



Bayview College

119 Bentinck St (PO Box 256)
Portland, VIC 3305
Ph: (03) 5523 1042
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www.bayview.vic.edu.au

Application for Enrolment & Student Medical Form

Student Name:

| | |
|-------------------------------------------------------------------|--|
| <i>Office Use Only</i> | |
| Year of Entry: | |
| Year Level: | |
| Present/Previous School: | |
| Paid: Reg. <input type="checkbox"/> Est. <input type="checkbox"/> | |
| NAPLAN <input type="checkbox"/> | |
| School Report <input type="checkbox"/> | |
| Interview <input type="checkbox"/> | |
| Other Attachments <input type="checkbox"/> | |
| Offer sent <input type="checkbox"/> | |
| Scholarship App <input type="checkbox"/> | |

**Please return this form to
Bayview College Reception**

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

| | |
|-------------------------------|-----------------------|
| <i>Office Use Only</i> | |
| Registration Fee on enrolment | Establishment Deposit |
| \$ 50 | \$ 250 |
| Date | Date |
| Receipt # | Receipt # |
| Signature | Signature |

To believe. To think. To achieve.

A Christian Community College - ABN 25 005 371 344

Important Information to Note

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) _____

Student's Home Address _____

Postal Address _____

Email _____

(Monthly newsletters and other parent notices are emailed to families at this email address)

Student Details

Full Name _____

Preferred Name (if applicable) _____

Gender Male Female

Country of Birth _____ Date of Birth _____

Proposed calendar year of entry _____ Year Level _____

1st Australian School Year (eg: 2004) _____

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? Aboriginal Torres Strait Neither

Special Interests

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: _____

Father/Guardian (Residing at the student address.)

Surname _____ / Mr /

First Name _____ Middle Name _____

Relationship to student _____

Residential Guardian Yes No

Telephone Home _____ Business _____

Mobile _____ Facsimile _____

Occupation _____

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

- | | |
|-----------------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Group A | <input type="checkbox"/> Group B |
| <input type="checkbox"/> Group C | <input type="checkbox"/> Group D |
| <input type="checkbox"/> Not in paid work in the last 12 months | |

Employer _____

Highest Year of School Education

- | | |
|-------------------------------|--------------------------|
| Year 12 or equivalent | <input type="checkbox"/> |
| Year 11 or equivalent | <input type="checkbox"/> |
| Year 10 or equivalent | <input type="checkbox"/> |
| Year 9 or equivalent or below | <input type="checkbox"/> |

Level of Highest Qualification

- | | |
|-----------------------------|--------------------------|
| Batchelor degree of above | <input type="checkbox"/> |
| Advanced Diploma/Diploma | <input type="checkbox"/> |
| Certificate I to IV | <input type="checkbox"/> |
| No non school qualification | <input type="checkbox"/> |

Languages spoken at home _____

Country of Birth _____ Nationality _____

Religion (If applicable) _____

Mother/Guardian (Residing at the student address.)

Surname _____ / Mrs / Ms / Miss

First Name _____ Middle Name _____

Relationship to student _____

Residential Guardian Yes No

Telephone Home _____ Business _____

Mobile _____ Facsimile _____

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 _____

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 _____

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 to student _____

Home Address _____

Telephone Home _____ Business _____

Mobile _____ Facsimile _____

Occupation _____

Occupational Group

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

- | | |
|-----------------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Group A | <input type="checkbox"/> Group B |
| <input type="checkbox"/> Group C | <input type="checkbox"/> Group D |
| <input type="checkbox"/> Not in paid work in the last 12 months | |
| <input type="checkbox"/> Unknown | |

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

Yes

No

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 _____

Name _____ Date _____

Relationship to Pupil _____

Signed _____

Name _____ Date _____

Relationship to Pupil _____

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.

Student Signature _____

Confidential Medical History

Medicare Number _____ Expiry Date _____

Private Health Fund Name & 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.

| CONDITION | Special Care |
|------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Asthma | _____ <input type="checkbox"/> Management plan attached |
| <input type="checkbox"/> Epilepsy | _____ |
| <input type="checkbox"/> Epi Pen (Anaphylaxis) | _____ <input type="checkbox"/> Management plan attached |
| <input type="checkbox"/> Heart Condition | _____ |
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Migraine | _____ |
| <input type="checkbox"/> Hearing | _____ |
| <input type="checkbox"/> Poor Eye Sight | _____ |
| <input type="checkbox"/> Travel Sickness | _____ |
| <input type="checkbox"/> Allergy to Foods | _____ |
| <input type="checkbox"/> Penicillin | _____ |
| <input type="checkbox"/> Other drugs | _____ |

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

| Vaccine | Year |
|-----------------------------------------------|-------|
| Measles/Mumps/Rubella (MMR) | _____ |
| Diphtheria/Tetanus/Whooping Cough (Pertussis) | _____ |
| Hepatitis B/Meningococcal | _____ |

Current Information

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

Name of Doctor

Clinic Name & Address

Phone Number of Doctor

Medical 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

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 <input type="checkbox"/> Date: |
|-----------------------------------------------------------------------------|

Any other condition (not already mentioned)

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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, 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, greenkeeper, 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)
