



Guilford Young College

STUDENT ENROLMENT APPLICATION FORM

P O Box 241 Glenorchy, Tasmania, 7010
Principal's Office: 03) 6238 4357 principal@gyc.tas.edu.au
Enrolments Registrar: 03) 6238 4367 contact@gyc.tas.edu.au
www.gyc.tas.edu.au



Please print details clearly

Seeking enrolment for Grade 11, 12, 13 (please circle)

Year (e.g. 2018):

STUDENT DETAILS

Surname:

First Name/s:

Middle Name/s:

Preferred first name:

Date of Birth: / /

Religion:

Gender:

Home Address:

Suburb:

Postcode:

Home Phone: (indicate if a silent number)

Student Mobile:

Postal Address (If different from above):

Special Interests: (music, sport, debating, etc)

Government Requirement: Does the student or his/her mother/guardian or his/her father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

	<i>Student</i>	<i>Mother/Guardian</i>	<i>Father/Guardian</i>
<input type="checkbox"/> No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yes – please specify	_____	_____	_____

Is an interpreter required for interviews? Yes No

Government Requirement: Nationality

In which country was the student born?

Australia Other- please specify:

Government Requirement: Is the student of Aboriginal or Torres Strait Islander origin?

No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Aboriginal and Torres Strait Islander

Residential Status – please indicate below:

(original documents to be sighted and copies to be retained by College)

Australian citizen (Naturalisation Certificate or Australian passport if Country of Birth is not Australia)
 Permanent resident (passport if Country of Birth is not Australia)
 Temporary resident (passport and visa)
 Foreign National without residential status (passport and visa)
 Other / Visitor / Student / Passport / Other Visa (passport and visa)



Previous School/ Permission

Name of previous school/s:

I/We give permission for Guilford Young College to contact the previous school if necessary.

YES NO

In the event that the student transfers to another college I/we give permission for Guilford Young College to transfer the information on this form to that college.

YES NO

You will need to provide school and/or external test results (e.g. NAPLAN) where requested. Information will automatically be transferred between Catholic schools operated by the Archdiocese of Hobart regardless of what is chosen here.

Medical Information

Please list below any health conditions from which the student suffers and indicate the severity of the condition: e.g. asthma, diabetes, anaphylaxis, allergies(please specify), other (please specify).

Health Condition	Severity			
	1	2	3	4

SEVERITY SCALE: 1= FOR INFORMATION ONLY 2= MILD 3 = SEVERE 4 = LIFE THREATENING

*It is **mandatory** for parents/guardians to advise the College **in writing** of action plans for the medical conditions or allergies identified in this form with advice from medical practitioners including instances where a formal diagnosis has been made. Please attach the necessary information.*

It is also vital that you advise of any changes in/or new medical conditions and relevant treatment.

Medication:

Please specify the requirements regarding the administration of medication (prescribed and non-prescribed) and any treatment plan (please specify below).

Does the student need to self-medicate? YES NO

Will medication be provided and stored in the College office? YES NO

Evidence of student’s identity and vaccination record

The student’s Birth Certificate (*certified copy, not extract or photocopy*) and proof of vaccination record **must be provided**. Enrolment is not complete until that evidence or any other evidence requested by the College is provided. You will need to provide supporting documentation of vaccinations, e.g. an immunisation certificate or a statutory declaration (*form provided on page 9*).

Student Wellbeing

Please provide any other information that would assist us in supporting the student:



Student's usual Doctor or Clinic

Name: _____ Address: _____ Phone: _____

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our College. It will assist the College to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

Special Needs

Does your child have:

<input type="checkbox"/> Autism	<input type="checkbox"/> Behaviour disorders	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> An intellectual disability	<input type="checkbox"/> A speech/language disorder	<input type="checkbox"/> Mental health issues
<input type="checkbox"/> A physical disability	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Learning difficulties	<input type="checkbox"/> Acquired brain injury	<input type="checkbox"/> Non English speaking
<input type="checkbox"/> Other (<i>please specify</i>): _____		

What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school?

