



# APPLICATION FOR ENROLMENT



## APPLICATION FOR ENROLMENT

Student's Name:

Date of Application:

Year Student is applying to start:

Grade:

Select the Campus Student is applying for::

Please note that your application may not be processed until you have provided the below documentation. Please contact BUSY Schools if there are any difficulties with obtaining the following;

- ☐ Birth Certificate or Passport
- ☐ Medicare Card
- ☐ Visa documentation (if applicable)
- ☐ Most recent school report (including any adjustments/ support provided at previous school)
- ☐ NAPLAN results
- ☐ Professional referral form from previous school
- ☐ Legal documents/ Court orders (if applicable)
- ☐ Immunisation records
- ☐ Independent Student (Centrelink documents or if over 18 written consent from parent/ carer to be an Independent
- ☐ Medical documents (eg; specialist and/ or any diagnostic, paediatric, educational, psychological or other reports applicable to the Students care and education)

**STUDENT DETAILS**

Student's Legal First Name:

Middle/Other Names:

Student's Legal Surname:

Preferred Name:

Date of Birth:

Student's Phone Number:

LUI Number: (if known)

USI Number: (if known)

Gender

☐

Male

☐

Female

☐

Other

Student's Email Address:

Student's Home Address:

Student's Postal Address: (if different from above)

Religion: (if applicable)

\*Shirt Size:

Is a language other than English spoken at home?

☐

No

☐

Yes, Please specify:

Does the Student speak an Indigenous Language?

☐

No

☐

Traditional Language

☐

Aboriginal English

☐

Creole

Is the Student of Aboriginal or Torres Strait Islander Origin Decent?

☐

No

☐

Aboriginal

☐

Torres Strait Islander

☐

Both Aboriginal &amp; Torres Strait Islander

Country of Birth:

☐

Australia

☐

New Zealand

☐

Other, please specify

Citizenship:

☐

Australian Citizen

☐

New Zealand Citizen

☐

Other, please specify

Please complete section below if Student is not an Australian or New Zealand Citizen:

☐

Permanent Australian Resident Visa Subclass

☐

Temporary Visa Holder

Visa Subclass

Visa Expiry Date

\* BUSY Schools will supply 2 uniformed polo shirts upon commencement. If you require additional to this a cost may be incurred

*Please include with your application copies of visa documentation (if applicable)*

## PREVIOUS SCHOOL DETAILS

Current School (If applicable):

Year/s enrolled:

Previous Schools (If applicable):

Year/s enrolled:

Please describe the Student's current schooling situation: (eg suspensions, expelled, school refusal, truancy, bullying, struggling at school, etc)

Previous adjustments made in school:

Name of siblings currently or previously enrolled at BUSY Schools: (If applicable)

## MEDICAL DETAILS

Student's Medicare Card Number:

Card Expiry Date:

Student's Healthcare Card Number:

Card Expiry Date:

Students Concession Card Number:

Card Expiry Date:

Does the Student have Private Health Insurance?

☐ No☐ Yes, name:

Does, or has the Student ever suffered from the following? (please tick)

1.Asthma: ☐ No ☐ \*Yes ☐ Severe ☐ Moderate ☐ Mild*\* If yes, please complete or have your doctor complete the appropriate management plan and provide a copy to BUSY Schools.*2.Diabetes: ☐ No ☐ Yes

Last Diabetic episode date:

Treatment:

Please attach extra pages if there is not enough space in the boxes to list all information

***Please include with your application copies of any information/reports from doctors, specialists or other professionals***



3.Epilepsy: ☐ No ☐ Yes

Last Epileptic episode date:

Treatment:

4. Allergies: ☐ No ☐ Yes (Including penicillin and other drug/food allergies) ☐ Anaphylaxis

If yes, provide details below:

Details of allergies (include specific allergy and reaction):

Last allergic episode (please describe reaction and treatment):

5.Other: ☐ No ☐ Yes

Any other known Childhood diseases, operations or major injuries?

Any specific dietary requirements?

Please attach extra pages if there is not enough space in the boxes to list all information

***Please include with your application copies of any information/reports from doctors, specialists or other professionals***

Does the Student take any regular medication? (prescribed or over the counter)

☐ No ☐ Yes (please provide details and dosage)

Will the Student require any medication to be taken at school? (regular or occasional)

☐ No ☐ Yes (please provide details and dosage)

Has the Student received the full program of standard childhood immunisations? (up to current age)

☐ \*No ☐ Yes

\*If no, please list the immunisation the Student has received:

Permission to administer paracetamol if needed? (dosage will be as per the box/ bottle for the Students age)

☐ No ☐ Yes

Students current swimming ability:

☐ Can't swim ☐ Struggles swimming ☐ Comfortable swimmer ☐ Strong swimmer

Has the Student been professionally diagnosed with any of the following? (tick all that apply)

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Visual Impairments
<input type="checkbox"/> Speech Language Impairment	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Social/Emotional Disorder
<input type="checkbox"/> ASD (Autism, Asperger's, PDD-NOS)	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Dyslexia
<input type="checkbox"/> Borderline Intellectual Difficulties	<input type="checkbox"/> Speech/Language Difficulties	<input type="checkbox"/> Dyspraxia
<input type="checkbox"/> Operational Defiant Disorder	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Sensory Processing

Other, please specify:

Year of initial diagnosis and next review date:

Was the Student a verified Student with a disability at their previous school?

