



Alphington
GRAMMAR SCHOOL

Student's name:

Academic year of entry:..... Calendar year of entry:.....

Victorian Student Number (VSN):.....

- Yes – but the VSN is unknown
 No – student has never been issued a 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.

enrolment

application form

Student details

Surname:.....

Given names:.....

Address:.....Postcode:.....

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)

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Yes, Aboriginal

No, not Aboriginal nor Torres Strait Islander

Passport no. (applicable to overseas students):.....

Medibank Membership no. (applicable to overseas students):.....

Application for Pre Prep only

OPTION 1: Full Time: Monday, Tuesday, Wednesday, Thursday and Friday

OPTION 2: 4 Days: Monday, Tuesday, Wednesday and Thursday

OPTION 3: 4 Days: Monday, Tuesday, Thursday and Friday

OPTION 4: 4 Days: Tuesday, Wednesday, Thursday and Friday

OPTION 5: 3 Days: Monday, Wednesday and Friday

Present school details

Name of present school:.....

Address:.....Postcode:.....

Student's 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:..... Referee 2:.....

Aftercare

Will the student/siblings be attending Aftercare? YES NO

If "YES" please provide "Child Care Benefit" (CCB) No. if applicable:.....

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, disabilities, etc) of which the school should have a record? YES NO

If "YES" please provide accurate details (if necessary, provide a doctor's reports):.....

Family doctor's name:.....Telephone:.....

Family Medicare number

Ambulance member? YES NO

Emergency contacts

Name:.....

Relationship:.....Telephone/Mobile:.....

Name:.....

Relationship:.....Telephone/Mobile:.....

Special instructions for school correspondence (please tick (✓))

General correspondence Mother & Father Father Mother Guardian Other

Billing account Mother & Father Father Mother Guardian Other

Student reports Mother & Father Father Mother Guardian Other

If "Other" is selected, please provide full contact details:.....

Parent/Guardian details

Father's surname:.....Given name:.....Title:.....

Country of birth:.....Nationality:.....

Home address (if different from student):.....Postcode:.....

Telephone (Home):.....Mobile:.....

Occupation:.....Employer's name:.....

Employer's address:.....Postcode:.....

Telephone (Work):.....E-mail:.....