<input type="checkbox"/> Alternative teaching and learning strategies	<input type="checkbox"/> Access to technology
<input type="checkbox"/> Signing	<input type="checkbox"/> Modifications to equipment, furniture and learning spaces
<input type="checkbox"/> Braille	<input type="checkbox"/> Personal carer support
<input type="checkbox"/> A reader or scribe	<input type="checkbox"/> Other (<i>please specify</i>): _____

Health and Safety

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students or staff at this College? Yes No

If yes, please provide a brief description:

Please provide the names and contact details of health professionals and/or support personnel at the last school or other relevant agencies who have knowledge of these issues:

Name/s: _____

Contact details: _____

The information provided in this section will not in itself be a reason for accepting or rejecting an enrolment application. It is, however, knowledge that is necessary for the College to be able to take into account and cater for all the needs and challenges that the student presents in College. Should known needs/challenges of the student not be revealed at enrolment, the College may not be able to fully cater for the student.

I/We have attached written consent to the College to contact health professional, support personnel at the last school or other relevant agencies. Yes No

Please attach to the Enrolment Form written consent, including advice from health professionals/medical practitioners in instances where a formal diagnosis has been made.



LIST OF PARENTAL OCCUPATION GROUPS

Government Requirement

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.

Group 2: Other business managers, arts/media/sportspersons and associate professors.

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, market research analyst, technical sales representative, retail buyer, officer/project manager.
Defence Forces senior Non-Commissioned Officer.

Group 3: Tradesmen/women, clerks and skilled office, sales and 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, 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 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, 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 work.
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, car park attendant, crossing supervisor.

Group 8: Not in paid work in last 12 months

Group 9: Not Stated or Known



Emergency Contacts *(in the event that a Parent/Guardian is unavailable)*

Alternate Contact 1 *(other than Parent/Guardian):*

First name:	Surname:
Relationship to student:	
Phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alternate phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Alternate Contact 2 *(other than Parent/Guardian):*

First name:	Surname:
Relationship to student:	
Phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alternate phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

School-age Siblings

List all children in your family attending school or pre-school *(from oldest to youngest)* – including applicant

Name	School/Pre-school	Year/Grade <i>(current calendar year)</i>	Date of Birth <i>(pre-school only)</i>

Previous Family Members at the College

List all children in your family who have previously attended Guilford Young College.

Name	Relationship to the student applicant	Final calendar year at GYC



Enrolment Pathway

Normally students who have completed their primary education in Catholic schools will have priority entry into Catholic secondary/senior secondary colleges.

This enrolment applies to the student throughout his/her entire period of enrolment at Tasmanian Catholic schools and colleges operated by the Archdiocese. If the student moves to another Tasmanian Catholic school or college then all information about the student (including information on this enrolment form) may be transferred to that school or college. This includes other schools or colleges operated by the Archdiocese as well as St Virgil’s College (operated by Edmund Rice Education Australia) and Dominic College (operated by the Salesians of Don Bosco).

Living Arrangements

If there is a formal or informal Parenting Plan, Consent Orders or interim or final Court Orders in place which provide for the living arrangements for the student, please describe the living arrangement of the student below and, if applicable, the date of the Parenting Plan or Orders which set out that arrangement.

Please note that an informal parenting plan includes an agreement between separated parents or other family members for the living arrangements of the student which has not been put into writing or finalised by a court.

Court Orders (if applicable)

Are there any current court orders the College should know about? Yes No

If yes, copies of these court orders e.g. family violence orders, Family Court/Federal Circuit Court orders or other relevant court orders must be provided (e.g. court parenting orders concerning residence, contact, child maintenance, education, health or other specific issues relating to this student). You do not need to include court orders already described in the “Living Arrangements” section above.

Is there any other information of which the College should be aware?



IMMUNISATIONS

The Public Health Act 1997 states that all colleges and schools are required to seek from parents/guardians confirmation of student immunisations against contagious diseases. You **MUST** provide either:

1. Proof of immunisation by way of a copy of information from your doctor or child health clinic;
- or
2. Complete the Statutory Declaration below stating immunisations have been received.

