

# Application Form for Enrolment

Alesco Senior College.

A personalised, inclusive,  
innovative pathway to  
your Higher School  
Certificate.

## *Information for Applicants:*

Thank you for your interest in enrolling in Alesco Senior College.



The school will notify you of the results of your application.

The information you have provided will be used by the school to determine the application to progress to Stage 2 which is an interview.

As a part of the application students will need to provide:

- A copy of proof of identity including date of birth
- A copy of the most recent school report
- Copies of any other supporting documentation (such as support letters etc)
- Copies of any other legal documentation (court orders etc)

You are welcome to provide further information on an attached sheet.

### **Your privacy protected**

This school is subject to the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002.

The information you provide will be used to process your child's application for enrolment, which may include a risk assessment. It will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents or carers
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

### **Do I have to answer all the questions?**

The information you provide will assist the school to communicate with you and to care for your child while at school. Should you choose to submit an incomplete form, processing your application may be delayed and the quality of our service to you may be affected.

**Giving false or misleading information is a serious offence. In the event that statements made in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.**

### **Why have we asked for information about Parent /Guardian occupation and education?**

All Australian Education Ministers have agreed on National Goals for Schooling in the 21st Century. As a part of this all school must now ask information regarding the family background of students. The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background. We use the information to evaluate whether our policies are effective and to ensure that no group is experiencing undue disadvantage because of their economic or social background. Providing information about your occupation and education is voluntary and you do not have to answer if you do not wish to.

The four groups listed on page '2' are used by the Australian Bureau of Statistics to classify occupations. Please choose the group that you think best describes you. If you have retired or stopped work in the past year please choose the group in which you used to work. You will need to use this table to answer the questions on pages 3 and 4.

### **Student Email and Internet Access**

Students are provided with an email account to enable learning opportunities in a protected and secure environment. Students must abide by the school's policy when using the schools Internet and email services. Parents/ Guardians will need to inform the school in writing if they do not want their child to have access to the school Internet and email facility.

***This application does not constitute acceptance of the enrolment. Please tear off this front page and keep it before returning your application to the school.***

## Parent/ Guardian Occupation Groups

### Group 4 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, kitchenhand, 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 below
- 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, car park attendant, crossing supervisor]

### Group 3 Tradesmen/ women, clerks and skilled office, sales and service staff

- Tradesmen/women generally have completed a four-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, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond 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/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### Group 2 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 1 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, actuary, valuer]
- Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.  
If the person has not been in paid work in the last 12 months, please write '8' in the box.

## ALESCO SENIOR COLLEGE APPLICATION FOR ENROLMENT

School Year Applying for:  Year 9  Year 10  Senior Date: \_\_\_\_\_

Campus:  Newcastle  Raymond Terrace  Cessnock  Tuncurry  Tomaree

### PERSONAL DETAILS

#### Student Name:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Other

Student's Address: \_\_\_\_\_

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

Student's Email: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Student's Mobile: \_\_\_\_\_

Does the Student speak a language other than English at home?  No  Yes, please specify which: \_\_\_\_\_

### LIVING ARRANGEMENTS: (PLEASE TICK)

With Parents  With Mother  With Father  Independent

With other relative: \_\_\_\_\_  Other: \_\_\_\_\_

### CONTACT DETAILS OF PARENT /GUARDIAN 1

Mr/Mrs/Ms/Dr (Please circle) Relationship to Student: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

Parent / Guardian 1 is authorised to receive student's School Reports:  No  Yes

Highest Year of School Parent/Guardian 1 has completed:  Year 9  Year 10  Year 11  Year 12

What is the level of the highest qualification Parent/Guardian 1 has completed:

- No non-school qualification
- Certificate I to IV (including Trade Certificate)
- Advanced Diploma / Diploma
- Bachelor Degree or above

Occupation Group of Parent/Guardian 1 (choose from attached list):  Group 1  Group 2  Group 3  Group 4

## CONTACT DETAILS OF PARENT /GUARDIAN 2

Mr/Mrs/Ms/Dr (Please circle)      Relationship to Student: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