☐ No ☐ Yes

If yes, what was the AIMS number?

Please attach extra pages if there is not enough space in the boxes to list all information

***Please include with your application copies of any information/reports from doctors, specialists or other professionals***

## EDUCATION NEEDS - IN CLASS SUPPORT

Has the Student received adjustments to assist them to participate in schooling in their previous schools?

☐ No ☐ Yes, please specify;

☐ Emotional regulation support
 ☐ Reading/ writing support  
☐ Behavioural support
 ☐ Mathematics support

Do you consider the Student to have difficulties with learning?

☐ No ☐ Yes, please specify;

<input type="checkbox"/> Anxiety that stops learning	<input type="checkbox"/> Reading/ writing issues	<input type="checkbox"/> Difficulty managing time
<input type="checkbox"/> Difficulty with verbal instruction	<input type="checkbox"/> Memory Issues	<input type="checkbox"/> Difficulty organising self
<input type="checkbox"/> Difficulty with written instruction	<input type="checkbox"/> Attention Issues	<input type="checkbox"/> Issues working with others
<input type="checkbox"/> Difficulty speaking with adults	<input type="checkbox"/> Difficulty with Mathematics	<input type="checkbox"/> Difficulty regulating emotions

Has the Student used special Education, Learning Support or Guidance from previous education providers?

☐ No ☐ Yes, please specify;

<input type="checkbox"/> Individual Education Plan	<input type="checkbox"/> In class support	<input type="checkbox"/> Reading/ writing
<input type="checkbox"/> Behaviour support	<input type="checkbox"/> Guidance Officer Support	<input type="checkbox"/> support Mathematics
<input type="checkbox"/> Speech therapy	<input type="checkbox"/> Other, please specify	

If you have ticked yes to any of the above please provide school reports around adjustments and support provided at previous school.



## PROFESSIONAL SUPPORT

Has the Student been assessed or supported by any of the following specialist services? (leave blank if this does not apply to the student)

<input type="checkbox"/> Psychiatrist	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

<input type="checkbox"/> Psychologist	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

<input type="checkbox"/> Paediatrician	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

<input type="checkbox"/> General Practitioner	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

<input type="checkbox"/> Speech Therapist	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

<input type="checkbox"/> Occupational Therapist	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

<input type="checkbox"/> Optometrist	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

<input type="checkbox"/> Youth Justice	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>

Is the support current and ongoing? ☐ No ☐ Yes Year of last appointment:

Please attach extra pages if there is not enough space in the boxes to list all information

***Please include with your application copies of any information/reports from doctors, specialists or other professionals***

<input type="checkbox"/> Family Support Service	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>
Is the support current and ongoing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year of last appointment: <input type="text"/>
<input type="checkbox"/> Child & Youth Mental Health Service	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>
Is the support current and ongoing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year of last appointment: <input type="text"/>
<input type="checkbox"/> Other	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>
Is the support current and ongoing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year of last appointment: <input type="text"/>
<input type="checkbox"/> Other	Name: <input type="text"/>	Organisation: <input type="text"/>
	Phone: <input type="text"/>	Email: <input type="text"/>
Is the support current and ongoing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year of last appointment: <input type="text"/>

## OTHER INFORMATION

With whom does the Student normally live with?

<input type="checkbox"/> Both parents at same address	<input type="checkbox"/> Both parents at different addresses (shared parenting arrangement)
<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Grandparents
<input type="checkbox"/> Other, please specify	<input type="text"/>

If living at two different addresses provide details of living arrangements (eg; Mum's weekdays, Dad's weekends)

Are there any current or historic legal orders relating to the Student? (eg parenting orders or court documents)

☐ No ☐ Yes, current orders ☐ Yes, historic orders

If yes, copies of current orders/ documents must be included with this application. Originals will need to be sighted at interview.

Is the Student applying for enrolment as an Independent student?

☐ No ☐ Yes

If yes, you will need to provide either Centrelink documents or if over 18 written consent from your parent/ care giver providing consent for you to be an Independent.

Is there any other health, medical or background information we need to know about the Student?

Is there any other information that you consider would be helpful in the nurture and education of this student?