STATUTORY DECLARATION

I, *(insert name)*

of *(insert address)* in Tasmania,

do solemnly and sincerely declare that:

1. I am the parent/guardian of *(insert name of student)*
2. Although I am unable to produce any immunisation certificate or other proof of immunisation, I believe that my said child is fully immunised for his/her age against the following diseases as specified below *(please circle)*:

Chicken pox	Yes	No	Mumps	Yes	No
Diphtheria	Yes	No	Pertussis (whooping cough)	Yes	No
Haemophilus influenzae type B (hib)	Yes	No	Pneumococcal infection	Yes	No
Hepatitis B	Yes	No	Polio	Yes	No
Human papilloma virus	Yes	No	Rotavirus	Yes	No
Influenza	Yes	No	Rubella	Yes	No
Measles	Yes	No	Tetanus	Yes	No
Meningococcal infection	Yes	No			

all of which matters I conscientiously believe to be true AND I make this solemn declaration under the *Oaths Act 2001*.

Declared at

this day of 20.....

.....
(sign here)

before me:

.....
**A Justice of the Peace
or Commissioner for Declarations**



EXCURSION and HEALTH AGREEMENT

To Guilford Young College, hereafter referred to as “the College”

I (Parent/Guardian Name)
the parent/legal guardian of (Student Name)

- 1. Consent to my son/daughter travelling on a College bus or any form of public or private transport where such transport is deemed by the College to be necessary or desirable.
- 2. Consent to my son/daughter participating in all activities organised or available at College, College camps and all other outings, excursions and functions.
 - a) In the event that I cannot be contacted: Consent to the College, by its servants or agents, seeking such medical or dental advice on behalf of my son/daughter as it sees fit in the event of accident or illness and, if in the opinion of an attending medical or dental practitioner or medical officer, my son/daughter requires medical or dental attention or treatment, including but not limited to, the administration of anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitioner or medical officer giving such attention or treatment.
 - b) Certify that the consent which I have given in paragraph (a) is valid at all times while my son/daughter is in the custody of the College, including but not limited to such times as my son/daughter is at College, is present at College camps or is attending or participating in excursions or functions.
- 3. Certify that I understand that the College will take all reasonable care in the event of my son/daughter suffering accident or illness, but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my son/daughter in such event, nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my son/daughter.
- 4. *Tick appropriate box and give details:*
 - a) Certify that my son/daughter does not, to my knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.
 - b) Give notice that my son/daughter suffers from the following illnesses or disabilities and/or takes the following medication which might interfere with or inhibit any medical or dental attention or treatment but certify that, to my knowledge, my son/daughter does not suffer from any illness or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment.

.....
.....
.....
.....

Signed: Date: / /

**SHOULD ANY DETAILS CHANGE THROUGHOUT THE YEAR,
PLEASE INFORM OUR OFFICE IMMEDIATELY.**



CONSENT TO PUBLICATION OF PERSONAL INFORMATION

The student may appear in College photographs, photographs where the student is in the background of the image or wide shots, where it is not practicable to identify every student before taking the photograph (e.g. at sports carnivals), whether or not you give consent here. Similarly, the student’s personal information may appear on the student’s College identification card. The College will never identify a student by name in photographs published online without express consent.

The College cannot control the actions of students, parents or others in relation to the publication of photographs. However, it is contrary to the College’s ethos for photographs or film taken of students participating in College activities to be publicly displayed (including social media) without prior permission of that student’s parents or guardians.

Please indicate here whether or not you consent to the publication of certain personal information about the student (including their photographs or samples of their work) in the following circumstances. These will only apply if the student’s enrolment is accepted.