Parent / Guardian 2 is authorised to receive student's School Reports:  No  Yes

Highest Year of School Parent/Guardian1 has completed:  Year 9  Year 10  Year 11  Year 12

What is the level of the highest qualification Parent/Guardian 2 has completed:

- No non-school qualification
- Certificate I to IV (including Trade Certificate)
- Advanced Diploma / Diploma
- Bachelor Degree or above

Occupation Group of Parent/Guardian 2 (choose from attached list):  Group 1  Group 2  Group 3  Group 4

## STATISTICS

Country of Birth: \_\_\_\_\_ Australian Citizen  Yes  No

Is the young person of Aboriginal descent?  Yes  No

Is the young person of Torres Strait Islander descent?  Yes  No

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

Details: \_\_\_\_\_

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

If yes, please **attach** letter from treating Medical Provider

Details: \_\_\_\_\_

## EDUCATIONAL DETAILS

### Current/ Previous School Enrolments:

Not currently attending School. Name of last school attended: \_\_\_\_\_

Details (if not currently attending school): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Currently Attending School. Name of school being attended: \_\_\_\_\_

Which year(s) have been completed in full:  Year 9  Year 10  Year 11  Year 12

## STUDENT MEDICAL DETAILS

Medicare Card No: \_\_\_\_\_

**Known Allergies:**  None  Yes - please specify (e.g. peanuts, insect stings):

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

***NB: If a parent /guardian indicates any allergies, the school requests an action plan from a Medical Practitioner outlining advice regarding the required process for further action.***

## OTHER MEDICAL CONDITIONS

Please specify any other medical and mental health conditions (e.g. asthma, diabetes, epilepsy, anxiety):

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

## ASSESSMENT / SUPPORT DETAILS

Is the young person currently receiving assistance from a psychiatrist, psychologist, behavioural therapist or other practitioner:

No

Yes - please complete their details below:

Type of Service: \_\_\_\_\_

Name of Service: \_\_\_\_\_

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

## OTHER EMERGENCY CONTACTS

The first Emergency Contact is Parent/Guardian 1, as listed under Personal details. Please provide contact details of least at two other contacts for use in event of emergency if Parent/Guardian 1 can't be contacted:

### Contact

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact phone 1: \_\_\_\_\_ Contact phone 2: \_\_\_\_\_

### Contact

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact phone 1: \_\_\_\_\_ Contact phone 2: \_\_\_\_\_

### GP Details

GP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## ATTACHMENTS

An application will not progress any further until all supporting documents have been provided.

If you have difficulty obtaining information, please contact Alesco Senior College.

**Please only attach copies of any reports and certificates.**

### **DO NOT ATTACH ORIGINAL DOCUMENTS.**

- Copy of birth certificate (full or extract) or passport  Yes
- Copy of most recent School Report  Yes
- Evidence of minimum Year 9 (six months completion or equivalent)  Yes
- Letter from treating Medical Provider if you ticked 'yes' for:
  - Disability/Current Diagnosis  Yes
  - Allergy (action plan)  Yes
  - Assessment/Support Details  Yes

Please ensure you have completed **all** sections.

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.

**Places at Alesco Senior College are in high demand. 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.**

## SIGNATURE

Personal Information Protection Statement - Personal information and medical details are collected from you so that school 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 to the school.

**Signing this form** - to sign this form you must be either of the following:

- An independent or adult student; or
- The parent or guardian or other person who has care of the student.

**Please tick which one you are:**

Adult Student     Parent     Guardian     Caregiver

**Declaration:**

- I certify that the information provided in this form is correct.
- I have read and understood the Personal Information Protection Statement.

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

## PUBLICATION & MARKETING PERMISSION

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Dear Parent/Guardian,

From time to time we are lucky enough to have the opportunity to promote the activities of Alesco Senior College either internally through staff newsletters or externally through the school newsletter or public media such as local newspaper, television news and digital media (e.g. the Alesco 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 are aware 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.

The 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.

**Please choose one:**

I am happy with involvement in promotion of the learning environment if the opportunity arises.

**OR**

I do not give permission.