## FAMILY DETAILS

Please list details of biological parents as well as those who have parental responsibility for the Student (eg, step-parents)

Parent/ Carer 1 - Generally the first person to contact during school hours

First Name:

Surname:

Preferred Name

Title (Mr, Ms, Mrs, Dr, etc)

Mobile Phone Number::

Home Phone Number:

Gender: ☐ Male ☐ Female ☐ Other

Receive Notifications by: ☐ SMS ☐ Email ☐ Mail

Email Address:

Home Address:

Postal Address: (if different from above)

Partner/ Spouses Name:

Occupation:

Work Phone Number:

Work Email Address:

Workplace/Company Name:

Relationship to Student:

Student lives with Parent/Carer 1: ☐ Full-time ☐ Part-time

☐ Casual

Is a language other than English Spoken at Home? ☐ No

☐ Yes (please specify)

Do you speak an Indigenous Language?

☐ No

☐ Traditional Language

☐ Aboriginal English

☐ Creole

Highest level of school education completed:

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent

Highest level of non-school education completed:

☐ Bachelor Degree or above

☐ Diploma

☐ Certificate I or IV 1

☐ None

Occupation Group: (see descriptions on page 13)

☐ 1

☐ 2

☐ 3

☐ 4

☐ 8

Is there any other information we need to know about Parent/Carer 1 or their relationship to the student? (eg contact limitations, legal orders, family issues, etc)



### Parent/ Carer 2

First Name:

Preferred Name

Mobile Phone Number::

Gender: ☐ Male ☐ Female ☐ Other

Email Address:

Home Address:

Postal Address: (if different from above)

Partner/ Spouses Name:

Work Phone Number:

Workplace/Company Name:

Student lives with Parent/Carer 2: ☐ Full-time ☐ Part-time

Is a language other than English Spoken at Home? ☐ No

Do you speak an Indigenous Language?

☐ No ☐ Traditional Language

Highest level of school education completed:

☐ Year 12 or equivalent ☐ Year 11 or equivalent

Highest level of non-school education completed:

☐ Bachelor Degree or above ☐ Diploma

Occupation Group: (see descriptions on page 13)

Surname:

Title (Mr, Ms, Mrs, Dr, etc)

Home Phone Number:

Receive Notifications by: ☐ SMS ☐ Email ☐ Mail

Occupation:

Work Email Address:

Relationship to Student:

☐ Casual

☐ Yes (please specify)

☐ Aboriginal English

☐ Creole

☐ Year 10 or equivalent

☐ Year 9 or equivalent

☐ Certificate I or IV 1

☐ None

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 8

Is there any other information we need to know about Parent/Carer 2 or their relationship to the student? (eg contact limitations, legal orders, family issues, etc)

## ADDITIONAL OR EMERGENCY CONTACT

First Name:

Surname:

Preferred Name:

Home Phone Number:

Mobile Phone Number:

Relationship to Student:

Gender

☐

Male

☐

Female

☐

Other

Email Address:

Home Address:

Student lives with contact:

☐

Full-time

☐

Part-time

☐

Does not live with

## EXTERNAL STAKEHOLDERS (GUARDIAN)

Please complete if an external organisation (eg. Child Safety) holds guardianships of the Student. Leave blank if it does not apply.

Name of Organisation

Phone:

Email:

Address:

Primary contact in relation to the Student:

Job title in relation to the Student:

Contact number/s:

Email Address/es:

Additional Organisation Contacts: (Name, phone, job title, etc.)

Who can sign forms and documents in relationship to the Student? (eg permission forms, etc)

## DECLARATION

- I/we apply to have the Student named in this application enrolled at BUSY Schools.
- I/we understand that this application is made without any implication that an offer of enrolment at BUSY Schools will be made.
- I/we understand that under normal circumstances BUSY Schools requires any prospective student to attend an interview with the Principal (or Principal's representative) before an offer of enrolment can be made.
- I/we understand that to accept an offer of enrolment at BUSY Schools we must accept the school's Terms & Conditions of enrolment as per the Enrolment Agreement and Code of Behaviour.
- I/we understand that this application may not be processed until all required documents have been provided.
- I/we declare that the information we have supplied on this form is complete, true and correct, and understand that inaccurate, incomplete or misleading information may jeopardise enrolment.
- I/we give permission for external stakeholders and specialist support teams to be contacted to support the students application.

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature:

Date:

Or

I wish to apply for an enrolment as an **Independent Student** and will be responsible for signing all School forms and payment of all accounts.

Student Signature:

Date:

Or

Signed for on behalf of the organisation that holds **legal guardianship** for this student.

Signature:

Name:

Position:

Date:

*Please return completed form and supporting documentation*

IN PERSON TO:

BUSY Schools Cairns Campus 1  
1 Wilkinson Street  
Manunda Qld 4870

OR VIA POST TO:

BUSY Schools Cairns Campus  
PO Box 68W  
Westcourt Qld 4870

OR SCANNED AND EMAILED TO:

admin@busyschools.com.au



## PARENT/ CARER OCCUPATION GROUPS

### 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/pilot, flight officer, flying instructor, air traffic controller]

### GROUP 2

Other business manager, arts/media/sportspersons and associate professionals

**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/service 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, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

### 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/refugee /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 & related workers

**Drivers, mobile plant, production/processing machinery and other machinery operators.**  
**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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 workers**  
**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 for the last 12 months.