



Application for Enrolment Student Medical & Permission

Student Name:

<i>Office Use Only</i>	
Year of Entry:	
Year Level:	
Present/Previous School:	
Paid: Reg. <input type="checkbox"/>	Est. <input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Interview	<input type="checkbox"/>
School Report	<input type="checkbox"/>
NAPLAN	<input type="checkbox"/>
Bus form if applicable	<input type="checkbox"/>
Scholarship App	<input type="checkbox"/>
Other Attachments	<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.

Office Use Only: Inclusion appointment booked Date:

<i>Office Use Only</i>	2024	
Registration Fee on enrolment		Establishment Deposit
\$ 50		\$ 250
Date		Date
Receipt #		Receipt #
Signature		Signature

119 Bentinck St (P.O. Box 256), Portland, Vic, 3305
Ph: (03) 5523 1042 Fax: (03) 5523 5828

website: www.bayview.vic.edu.au
email: school.contact@bayview.vic.edu.au

A Christian Community College - ABN 25 005 371 344

Family Mailing Details (Primary Mailing and Contact Information)

Father's full Name _____

Mother's full name _____

Student's Home address _____

Postal Address _____

Primary / home phone contact for family _____

Student's own Mobile Phone (if applicable) _____

Family Email _____

★ Required for access to SIMON / PAM Learning Management System and for all notices.

Was either parent a previous Bayview College/CCC Student? _____
Name (inc. Maiden name)

Family Sporting House: (Ward/Barry/MacKillop) _____

Student Details

Full Name _____

Preferred Name (if applicable) _____

Male Female _____

Country of Birth _____ Date of Birth _____

★ Please provide a copy of birth certificate as an attachment to this form when enrolling.

Proposed calendar year of entry _____ Year Level _____

Present or Previous School _____ Year level _____

Religious Denomination or church attending (if applicable) _____

Nationality Australian Other _____

★ Please provide a copy of any current Visa OR Naturalisation document if applicable

Is there a language other than English spoken at home? No Yes _____

Is the student of Indigenous Origin? Aboriginal Torres Strait Islander Neither

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 _____

Medicare Number _____ Expiry Date _____

Ambulance Cover Yes No _____

Medical / Educational Support Requirements

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 son/daughter may have. Please help us by ticking all boxes that apply.

- | | | |
|---|-------|---|
| <input type="checkbox"/> ADHD | _____ | <input type="checkbox"/> Documentation attached |
| <input type="checkbox"/> Autism Spectrum Disorder | _____ | <input type="checkbox"/> Documentation attached |
| <input type="checkbox"/> Allergies (specify) | _____ | |
| <input type="checkbox"/> Anxiety / Mental Health | _____ | |
| <input type="checkbox"/> Asthma | _____ | <input type="checkbox"/> Management plan attached |
| <input type="checkbox"/> Diabetes | _____ | |
| <input type="checkbox"/> Epilepsy | _____ | |
| <input type="checkbox"/> Epi Pen (Anaphylaxis) | _____ | <input type="checkbox"/> Management plan attached |
| <input type="checkbox"/> Hearing Impairment | _____ | |
| <input type="checkbox"/> Heart Condition | _____ | |
| <input type="checkbox"/> Migraine | _____ | |
| <input type="checkbox"/> Travel Sickness | _____ | |
| <input type="checkbox"/> Vision Impairment | _____ | |
| <input type="checkbox"/> Learning Difficulty (specify)
e.g., Dyslexia/Dysgraphia | _____ | <input type="checkbox"/> Documentation attached |
| <input type="checkbox"/> Any other not listed | _____ | |

★ **Please Note:** For specific learning needs or medical diagnoses such as ADHD or Autism Spectrum Disorder, please provide as an attachment full detail of those needs and any assessment/intervention/support that he/she may be currently receiving (Supporting documentation is provided to assist our inclusion team to understand all learning needs fully.)

★ **Management plans** for Asthma and Anaphylaxis are to be attached to this form and are required to be updated annually.

Medical Support

Name of preferred Doctor

Clinic Name & Address

Phone Number of Doctor

Father/Guardian (Residing at the student address.)

Surname _____ / Mr

First Name _____ Middle Name _____

Home Address _____

Relationship to student _____

Residential Guardian Yes No

Home phone _____ Business _____

Mobile _____ Email _____

★ Email is required for access to SIMON / PAM Learning Management System and for all notices.

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

- | | |
|-----------------------------|--------------------------|
| Bachelor degree or 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 _____

Home Address _____

Relationship to student _____

Residential Guardian Yes No

Home phone _____ Business _____

Mobile _____ Email _____

★ Email is required for access to SIMON / PAM Learning Management System and for all notices.

