**ENROLMENT PACK**

**Instructions**

Please ensure all sections are filled out.

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.

An application will not be progressed any further until all supporting documents, the enrolment fee of $50 and the materials fee of $260 for year 9 and 10; and $385 for year 11 and 12, for the first term have been provided.

If you have difficulty obtaining information, such as previous school reports, please let us know as we may be able to offer assistance.

*Documentation to be provided on application;*

**¨ Birth Certificate or other form of identification;**

**¨ Any disability documentation (i.e. this may include pediatrician documentation or other);**

**¨ Previous school reports/ incident reports/ previous school subjects (if in year 11 and 12);**

**¨ Medication documentation (i.e. letter from doctor outlining medication details).**

Please only attach copies of any reports and certificates.

**DO NOT ATTACH ORIGINAL DOCUMENTS.**

**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.**

**OFFICE ONLY**

Student Name: Grade applying for:

Interviewed On: Outcome:

Enrolment fee $50 paid: Materials fee paid:

¨ Birth Cert ¨ Disability Docs ¨ Previous School Reports ¨ Medication Details

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ENROLMENT FORM**

**(Complete this page only if Initial Application for Enrolment not yet done)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Year of Entry YEAR 9 ¨ YEAR 10 ¨ YEAR 11 ¨ YEAR 12 ¨

If enrolling into Year 11/12 which VET Subject(s) you interested in?

‎ Hospitality‎  Construction‎ Retail Automotive‎  Horticulture

**PERSONAL DETAILS**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: Middle Name(s):

Male Female Non-Binary  Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: Post Code: \_\_\_\_\_\_\_\_\_\_

Student Email:

Home Ph Number: (\_\_\_) Student’s Mobile:

Country of Birth: Are you an Australian citizen: Yes  No 

|  |  |  |
| --- | --- | --- |
| **Living arrangements: (Please tick)** | | |
| With parents ¨ | With Mother ¨ | With Father ¨ |
| With other relative ¨ | Independent ¨ | Other: ¨  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details of Parent /Guardian 1/ Emergency Contact** | | | |
| Name: | | Relationship to Student: | |
| Home  (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work  ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Mobile  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email address:** | | | |

|  |
| --- |
| **Contact Details of Parent /Guardian 2/ Emergency Contact** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Relationship to Student: | |
| Home  (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work  ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Mobile  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email address:** | | | |

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| --- |
| **Personal Details continued** |

Is the young person of Aboriginal or Torres Strait Islander decent?

Aboriginal o Torres Strait Islander o Both o None o

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

Details of main language other than English spoken at home:

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

Details:

If yes, have you supplied relevant documentation? (this is required to be enrolled) Yes o No o

|  |
| --- |
| **Assessment / Support Details** |

Has the young person ever received an assessment from a psychiatrist, psychologist, behavioral therapist or other practitioner: Yes o No o

Source: Date:

(ie Doctor, school counsellor etc)

Is the young person still involved with this service: Yes o No o

***Please attach an outline of results or copy of report.***

Are they currently receiving any support from any other service or practitioner?

|  |  |  |
| --- | --- | --- |
| **Name of Service** | **Type of Service** | **Name of Worker Involved** |
|  |  |  |

|  |
| --- |
| **Referral Details: (if applicable)** |

Referring Organisation/ Contact Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration with service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you still engaged in this service? Yes o No o

**2. EDUCATIONAL DETAILS**

Why would you like to join NGC?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you want to achieve?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Current and Previous School Enrolments** |

Your NESA Student Number (if known):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **Grade** | **Year of last**  **attendance** | **Completed** | |
| Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If enrolling into year 11 or 12, what were your previous school subjects? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Other training or employment – if applicable** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Place of Employment/ Training** | **Role/ Duties** | **Completed Y/N** | **Ongoing**  **Y/N** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. ATTACHMENTS AND SIGNATURES**

**Please attach photocopies of all supporting documentation**

|  |  |  |
| --- | --- | --- |
| Item | **Attached** | |
| YES | NO |
| Copy of previous school reports and evidence to support completion of ROSA |  |  |
| Copy of birth certificate (full or extract) / Photo ID/ other form of ID |  |  |
| Practitioners report |  |  |
| Letter from treating Medical Provider (if you ticked YES for Disability) |  |  |

**OFFICE USE ONLY**

Interview Date: Time: \_\_\_\_\_ am/pm

Location

Attendance: o NGC Teacher / Teachers’ Aid

o Student

o Parent/Guardian/ Caregiver

o Support Person

o Other - Details:

Assessment Completed: YES o NO o

Enrolment Accepted YES o NO o

If no, outline reasons for acceptance being denied and attach

NGC Administration Signature: Date:

**4. SCHOOL VERIFICATION - To be completed by your current or last school**

Student Name: DOB:

School Name:

Dear Colleague,

To assist us to conduct an assessment in the context of enrolment, would you be able to supply all relevant and available information about the student’s behaviour and disciplinary history.

