



JOHN CALVIN SCHOOL

FREE REFORMED SCHOOL ASS. (TAS.) INC.

53 HOWICK STREET
LAUNCESTON, TAS. 7250
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www.jcs.tas.edu.au
ABN No 32 415 227 180

APPLICATION FOR ENROLMENT

FAMILY DETAILS:

Surname:

Church:

Father's Name(s):

Occupation: Work Phone Number:

Place of Employment:

Address of Employment:

Email: Mobile Phone Number:

Mother's Name(s):

Occupation: Work Phone Number:

Place of Employment:

Address of Employment:

Email: Mobile Phone Number:

RESIDENTIAL ADDRESS:

Street Number: Street Name:

Suburb: Postcode:

Home Phone Number:

POSTAL ADDRESS: *(if different to residential address)*

Street Number: Street Name:

Suburb: Postcode:

EMERGENCY CONTACT: *(if the school is unable to reach the parents)*

Contact Name:

Contact Address:

Contact Phone Number(s):

STUDENT DETAILS:

| | | | |
|---|--|---------------------|---|
| Child's Surname: | | | |
| First Name(s): | | | |
| Preferred Name: <i>(if different to first name)</i> | | Position in Family: | |
| Date of Birth: | | Sex of Child: | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Please provide school with a copy of your child's birth certificate.

| | | | |
|---------------------------|--|--|--|
| Previous School Attended: | | | |
| Year Level: | | | |
| Country of Birth: | | | |

AUSTRALIAN CITIZENSHIP: (Please tick one)

| | | |
|---------------------------------|--|--------------------------------|
| Australian Citizen | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Permanent Resident on a Visa | Yes <input type="checkbox"/> No <input type="checkbox"/> | Please provide Visa Sub-Class: |
| Resident in Australia on a Visa | Yes <input type="checkbox"/> No <input type="checkbox"/> | Please provide Visa Class: |

Please note: It is your responsibility to notify the school of any change to your Visa status. If on a visa, please provide a copy of your visa documents.

Is this student of Aboriginal or Torres Strait Islander Origin? *(Please circle)* Yes No

If not indicated on the birth certificate, please provide official confirmation of Indigenous heritage.

OTHER CONTACT: (if student regularly resides at more than 1 address)

| | | | |
|------------------|--|------------------|--|
| Contact Name: | | Phone Number(s): | |
| Contact Address: | | | |

MEDICAL HISTORY

| | | | | |
|------------|------------|--|--------------|--|
| Immunised: | 18 Months: | Yes <input type="checkbox"/> No <input type="checkbox"/> | 4 Years Old: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|------------|------------|--|--------------|--|

Please provide school with copies of your child's immunisation records.

| | | |
|---------|--|--|
| Asthma: | Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>If yes, please provide the school with an Emergency Action Plan (at least annually)</i> |
|---------|--|--|

| | | | |
|---------------------|--|--|--|
| Asthma medications: | | | |
|---------------------|--|--|--|

| | | |
|------------|--|------------------------|
| Allergies: | Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>Please specify:</i> |
|------------|--|------------------------|

Reactions to any substances (eg allergy to chocolate with hives, rash etc) *If yes, please provide the school with an Emergency Action Plan*

| | | |
|-------------------------|--|----------------------------|
| Medications being taken | Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>If yes, please list</i> |
|-------------------------|--|----------------------------|

| | | |
|--|--|---|
| Seizure Disorder <i>(eg Epilepsy):</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>If yes, provide school with details:</i> |
|--|--|---|

Does the child have a diagnosed condition: Yes No

If 'Yes', please supply relevant documentation to the Principal/Assistant Principal
List current medications being taken:

If any medications to be administered during school hours, please complete the Administration of Prescribed

Medication Form A (Parent/Guardian) and Form B (Doctor/Pharmacist/Practice nurse)

Does this child take other medication regularly?

Yes No

If yes, provide school with details of medication(s) and reason for medication(s):

Do any medications need to be administered during school hours?

Yes No

If yes, provide details and complete the Administration of Medication authorisation form A (parent/guardian) and Administration of Prescribed Medication Authorisation Form B (Doctor/Pharmacist/Pharmacist/Practice Nurse)

Special Dietary Concerns (please be specific):

Any other serious medical condition(s) the school should be aware of?