**Please tick any that apply:**

I am happy for the student to receive marketing information via:

Email

SMS

Mail

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

## LOCAL LEARNING EXCURSION

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Dear Parent/Guardian,

Throughout the year we like to take the opportunity to take both impromptu and organised short excursions within the local area. These excursions may aid in meeting subject outcomes and students learnings experiences. 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 excursions.

These local excursions may consist of, but are not limited to:

- Walking down to the lake or taking part in an activity
- A walk to the nearest sport grounds
- Workplace visits
- Reward days
- Trips to the library or other educational facilities
- Bush walks

**Please choose one:**

I give permission for my child to participate in Local Learning Excursions.

**OR**

I do not give permission.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



## INFORMATION RELEASE

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Dear Parent/Guardian,

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

- School
- Counsellor
- Behavioural Assessment
- Health Assessment
- Juvenile Justice
- Case Worker
- Department of Community Services

**Please choose one:**

I give permission for Alesco Senior College to request or access any records or information which may be required to support the ongoing placement of me /my child at Alesco Senior College.

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.

**OR**

I do not give permission.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Alesco Senior College will be sending personal and sensitive information on you to the Association of Independent Schools of NSW (AISNSW) for the purpose of accessing Commonwealth funding and support services to be able to continue operating. This information will be maintained under the Privacy & Confidentiality act.

I \_\_\_\_\_ give permission for Alesco Senior College to send personal and sensitive information to the Association of Independent Schools of NSW (AISNSW) for the purpose of accessing Commonwealth funding and support services.

I \_\_\_\_\_ give permission for Alesco Senior College to arrange and provide external agencies/services to conduct assessments on my student/child as they see fit to ensure students are entitled to special consideration and supports during their studies and time with Alesco Senior College.

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Supporting Permission**

Parent /Guardian Name: \_\_\_\_\_

(Parent if student under 18 years)

Signature: \_\_\_\_\_

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

**RELEASE OF INFORMATION FROM MEDICAL PRACTITIONER**

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to release a report on my presenting issues, diagnoses, and support requirements to the Student Welfare Coordinator, Alesco Senior College.

I understand this report may be used to apply for funding from the Association of Independent Schools.

I also give permission for The Student Welfare Coordinator to speak to any other clinicians/services involved in my treatment and these people are:

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

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

**Supporting Permission**

Parent/Guardian Name: \_\_\_\_\_

(Parent if student under 18 years)

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

## FLEXIBLE SCHOOL ATTENDANCE

### PARENTAL SUPERVISION FORM

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Dear Parent/Guardian,

You are aware from information provided in the school's prospectus that we have a flexible timetable, which allows students to complete the mandatory requirements and necessary outcomes, as stipulated by the NSW Education Standards Authority.

To ensure that Alesco Senior College is compliant and to allow our flexible timetable to continue, we require all parent/guardians to acknowledge parental responsibility for supervision of students on days where there are no timetabled lessons - presently Fridays during the school term.

If the form is not completed, there will be an expectation that the student attends school on a Friday to complete tasks required of them from the staff of Alesco Senior College. We would prefer students to be seeking part-time employment and building their resume, which is the purpose of our flexible timetable.

### STATEMENT

As the parent/carer of the above mentioned student, I understand that I am responsible for his/her supervision when there are no timetabled lessons.

The school collects this information to process Flexible School Attendance. The personal information provided will be managed in accordance with the school's privacy policy.

I understand that:

- I am responsible for his/her supervision where there are no timetabled lessons, for the period of their enrolment.
- Flexible School Attendance may be cancelled at any time.

#### **Please choose one:**

I agree to the requirements and terms outlined above.

#### **OR**

I do not agree, and I understand the student will therefore need to attend school on Fridays.

Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

**STUDENT ALLERGY INFORMATION**

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Do you suffer from allergies?

No

Yes – if yes, please fill out the details below in Q1 and Q2:

Q1. Please specify your allergies:

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Q2. Do you require treatment if you have an allergic reaction, e.g. EpiPen?

No

Yes – if yes, please specify what treatment you require:

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Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

Office Use Only    Entered     Name/Signature \_\_\_\_\_