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 or above
- Advanced Diploma/Diploma
- Certificate I to IV
- No non-school qualification

Languages spoken at home _____

Country of Birth _____ Nationality _____

Religion (If applicable) _____

Emergency Contact (Please nominate a local person (other than a parent) who may be contacted /asked to collect in an emergency, and only if parents cannot be contacted)

Surname _____ Title _____

First Name _____

Home Address _____

Relationship to Student _____

Telephone Home _____ Business _____

Mobile _____

Is this emergency contact authorised to collect the student from school?

Yes

No

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 _____ Fax _____

Email _____

★ Email is required for access to SIMON / PAM Learning Management System and for all notices.

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

Is this parent authorised to collect the student from school?

Yes

No

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

Yes

No

Comments _____

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 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.

General Permission & Medical Declaration

To cover all Excursions where students leave the College grounds during the year for low risk, local, "non-adventure" type activities (for all other activities, separate permission is sought).

There are occasions when the teacher takes the class across the road, down to the beach, and to similar local venues.

Any such excursions are adequately staffed, carefully planned and an intrinsic part of the curriculum. Bayview College is committed to the safety and wellbeing of children and young people and all staff adhere to a Child Safe Code of Conduct when working with students.

Students are transported to local venues by bus or by a vehicle driven by a member of the College Staff.

If in the opinion of the teacher-in-charge there is non-cooperation of any description by a student, their parent/guardian is required to collect the student from the activity or meet the expense of him/her being returned to school.

Swimming/Aquatic/Cycling Permission

To cover all Aquatic Activities where students leave the College grounds during the year to use the Portland Leisure Aquatic Centre facilities for the Swimming Program as well as aquatic activities such as canoeing or snorkeling at Henty Beach (Main Beach) and Nuns Beach. As part of the curriculum, students cycle as a group within the local district.

These programs are carefully planned and adequately supervised by staff with the appropriate water qualifications.

If in the opinion of the teacher-in-charge there is non-cooperation of any description by a student, their parent/guardian is required to collect the student from the activity or meet the expense of him/her being returned to school.

Having read and understood the information given within this form, concerning general permission, aquatic and media permission:

The student enrolled on this form:

- has permission to participate in Aquatic Activities
- has permission to participate in Cycling Activities
- has permission to participate in local, "non-adventure" school excursions
- In the event of accident or illness, I authorise the teacher-in-charge of the excursion/tour to consent, where it is impractical to communicate with me, to the above student receiving such medical or surgical treatment as may be deemed necessary. I also agree to meet the expense of such treatment and any associated expenses incurred (such as ambulance transportation).

Signed _____ Date _____
Parent/Guardian

Media Permission

According to the Privacy Compliance Manual for Non-Government Schools, under National Privacy Principles related to the publication of “non-sensitive” information (such as names, photographs of individuals and groups of students involved in school activities, examples of work in a variety of subjects, articles about student achievements, lists of teams, classes or groups)

We seek parental or guardian permission to publish this type of information in the College Magazine, College Newsletter or on the College’s web site & College Facebook page. On occasion we are asked by the local newspaper for student photos along with their names to be published for newspaper articles.

We seek permission to use images of your son/daughter in some or all of the ways listed below.

- Bayview College website & Facebook page / videos/ newsletter / Magazine. Other officially associated organisations, their sites / videos / newsletters / magazines or any medium used by them their association with Bayview school activities, and with Bayview College approval.
- Articles for the Portland Observer / Community Newspapers.

I give permission for Bayview College to use images of the student as listed above.

Or

I do not wish images of the student to be published in some or all of the ways listed.
(Space for comment below)

Signed _____ Date _____
Parent/Guardian

Student Declaration I understand and agree to the following:

1. Students should maintain the expectations as outlined in school policy.
2. No student may leave the College property during school hours without permission of staff
3. Students are 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 _____

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 for the student enrolled on this form.

Signed _____ Date _____
Parent/Guardian

Any other comments

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: _____ M / F

Name: _____ Present Grade: _____ Possible year of enrolment: _____ M / F

Name: _____ Present Grade: _____ Possible year of enrolment: _____ M / F

Please Note:

1. This Enrolment Form should be returned to the Registrar or admin staff 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 is processed when accompanied by the \$50 non-refundable registration fee.
4. All information collected through this Enrolment form is subject to the provisions of the Bayview College Privacy Guidelines that are available from our main office.
5. Please attach photocopies of latest school reports and NAPLAN Data testing results.

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.

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 another 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/childcare 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)

To believe. To think. To achieve.

A Christian Community College - ABN 25 005 371 344