
PREP TO YEAR 12

ENROLMENT APPLICATION FORM

Students Name:

Academic Year of Entry:

Calender Year of Entry:

Victorian Student Number (VSN):

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:

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

Gender: Male Female Country of Birth:

Language spoken at home Religion:

Student lives with: Both Parents Mother Father

Other (please specify)

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

Torres Strait Islander Aboriginal Both

Present school details

Name of present school:

Address: Postcode:

Students current year level: Last report available? Yes No

Confidential referees: (students transferring from other schools only)

Please provide the names and contact details for two (2) confidential referees familiar with applicant's school history.

Referee 1: (Name) Referee 2: (Name)

Referee 1: (Telephone No) Referee 2: (Telephone No)

Siblings

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

Name: Year Level:

Name: Year Level:

Name: Year Level:

Which are their current or future school/s?

Do you intend to enrol any of these children at Alphington Grammar School? Yes No

Name: Year Level:

Name: Year Level:

Name: Year Level:

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

Name: Year Level:

Name: Year Level:

Name: Year Level:

Medical history

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

Is there a medical history? (Allergies, Asthma etc) of which the school should have a record?

Yes No

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:

Family Doctor's name: Telephone:

Family Medicare Number: Ambulance member? Yes No

Emergency contacts

Name: Relationship

Telephone / Mobile:

Name: Relationship

Telephone / Mobile:

Parent/Guardian details

Mother/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: Industry: (See attached criteria)

Employer's Name: Employer's Address:

Telephone (work): Email (work)

Father/Guardian:

Title & Surname:

Given Name:

Country of Birth: Nationality:

Language spoken at Home:

Parent/Guardian details continued

Home Address (if different from student)

Home Telephone: Mobile:

Email (home)

Occupation: Industry: (See attached criteria)

Employer's Name: Employer's Address:

Telephone (work): Email (work)

Special instructions for school correspondence

Special instructions for school correspondence (please tick (✓) if different from above)

General Correspondence: Father Mother

Billing Account: Father Mother

Student Reports: Father Mother

If address is different to those provided please attach required address for above correspondence.

Parent/Guardian declaration

I/We the undersigned, apply to have the abovementioned student enrolled at Alphington Grammar School. I/We confirm that I/we have read the School Business Regulations including the conditions of entry and have understood and will abide by the terms, conditions and policies of the School. By signing below I/we undertake to notify the School immediately of any change of information in this application and acknowledge that our child may be placed on a waiting list.

I/We confirm that we have supplied Alphington Grammar School with all relevant information about the student and understand that failure to provide relevant information may lead to refusal/termination of the enrolment.

Alphington Grammar School abides by The Privacy Amendment (Private Sector) Act 2000.

We give permission for our child to be photographed for school publicity: Yes No

Signature Mother / Guardian Date:

Signature Father / Guardian Date:

Registration fee

A **non-refundable fee** at the current rate is to be paid at the time of each application.

Please forward completed application to:

The Registrar, Alphington Grammar School, PO Box 5007, Old Heidelberg Road, Alphington Vic 3078

Registration payment details

Payment type: Cash Cheque Credit MasterCard Visa Amex

Card Number: Expiry Date: Amount: \$

Card Holder's Name: Date:

Registration Fee Receipt Number: Date:

Holding Fee Receipt Number: Date:

Enrolment Interview Date: Interviewer: