

Application for Enrolment

Office Use Only	
Ac Yr:	
Cal Yr:	
Exit Year:	
Sibling:	Yes/No
App Date:	

John Septimus Roe
Anglican Community School



Established
1989

A separate Application for Enrolment Form must be completed for each child.
Both sides of form to be completed in full.
Please PRINT all responses with the exception of your signature

STUDENT DETAILS

Surname:	
Given Names:	
Preferred Name:	
Address:	
Postcode:	
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth:	
Language spoken at home:	
Is your child's first language English? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religious Denomination:	
Proposed Year of Entry (eg. Year 7)	
Proposed Calendar Year of Entry (eg. 2017)	

Name of School currently attending:	Current School Year:
Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
Temporary Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Arrival:
Visa Code:	Visa Expiry Date:
NB: If not an Australian Citizen or Permanent Resident, please provide a copy of your visa documentation.	
Medicare Number:	

FAMILY DETAILS

PARTICULARS OF PARENT/GUARDIAN	PARTICULARS OF PARENT/GUARDIAN
Title: Mr, Mrs, Ms, Dr, Other (please state)	Mr, Mrs, Ms, Dr, Other (please state)
Surname	Surname
Given Name	Given Name
Address	Address
Telephone Mobile	Telephone Mobile
Occupation	Occupation
Name of Employer	Name of Employer
Telephone Work	Telephone Work
Email:	Email:
Relationship to Student: Mother <input type="checkbox"/>	Relationship to Student: Father <input type="checkbox"/>
Other	Other
Are you a former student of JSRACS Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a former student of JSRACS Yes <input type="checkbox"/> No <input type="checkbox"/>

IMMUNISATION RECORDS

Is your child Immunised? Yes No

New legislation pertaining to the Public Health Act 2015 and the School Education Act of 1999 states that a child's immunisation status must be 'up to date' according to their AIR Immunisation History Statement to enrol in school. The only acceptable documentation for this purpose is the child's Immunisation History Statement from the Australian Immunisation Register. The date of the statement should be within two months of enrolment.

FAMILY RELATIONSHIPS

Parent/Guardian with whom the student resides: _____

Both Parents (same address) Both Parents (separate addresses) Mother Only Father Only

Name of Person(s) with Legal Guardianship of the Applicant: (Only if applicable)

Please provide a certified copy of the relevant documentation confirming Legal Guardianship.

Are there Family Court Orders relating to this child? Yes No

NB: Should there be any special or confidential matters relevant to this application, please advise the Principal or Principal's delegate at the enrolment interview.

SIBLINGS - Please list details of siblings who are currently attending or who are enrolled to attend John Septimus Roe Anglican Community School.

Name	Year of Entry	House

APPLICATION FEE - \$40

Payment options available are EFTPOS Cash Cheque or Credit Card

Credit Card Details: Mastercard Visa Amount \$40.00

Card Number _____ Expiry Date ____/____/____ CCV _____

Signature of Card Holder: _____ Date: ____/____/____

- I/We hereby apply to John Septimus Roe Anglican Community School for the enrolment of the above student
- I/We understand and agree that the acceptance of this form by John Septimus Roe Anglican Community School does not constitute an offer of enrolment, and that we will be required to agree to the Conditions of Enrolment which apply at the time our child is offered a place at the school.
- I/We enclose the Application Fee. This fee covers administration costs and is non-refundable.
- I/We agree to be bound by the enrolment procedures, printed overleaf, which I/we acknowledge to have been read by me/us and which shall form part of this agreement with the school.
- To the best of my/our knowledge the information contained in this Application for Enrolment is complete and correct.

Printed Name of Father/Parent/Guardian	Signature Date / /
Printed Name of Mother/Parent/Guardian	Signature Date / /

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Receipt Number: _____ Date Application Received: _____ Received by: _____

Entered on Synergetic: _____ Student ID: _____ Family ID: _____