy</td>
<td>________________________________</td>
<td></td>
</tr>
<tr>
<td>☐ Epi Pen (Anaphylaxis)</td>
<td>________________________________</td>
<td>☐ Management plan attached</td>
</tr>
<tr>
<td>☐ Heart Condition</td>
<td>________________________________</td>
<td></td>
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<tr>
<td>☐ Diabetes</td>
<td>________________________________</td>
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<tr>
<td>☐ Migraine</td>
<td>________________________________</td>
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<tr>
<td>☐ Hearing</td>
<td>________________________________</td>
<td></td>
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<tr>
<td>☐ Poor Eye Sight</td>
<td>________________________________</td>
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<tr>
<td>☐ Travel Sickness</td>
<td>________________________________</td>
<td></td>
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<tr>
<td>☐ Allergy to Foods</td>
<td>________________________________</td>
<td></td>
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<tr>
<td>☐ Penicillin</td>
<td>________________________________</td>
<td></td>
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<tr>
<td>☐ Other drugs</td>
<td>________________________________</td>
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</tbody>
</table>

Please Note: Management plans for Asthma and Anaphylaxis are to be attached to this form, and are required to be updated annually.

Physical/Medical Difficulties of the Student
___________________________________________________________________________________

Immunisation History of the Student

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles/Mumps/Rubella (MMR)</td>
<td>________________________________</td>
</tr>
<tr>
<td>Diphtheria/Tetanus/Whooping Cough (Pertussis)</td>
<td>________________________________</td>
</tr>
<tr>
<td>Hepatitis B/Meningococcal</td>
<td>________________________________</td>
</tr>
</tbody>
</table>
Confidential Special Needs Information

The College is committed to best practice for the care of its students. We need your assistance by way of full disclosure to help us understand any special needs your child may have. Please help us by ticking all boxes that apply.

Physical Needs ☐  Medical Needs ☐  Educational Needs ☐

Behavioural Needs ☐  Allergies ☐  Any other special needs ☐

If you have ticked yes to any of the above, please provide full details of those needs and any assessment/intervention/support that he/she may be currently receiving (Supporting documentation must be provided). We aim to meet as many special needs as possible but are not able to meet all. If needed, the College may seek an interview with you as a preliminary step in the enrolment process and before a deposit is required.

Office Use Only:  Special Needs booklet given ☐  Date:

Any other condition (not already mentioned)
__________________________________________________________________________
__________________________________________________________________________

Current Information
If your child is presently taking medication, please list the medication and dosage details
__________________________________________________________________________
__________________________________________________________________________

Name of Doctor
__________________________________________________________________________

Contact Number of Doctor
__________________________________________________________________________

Declaration
In cases of emergency and where it is impracticable to communicate with me beforehand, I authorise the Principal/Teacher in Charge/Staff Member to seek such medical or surgical treatment (anaesthetic included) as may be deemed necessary.

Signed ________________________________________________________________

Date __________________________________________

Parent Name ________________________________________________

Any other comments
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
List of Parental Occupation Groups

GROUP A: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION AND DEFENCE, AND QUALIFIED PROFESSIONALS

Senior Executive/Manager/Department Head in industry, commerce, media or other large organisation.
Public Service Manager (section head or above), regional director, health/education/police/fire services administrator
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, accountant, auditor, policy analyst, actuary, valuer)
Air/Sea Transport (aircraft/ship’s captain/officer/pilot/flight officer, flying instructor, air traffic controller)

GROUP B: 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, proof reader, sportsman/woman, coach, trainer, sports official)
Associate Professionals generally have diploma/technical qualifications and support managers and professionals. Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
Business/Administration (recruitment/employment/industrial relations/training officer, marketing/advertising, specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
Defence Forces senior Non-Commissioned Officer

GROUP C: TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES & SERVICE STAFF

Tradesmen/Women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women 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, customs agent, customer services clerk, admissions clerk)
Skilled Office, Sales and Service Staff.
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/child care worker, nanny, meter reader, parking inspector, postal courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D: 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, kitchen hand, 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 above
Agriculture, Horticulture, Forestry, Fishing, Mining Worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greengrocer, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
Other Worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, care park attendant, crossing supervisor)