



APPLICATION FOR ENROLMENT

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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 The 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

Letter of Support/Professional Referral Form

Legal documents/Court orders (if applicable)

Independent students (Centrelink documents, or if over 18 written consent from parent/carer to be an independent)

Medical documents (eg; specialist and/ or any diagnostics, paediatric, educational, psychological or other reports applicable to the student's 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

Pronouns:

Student's Email Address:

Student's Home Address:

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

Is a language other than English spoken at home?

No

Yes, Please specify:

With whom does the Student normally live with?

Both parents at same address

Both parents at different addresses (shared parenting arrangement)

Mother

Father

Grandparents

Other, please specify

If living at two different addresses provide details of living arrangements (eg; Parent 1 weekdays, Parent 2 weekends)

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

No

Aboriginal

Torres Strait Islander

Both Aboriginal & 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

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, exclusion, school refusal, truancy, bullying, struggling at school, etc)

Previous adjustments made in school:

Name of siblings currently or previously enrolled at The 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 of fund:

Is the student approved for NDIS?

No

Yes

Does the student receive Disability Support Pension?

No

Yes

Does, or has the student been impacted by 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 The 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 specific dietary requirements?

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)

All medication including paracetamol must be provided to the school with a label attached showing the student's name and dosage required. A completed Medications in School Form is also required.

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 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"/> Oppositional Defiance 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 verified with a disability at their previous school?

☐ No ☐ Yes

If yes, what was the AIMS number?

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

☐ No ☐ Yes, please specify;

<input type="checkbox"/> Emotional regulation support	<input type="checkbox"/> Reading/ writing support
<input type="checkbox"/> Behavioural support	<input type="checkbox"/> 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 support
<input type="checkbox"/> Behaviour support	<input type="checkbox"/> Guidance Officer Support	<input type="checkbox"/> 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.

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

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)

Psychiatrist	Name:		Organisation:	
	Phone:		Email:	
Is the support current and ongoing?	No	Yes	Year of last appointment:	
Psychologist	Name:		Organisation:	
	Phone:		Email:	
Is the support current and ongoing?	No	Yes	Year of last appointment:	
Paediatrician	Name:		Organisation:	
	Phone:		Email:	
Is the support current and ongoing?	No	Yes	Year of last appointment:	
General Practitioner	Name:		Organisation:	
	Phone:		Email:	
Is the support current and ongoing?	No	Yes	Year of last appointment:	
Speech Therapist	Name:		Organisation:	
	Phone:		Email:	
Is the support current and ongoing?	No	Yes	Year of last appointment:	
Occupational Therapist	Name:		Organisation:	
	Phone:		Email:	
Is the support current and ongoing?	No	Yes	Year of last appointment:	
Optometrist	Name:		Organisation:	
	Phone:		Email:	
Is the support current and ongoing?	No	Yes	Year of last appointment:	
Youth Justice	Name:		Organisation:	
	Phone:		Email:	
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

Family Support
 Service

Name:

Organisation:

Phone:

Email:

Is the support current and ongoing?

No

Yes

Year of last appointment:

 Child & Youth
 Mental Health
 Service

Name:

Organisation:

Phone:

Email:

Is the support current and ongoing?

No

Yes

Year of last appointment:

Other

Name:

Organisation:

Phone:

Email:

Is the support current and ongoing?

No

Yes

Year of last appointment:

Other

Name:

Organisation:

Phone:

Email:

Is the support current and ongoing?

No

Yes

Year of last appointment:

OTHER INFORMATION

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/carer 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 SMS Email Mail
Notifications by:

Email Address:

Home Address:

Postal Address: (if different from above)

Country of Birth:

Occupation:

Work Phone Number:

Residency Status:

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)

Are you of Aboriginal or Torres Strait Islander descent?

