
EARLY LEARNING CENTRE (ELC) ENROLMENT APPLICATION FORM

Students Name:

Calender Year of Entry:

Application Date:

Privacy Act:

COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION

The school collects personal information, including sensitive information about pupils, parents and guardians before and during the course of a pupil's enrolment at school. The primary purpose of collecting this information is to enable the school to provide schooling for your child.

Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care. Certain laws governing and relating to the operation of schools require that certain information be collected.

Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Principles governed by the Privacy Act. We ask you to provide medical reports about pupils from time to time.

The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, medical practitioners and people providing services to the school, including visiting teachers, (sport) coaches and volunteers.

Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news are published in school newsletters, magazines and on our website.

Parents may seek access to personal information collected about them and their child by contacting the school. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, or where access may result in a breach of the school's duty of care to the pupils, or where pupils have provided information in confidence.

From time to time the school engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.

Alphington Grammar School

18 Old Heidelberg Road, Alphington Victoria 3078 | PO Box 5007, Alphington Victoria 3078 | ABN: 11 007 434 362

☎ 03 9497 4777 | 📠 03 9497 3479 | ✉ info@ags.vic.edu.au | www.alphington.vic.edu.au

Student details

Surname:

Given Names:

Home Address:

Postal Address: Postcode:

Home Phone: Date of Birth: (please attach copy of birth certificate)

Gender: Male Female Country of Birth:

Language spoken at home Religion:

Is the child of Australian Aboriginal or Torres Strait Islander origin? (tick only one box if applicable)

Torres Strait Islander Aboriginal Both

Are you eligible for the Kindergarten Fee Subsidy? Yes No

If "Yes" then please tick (✓) the type of fee you receive:

Commonwealth Health Care Pension Concession Card

Is this your child's first year of 4-year old kindergarten? Yes No

Please tick (✓) preferred option

Option 1: Full time: Monday, Tuesday, Wednesday, Thursday, Friday

Option 2: 4 days: Monday, Tuesday, Wednesday, Thursday

Option 3: 4 days: Monday, Tuesday, Thursday, Friday

Option 4: 4 days: Tuesday, Wednesday, Thursday, Friday

Option 5: 3 days: Tuesday, Wednesday, Friday

Siblings

Do you have other children **CURRENTLY** attending Alphington Grammar School? Yes No

Name: Year Level:

Name: Year Level:

Name: Year Level:

Do you have other children **NOT CURRENTLY** attending Alphington Grammar School? Yes No

Name: Year Level:

Name: Year Level:

Name: Year Level:

Would you consider enrolling any of these children at Alphington Grammar School? Yes No

Name: Year Level:

Name: Year Level:

Name: Year Level:

Medical history

Is there a medical history? (Allergies, Asthma etc) of which the school should have a record? Yes No

If "Yes" please provide accurate details (if necessary, provide a Dr's reports)

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NOTE: A copy of your child's Immunization Certificate must be forwarded together with this application form before it will be processed.

Educational needs

Does your child have any special needs eg. Intellectual, hearing, vision or emotional? Yes No

If "Yes" please provide any reports and/or assessments with regards to special needs:

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Family Doctor's name: Telephone:

Family Medicare Number: Ambulance member? Yes No

Parent/Guardian details

Mother/Guardian:

Title & Surname:

Given Name:

Country of Birth: Nationality:

Language spoken at home:

Home address (if different from student)

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Home Telephone: Mobile:

Email (home)

Occupation: Employer's Name:

Employer's Address:

Telephone (work): Email (work)

Father/Guardian:

Title & Surname:

Given Name:

Country of Birth: Nationality:

Language spoken at home:

Home address (if different from student)

.....
Home Telephone: Mobile:

Email (home)

Occupation: Employer's Name:

Employer's Address:

Telephone (work): Email (work)