NESA Student Number:

School Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number:

Email: \_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Did the student complete year 7? | Yes 🞏 | No 🞏 |
| Did the student complete year 8? | Yes 🞏 | No 🞏 |
| Did the student complete year 9? | Yes 🞏 | No 🞏 |
| Did the student complete year 10? | Yes 🞏 | No 🞏 |
| If the student is in Year 11 what is their pattern of study?   1. English …….. 2. Mathematics ……. 3. Investigating Science 4. SLR 5. Photography, video and digital imaging 6. VET   Other – please list: | | |
| Do any other agencies/ organisations provide services to this student? Please provide details. | Yes 🞏 | No 🞏 |
| Does this student have a documented history of violence? | Yes 🞏 | No 🞏 |
| Are there any relevant risk assessments or behaviour management plans? | Yes 🞏 | No 🞏 |
| Does the student have special needs (includes disabilities and learning difficulties)? | Yes 🞏 | No 🞏 |
| Does the student have any health conditions (eg allergies, anaphylaxis) documented that may need to be managed at school? | Yes 🞏 | No 🞏 |
| Has the school had to provide emergency response to the student (including medical emergencies). If yes, please provide details. | Yes 🞏 | No 🞏 |
| Does the student have any existing plans for learning and support? | Yes 🞏 | No 🞏 |
| Are any court orders in place that may impact on the student (this includes family court orders or AVOs). | Yes 🞏 | No 🞏 |

**\* Please attach a copy of the student’s last school report \***

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

*Any information provided will be used to support the student. Depending on the circumstances this could include the development of an Individual Learning and Support Plan to support the student.*

**5. STUDENT MEDICAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Medicare No: | Position on card: | Medicare Expiry: | Health care card no: |

**GP Details**

|  |  |  |  |
| --- | --- | --- | --- |
| GP Name: | | Phone: | |
| Address |  | | |
|  | | Post Code |

**Known Allergies**

|  |  |  |  |
| --- | --- | --- | --- |
| NB: If a parent /guardian indicates 'yes' to any of these questions, then Ngaruki Gulgul requests an action plan from a Medical Practitioner outlining advice regarding the required process for further action. | Does this student have an allergy? | c No | c Yes |
| He/she is allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Has it involved Hospitalisation? | c No | c Yes |
| Is it life threatening? | c No | c Yes |
| Has it been called anaphylaxis? | c No | c Yes |
| Has the student been prescribed an EpiPen? | c No | c Yes |

Is your child currently taking any medication? Yes o No o

If yes, please complete the below;

**Current Medication** (please note, medication cannot be administered onsite without a supplied medical certificate/ note from a medical practitioner)

|  |  |  |
| --- | --- | --- |
| **Brand Name/ Type** | **Dosage** | **Reason** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Date medication was prescribed |  |
| Expiry Date of medication |  |
| Dosage required | Amount: AM PM |
| Method of administration (please circle) | Ear/ Eye/ Applied/ Oral/ Inhaled |
| Special instructions |  |

**\*If your child requires medication to be taken at school, it is the parents/ care givers responsibility to provide NGC with enough medication.**

Please provide copy of vaccination records. Attached- Yes o No o

**Previous Injuries / Medical Conditions**

**Medication Authorisation**

I give consent for NG Central School staff to administer Paracetamol to my childYes o No o

I give consent for NG Central School to administer antihistamine to my child Yes o No o

|  |
| --- |
| **Personal Information Protection Statement**  Personal information and medical details are collected from you so that 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.  **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:**  *Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Date:** \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  *ü Tick one box below*  **Signed by:**  \* First parent or guardian \* Second parent or guardian  \* Independent or adult student who is self-enrolling |

**6. PERMISSION NOTES**

Dear Parent/Guardian,

Student Name: Year

We would appreciate you reading the sections below and indicating/circling your preference. Your signature at the bottom is your acknowledgement for each section.

