APPLICATION FORM CHECKLIST

PLEASE ENSURE YOU RETURN THE FOLLOWING WITH THIS APPLICATION FORM

• Application Form fully completed. Thank you for your co-operation in completing this form. We value having accurate up-to-date information on our students.
• Your Application Fee.
• Photocopies of each of the following, if they have not already been sent to the School:
  ✓ Student’s Birth Certificate for Prep and Kindergarten applications;
  ✓ Latest Pre-School/School Report;
  ✓ NAPLAN test results for applications from Years 4 to 6;
  ✓ Any applicable legal papers or court orders;
  ✓ Any additional educational, developmental or medical assessment reports which are relevant to your child’s educational needs (where applicable); and
  ✓ Immunisation Certificate (where applicable).
• Entrance Questionnaire (supplied by the School).

Optional:
• You may include a reference relating to you, the parents, from a Minister of Religion attesting to your affiliation with a local Church.
**Application**

**Prep (Pre-Kindergarten) Class through to Year 6**

### Student Details

<table>
<thead>
<tr>
<th>Surname</th>
<th>Desired Year of Entry</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Names</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name you wish your child to be known as if different: eg “PJ”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male / Female</td>
<td>Date of Birth</td>
<td>Place or Country of Birth</td>
</tr>
<tr>
<td>Religion</td>
<td>Church Attended (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Present School (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which Prep Class do you wish your child to attend? (please select one class)

- [ ] Monday / Tuesday
- [ ] Wednesday
- [ ] Thursday / Friday

### Parent or Guardian Details

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Full Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Postcode</td>
<td>Postcode</td>
</tr>
<tr>
<td>Telephone (home)</td>
<td>Telephone (home)</td>
</tr>
<tr>
<td>(work)</td>
<td>(work)</td>
</tr>
<tr>
<td>(mobile)</td>
<td>(mobile)</td>
</tr>
<tr>
<td>Profession/Occupation</td>
<td>Profession/Occupation</td>
</tr>
</tbody>
</table>

Please indicate preference for recipient of correspondence:

- [ ] Both parents
- [ ] Father
- [ ] Mother

### Other Children

<table>
<thead>
<tr>
<th>Brother / Sister</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother / Sister</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Please Note

1. A Registration Fee of $50 should accompany this Application. This fee is non-refundable.
2. The last two school reports from the School presently attended should be attached (if applicable).
3. Before a place is offered, the School will invite you and your child for an interview with the Headmaster.
4. Children wishing to enter Prep (Pre-Kindergarten) Class must be 4 years of age by 30 April of the year of entry.
5. Children wishing to enter Kindergarten must be 5 years of age by 30 April of the year of entry.
6. Prep (Pre-Kindergarten) Class is a per day charge and is billed on a Term basis.
7. If a place is offered, you will be requested to complete an Enrolment Form giving more detailed information and also to pay an Enrolment Fee of $700. This amount is non-refundable.

Payment of $50 to complete this registration can be made by cash, cheque or credit card when lodging the form at the School Office. If mailing the application in, please include a cheque or you may prefer to phone our Corporate Office on 4628 0110 for credit card payments.

I understand that this registration does not imply acceptance of enrolment.

Date ......................  Signed .................................................................

Parent/Guardian
Medical Information

Student Details / Doctor’s Details

Surname .......................................................... Christian Names ..........................................................

Doctor’s Name ..........................................................

Doctor’s Address ..........................................................

Doctor’s Phone Number .............................................. Family’s Medical Fund ..............................................

Medicare Number [ ] [ ] [ ] [ ] [ ] Position on Card [ ] [ ]

Fully Immunised Yes / No (Please circle one) Records Provided Yes / No (Please circle one)

Allergies [ ] No [ ] Yes (If yes, please specify)

Has your child ever been treated for or diagnosed as having Anaphylaxis?

[ ] No [ ] Yes (If yes, please provide documentation)

Medical Problems [ ] No [ ] Yes

Please specify any medical history/problems the school should be aware of including any medication taken by the student (eg Epilepsy, Asthma, Vision or Hearing).

Developmental Needs: Medical / Specialist Reports on your child (eg OT, Speech Therapy, Early Intervention). Please provide copies.

[ ] No [ ] Yes

Medication at School

Medication should be taken to the School Office (as a pre-measured dose) and must be clearly labelled with the child’s name. A permission note, with instructions on how the medication is to be administered, should be signed by a parent/guardian.

Emergency Contacts (other than the Parents/Guardian)

In the interest of your child’s health and safety, it is essential that the School has a reliable emergency telephone contact, other than a parent’s phone number.

Contact 1 .......................................................... Home Ph .......................................................... Mobile/Work ..........................................................

Contact 2 .......................................................... Home Ph .......................................................... Mobile/Work ..........................................................

Approval for Obtaining Medical Treatment

I give permission to the Headmaster, teacher, or any adult in authority, to arrange medical treatment for my child in an emergency, and to release any relevant information contained in this form.

Date .......................................................... Signed ..........................................................

Parent/Guardian
The Privacy Policy below is a summary of the School Policy.

1. The School collects personal information, including sensitive information about a pupil’s parents or guardians, before and during the pupil’s enrolment at the School. The purpose of collecting this information is to enable the School to provide schooling for your child.

2. 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.

3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection laws.

4. We are required by law to release information to the New South Wales Government. If you do not agree to this you must advise the Headmaster in writing now.

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

6. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, MCEETYA, medical practitioners and people providing services to the School, including specialist visiting teachers.

7. If we do not obtain information referred to above we may not be able to enrol or continue the enrolment of your child.

8. 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 is published in School newsletters, magazines and on our website. Photographs of students, staff and parents involved in School related activities may form part of such publications. The School may also give permission to publicise the activities in which St Peter’s students participate. If you do not agree to this, you must advise the Headmaster in writing now. Each year we publish ‘Petros’, the School Year Book, which is produced for the School community and extended families. This book will contain photographs and personal information relating to your child, with class photographs and student work being published. By signing our Enrolment Conditions you are giving permission for your child to be included in ‘Petros’.

9. Parents may seek access to personal information collected about their child by contacting the School. 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, where access may result in a breach of the School’s Duty of Care to the pupil, or where pupils have provided information in confidence.

10. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist the School’s fundraising activities solely for that purpose; for example, St Peter’s Anglican Primary School Parents & Friends’ Association and St Peter’s Anglican Primary School Foundation.

11. We may include your contact details in a year group, team or activity list. If you do not agree with this you must advise the Headmaster in writing now.

12. 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. Inform them that they can access that information if they wish, and that the School does not usually disclose the information to third parties.