1. Publication of the student’s name and samples of the student’s work, with the student’s consent, as part of any printed College publication, such as the newsletter or yearbook and including online publication.
 YES, I/we consent to this. **NO, I/we do not consent to this.**
2. Photography, filming and interviewing the student and providing the student’s full name, College and age for publication by newspapers, radio and television in stories about education and College activities.
 YES, I/we consent to this. **NO, I/we do not consent to this.**
3. Publication of images of the student or samples of the student’s work in printed or online materials or advertising (including newspaper advertising and television commercials) produced by the College, the Tasmanian Catholic Education Office or the Archdiocese of Hobart. The College will never identify a student by full name in images published online without express consent.
 YES, I/we consent to this. **NO, I/we do not consent to this.**

SIGNATURE

This form is a **binding contract** between each person named below, jointly and severally, and the College. If the College accepts the enrolment you will be required to comply with all the terms and conditions contained in this form. Please ensure you have read it carefully.

1. I/We agree to support the Tasmanian Catholic Education Commission, system and College policies in relation to program of studies, sport, pastoral care, College uniform, discipline and the general operation of the College.
2. I/We have included copies of the following documents relevant to the student being enrolled with this application:
(please tick appropriate boxes)
 - Birth Certificate*
 - Passport, visa, citizenship documentation *(if applicable)* *
 - Most recent previous school reports and external test results *(including NAPLAN if applicable)*
 - Current court orders *(sealed copies if applicable)*
 - Relevant medical and/or special needs information *(if applicable)*
 - Immunisation Certificate or completion of Statutory Declaration *(page 9)*
 - Reports of assessments the student has received for speech, hearing, cognitive (IQ), occupational therapy *(if applicable)*

* **PLEASE NOTE: ORIGINALS MAY NEED TO BE PRODUCED DURING THE ENROLMENT PROCESS**



- 3. I/We agree to honour the financial commitments required by the College in accordance with the Schedule of Fees and Charges and the terms and conditions.
- 4. I/We understand that the information that I/we have provided must be kept up to date throughout the period of enrolment and I/we agree to notify the College of any change in the information requested by this form, e.g. change of address or new court orders.
- 5. The College is conducted in accordance with the teachings, doctrines, beliefs, tenets and principles of the Catholic Church. I/We and the student acknowledge and accept that the College has an obligation to teach the doctrines, beliefs, tenets and principles of the Catholic Church and will continue to support that obligation while the student remains enrolled in Tasmanian Catholic education.
- 6. I/We give permission for the student to attend minor excursions in accordance with College policy without my further consent. I/We understand that this consent can be withdrawn at any time by notifying the College in writing and that additional consent will be required for major excursions.

Please tick: **YES, I/we give permission.** **NO, I/we do not give permission.**

- 7. If, in time of emergencies, accidents or serious illness, I/we cannot be contacted, by checking the box below I/we give permission for the Principal (or his/her representative) to seek medical attention for my/our child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle. I/We accept that I/we will be liable for all associated costs.

Please tick: **YES, I/we give permission.** **NO, I/we do not give permission.**

- 8. I/We have read all of the information in the enrolment package including this form and understand the Tasmanian Catholic Education Commission, system and College policies that we will need to abide by should this enrolment application be successful. I/We understand that this is an ongoing commitment and non-support of these policies may be cause for discontinuation of enrolment. I/We have read the Personal Information Collection Notice about the collection and management of the personal information contained in this form. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

- 9. I/We have read and understood the following additional pages:

Enrolment Policy
Uniform Policy
Terms and Conditions of Enrolment
Schedule of Fees and Charges
Responsibility for Payment of Fees
Personal Information of Collection Notice

AND:

Excursion/Health form (page 10 of this form)
Immunisation Statutory Declaration (where applicable) (page 9 of this form)
Consent to Publication of Personal Information (page 11 of this form)

Signature: _____
Father/Guardian

Signature: _____
Mother/Guardian

Date: _____

Date: _____

PLEASE NOTE

Acceptance of this application for enrolment is subject to the approval of the College.

If you do not understand any section of the Enrolment Application Form please contact the College for further information or seek your own legal advice.



Please indicate payment method here:

Enrolment Application Fee: \$250.00

- Mastercard
- Visa
- Cheque/Money Order

Card no:

Expiry date: /

Amount being paid: \$_____

Cardholders name: _____

Signature: _____ Date: _____

Office use only:

Rec no: _____ Amount: \$ _____ Date: _____