**PLEASE COMPLETE EACH SECTION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Publication Permission

## From time to time we are lucky enough to have the opportunity to promote the activities of NGC either internally or externally through the newsletter or public/social media such as local newspaper, television news and digital media (e.g. NG Central School 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.

NG Central 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.

o **Yes,** I amhappy with involvement in promotion of the learning environment if the opportunity arises.

o **No,** I do not wish to participate

Students Name: Student’s Signature

Guardian’s Name: Guardian’s Signature

Date:

**Incidental Learning Excursions**

Throughout the year we like to take the opportunity to take impromptu short excursions if there is anything happening close by that may aid in students’ incidental learning. 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 impromptu excursions.

These impromptu excursions may consist of;

* Regular trips to the library, Kariong Youth Centre, Somersby Falls and local sporting grounds
* Trips to local shopping centres/businesses for site tours or to purchase materials
* Walking down to Mt Penang Gardens to watch or take part in an activity
* Bushwalks in National Parks, visits to the beach, rock platforms eg Norah Head

o **Yes,** I amhappy to be involved in incidental learning excursion

o **No,** I do not wish to participate

My child is permitted to go in the water and his/her swimming ability is the following: (**PLEASE TICK A BOX**);

A non swimmer 

A weak swimmer 

An average swimmer 

Strong swimmer 

Students Name: Student’s Signature

Guardian’s Name: Guardian’s Signature

Date:

**General Travel Permission**

Students at Ngaruki Gulgul will be regularly required to travel to various other venues such as workplace site visits, sport and recreation venues, work experience placements and to/from Gosford as part of their program. This transport will be in the company of a NGC Teacher or staff member, Youth Worker(s), a host employer and/or mentor/volunteer either on public transport, mini-bus, walking or in private vehicles(\*). We ask that parents/caregivers sign the general authorisation form below:

I give permission for my son/daughter ………………………………………………….. to travel with NGC Teacher or staff member, a NG Central School Youth Worker(s), a host employer and/or mentor/volunteer via: (please select all)

Public Transport ¨ Walking ¨ Private Vehicles ¨Company cars ¨Company or rented Mini-Buses/Coaches ¨

Students Name: Student’s Signature

Guardian’s Name: Guardian’s Signature

Date:

Alt. Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*) Please note that all vehicles are fully comprehensively insured and appropriate probity checks have been conducted on staff   
and mentors/volunteers involved in NGC programs.

**Information Release**

## From time to time it is necessary for staff from NGC to access records or information regarding a student so that we may be better placed to support their needs during their enrollment 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;

* Previous Schools
* Counsellor
* Behavioural Assessment
* Health Assessment
* Juvenile Justice
* Case Worker
* Family and Community Services

I give permission for NGC to request or access any records or information which may be required to support the ongoing placement of me /my child with NGARUKI GULGUL Central.

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.

Students Name: Student’s Signature

Guardian’s Name: Guardian’s Signature

Date:

**7. SECURITY CAMERAS**

All staff, students, parents and visitors are informed that the school has security/surveillance cameras installed. The cameras are placed on the outside of the Education Centre, offices, classrooms and workshop. The surveillance will be continuous 24/7, and ongoing until further notice. Recordings may be used when incidents require further investigation, a matter is referred to the courts or the school wishes to improve policies and procedures. This is to assist the school to ensure a safe and secure environment for everyone. If you have any concerns, questions or comments please contact the Principal.

**8. FAMILY DETAILS**

**Parent/Carer 1:**

Title (e.g.: Mr/Ms/Mrs/Dr): \_\_\_\_\_\_\_\_\_\_\_\_\_ Male o Female o

Family Name: Given Name (s):

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main spoken language at home: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Main spoken language at home other than English: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Details:**

Highest level of schooling or equivalent completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest qualification completed (e.g.: degree, certificate or above?):

**Parent/Carer 2:**

Title (e.g.: Mr/Ms/Mrs/Dr): \_\_\_\_\_\_\_\_\_\_\_\_\_ Male o Female o

Family Name: Given Name (s):

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main spoken language at home: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Main spoken language at home other than English: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Details:**

Highest level of schooling or equivalent completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest qualification completed (e.g.: degree, certificate or above?):