



Alphington
GRAMMAR SCHOOL

PRE-SCHOOL

Student's name:

.....

Calendar Year of entry:

.....

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
v i d e

Old Heidelberg Road, Alphington MC3078 (POBox 5007) Tel: (03) 9497 4777 Fax: (03) 9497 3479
Website: www.alphington.vic.edu.au E-mail: ags@alphington.vic.edu.au ABN 11 007 434 362

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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:

.....

Home address:.....

Postcode:.....

Postal address:

.....

Home phone:.....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 if applicable)

Torres Strait Islander Both

Please (✓) preferred option

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

Aboriginal

Are you eligible for the Kindergarten Fee Subsidy
Yes
No

If "Yes" then please (✓) the type of fee subsidy you receive:

wealth Health Care Card Pension Concession Card

Common-

Is this your child's first year of 4-year old kindergarten? Yes No

Siblings

Do you have other children NOT CURRENTLY attending Alphington Grammar School? YES NO

Name: Year level:

Medical History

Is there a medical history (Allergies) of which the school should have record? YES NO

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

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

Educational Needs

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:
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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Family doctor's name: Telephone:

Family Medicare number

Ambulance member? YES NO

Emergency contacts

N a m e :
.....

R e l a t i o n s h i p : T e l e p h o n e / M o b i l e :
.....

N a m e :
.....

R e l a t i o n s h i p : T e l e p h o n e / M o b i l e :
.....

Parent/Guardian details

Mother/Guardian

Father/Guardian

.....

.....

.....
(Title and surname)

.....
(Title and surname)

.....

.....

.....
(Given name)

.....
(Given name)

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

C o u n t r y o f b i r t h :
.....

Nationality:.....
.....

N a t i o n a l i t y :
.....

Language spoken at home:.....
.....

L a n g u a g e s p o k e n a t h o m e :
.....

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

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

.....

.....

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 Father/Guardian:.....Date:.....

Signature Mother / Guardian : Date :

Registration Fee

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

Please forward completed application to:

The Registrar
 Alphington Grammar School
 PO Box 5007
 Old Heidelberg Road
 ALPHINGTON VIC 3078

Office use only

Registration Payment

Payment type: Cash Cheque CREDIT : MasterCard Visa AMEX

Expiry Date:/..... Amount: \$.....

Card Holder's Name: Date:/...../.....

Registration Fee receipt no. : Date :

Holding Fee receipt no. : Date :