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander

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 of above ☐ Diploma ☐ Certificate I or IV 1 ☐ None

Occupation Group: (see descriptions on page 13)

1 2 3 4 8

Residency Status:

☐ Citizen ☐ Permanent ☐ Temporary

Parent/ Carer 2

First Name:

Surname:

Preferred Name

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

Mobile Phone Number::

Home Phone Number:

Gender: Male Female Other

Receive SMS Email Mail
Notifications by:

Email Address:

Home Address:

Postal Address: (if different from above)

Country of Birth:

Occupation:

Work Phone Number:

Residency Status:

Workplace/Company Name:

Relationship to student:

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

Is a language other than English Spoken at Home? No Yes (please specify)

Are you of Aboriginal or Torres Strait Islander descent?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

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 of above Diploma Certificate I or IV 1 None

Occupation Group: (see descriptions on page 13)

1 2 3 4 8

Residency Status:

Citizen Permanent Temporary

ADDITIONAL OR EMERGENCY CONTACT

First Name of Primary Emergency Contact:

Surname:

Preferred Name:

Home Phone Number:

Mobile Phone Number:

Relationship to Student:

Gender

Male

Female

Other

Name Second Emergency Contact

Mobile Phone Number:

Relationship to Student:

Gender

Male

Female

Other

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 The BUSY Schools.
- I/we understand that this application is made without any implication that an offer of enrolment at The BUSY Schools will be made.
- I/we understand that under normal circumstances The 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 The BUSY Schools we must accept the school's Terms & Conditions of enrolment as per the Enrolment Agreement and Code of Conduct.
- 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.
- I/we give permission for The BUSY Schools to engage with internal staff, external stakeholders, allied health and specialist support teams
e.g. youth worker, psychologist and counsellors, to support and assess the students overall wellbeing.
- I/we agree to the implementation of a flexible timetable arrangement for this student at The BUSY Schools to allow for employment pathways and additional education and training programs to run within their timetable.

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:

Privacy Statement

We collect personal information about students at the school, their parents and people who care for them. The primary purpose of collecting the information is to enable us to use the information for all actions connected with educating our students. You consent to the personal information being used for educational and ancillary purposes including the marketing of the school.

Any medical information will be used discretely and in accordance with the school's privacy policy. The privacy policy may be viewed on our website. We will provide a hard copy of the privacy policy to anyone who requests it.

Standard Collection Notice

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing, through technology systems or in the course of conversations. [Note: If the School collects personal information from a third party, or the individual may not be aware that the School collects certain personal information, include here the fact and circumstances of collection.] The primary purpose of collecting this information is to enable the School to provide schooling to students enrolled at the school, exercise its duty of care, and perform necessary associated administrative activities, which will enable students to take part in all the activities of the School.
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. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about students from time to time.
5. A student's enrolment may be delayed or prevented if the School cannot collect certain personal information. This is particularly so where the information is relevant to the health and safety of the student, other students and/or staff.
6. The School may disclose personal and sensitive information for educational, administrative and support purposes. This may include to:
 - other schools and teachers at those schools, including a new School to which a student transfers to facilitate the transfer of the student;
 - government departments (including for policy and funding purposes);
 - medical practitioners;
 - people providing educational, support and health services to the School, including specialist visiting teachers, volunteers, and counsellors;
 - providers of learning and assessment tools;
 - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority (ACARA) and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN); agencies and organisations to whom we are required to disclose personal information for education and research purposes;
 - people providing administrative and financial services to the School;
 - anyone you authorise the School to disclose information to; and
 - anyone to whom the School is required or authorised to disclose the information to by law, including child protection laws.
7. Personal information collected from students is regularly disclosed to their parents or guardians.
9. The School uses information management and storage systems provided by third party service providers. Personal information is stored with and accessible by the third party service providers for the purpose of providing services to the School in connection with the Systems.
10. The School may use online or 'cloud' service providers to store personal information and to provide services to the School that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the School's use of on online or 'cloud' service providers is contained in the School's Privacy Policy.
11. The School's Privacy Policy, accessible on the School's website, sets out how parents or students may seek access to and correction of their personal information which the School has collected and holds. However, access may be refused in certain circumstances such as 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 student, where students have provided information in confidence or where the School is otherwise required or authorised by law to refuse access. Any refusal will be notified in writing with reasons (unless, given the grounds for refusal, it would be unreasonable to provide reasons).
12. The School's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
13. The School may engage 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 in the School's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
14. On occasions information such as student achievements, student activities and similar news is published in School newsletters or shared with the School community. This may include photographs and videos of students. The School will obtain permissions at enrolment from the student's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos [or other identifying material] in our promotional material or otherwise make this material available to the public such as on the internet.
15. 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.

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 adjustor, 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.