(eg kidney / bladder problems, heart condition, hepatitis, fainting, bleeding problems, diabetes, recent illnesses)

Yes No

VISION:

Glasses

Yes No

Contacts

Yes No

Date of last eye examination:

HEARING

Hearing Devices:

Yes No

Ear Grommets:

Yes No

Date of last Hearing Examination:

Who performed the Hearing examination?

Any other ear / hearing problems (eg infection, injury or surgery):

SPEECH:

Does your child have any difficulty with speech?

Yes No

If yes, are they receiving, or have they received treatment (provide details below):

MOTOR SKILLS:

Does your child have any difficulty with motor skills?

Yes No

If yes, are they receiving, or have they received treatment (provide details below):

Any special classroom considerations (relating to vision / hearing / speech / motor skills) needed:

OTHER CONCERNS:

Has this child experienced any social, emotional or physical problems, including phobias, which may affect adjustment to school and / or camps? If so, provide details:

Name(s) of anyone who is forbidden to have any access to this child. (Please provide a copy of the court order to be placed on file in the school):

STUDENT NAME:

Dated:

PERMISSION TO ADMINISTER PARACETAMOL

I authorise the John Calvin School and its staff to administer paracetamol (eg Panadol) to my child, named above, in the event of headache or other minor pain. I understand that such administration will be in accordance with instructions relating to its use, as published on the packet, especially relating to the quantity and frequency of its use.

This authorisation is valid until the end of Term 4, 2025

Yes No

Please indicate below if you would like us to notify the parent / guardian before administering Paracetamol:

Yes No

Signed:

PERMISSION TO ADMINISTER FIRST AID

I consent for staff member who holds a current First Aid Certificate to administer first aid as necessary

Yes No

Signed:

PERMISSION FOR MEDICAL OR SURGICAL TREATMENT

When, in an emergency involving my child, I nor the other emergency contact can be reached, I authorise the staff to consent to the child receiving such medical or surgical treatment as may be deemed necessary.

Yes No

Signed:

GENERAL CONSENT SHORT TRIPS

I hereby authorise the staff to take my child, named above, off-campus on short trips as those undertaken by bus to the local swimming pool, indoor sporting facilities, museums and the like.

Yes No

Signed:

PERMISSION TO PUBLISH PHOTOGRAPHS

I hereby authorise the school permission to publish photographs of my child, named above, subject to the conditions as outlined in the School's Handbook.

Yes No

Signed:

INFORMATION REQUIRED FOR ASSESSMENT AND REPORTING PURPOSES

The following personal information is collected as part of this School's ongoing commitment to the National Reporting on Schooling in Australia initiative. For further information on the National Reporting on Schooling in Australia initiative, we refer you to the Ministerial Council on Education, Employment, Training and Youth Affairs website <http://www.mceecdya.edu.au/mceecdya/>. As part of that initiative this information will be provided to the Independent Schools of Tasmania (IST) for collation. IST has advised the School that it does comply with the requirement of the Privacy Act and will be collating the information provided by Schools. IST will then forward the collated information to the Department of Education and Training (DET) for analysis. DET as a government agency is required to comply with the privacy legislation requirements for the public sector. As with personal information collected by the School, this personal information will be handled strictly in accordance with our Privacy Policy.

DOES THE STUDENT OR THEIR MOTHER / GUARDIAN OR THEIR FATHER / GUARDIAN SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

(If more than one language, indicate the one that is spoken most often)

| | STUDENT | MOTHER/PARENT 1 / GUARDIAN 1 | FATHER/ PARENT 2 / GUARDIAN 2 |
|-----------------------------|---------|------------------------------|-------------------------------|
| No, English only | | | |
| Yes, other; please specify: | | | |

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL THE PARENTS / GUARDIANS HAVE COMPLETED? *(For persons who have never attended school, mark "Year 9 or equivalent or below.")*

| | <i>Mark one box only in each column</i> | |
|-------------------------------|---|--------------------------------|
| | MOTHER / PARENT 1 / GUARDIAN 1 | FATHER / PARENT 2 / GUARDIAN 2 |
| Year 12 or equivalent | | |
| Year 11 or equivalent | | |
| Year 10 or equivalent | | |
| Year 9 or equivalent or below | | |

WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION THE PARENTS / GUARDIANS HAVE COMPLETED?

| | <i>Mark one box only in each column</i> | |
|---|---|--------------------------------|
| | MOTHER / PARENT 1 / GUARDIAN 1 | FATHER / PARENT 2 / GUARDIAN 2 |
| Bachelor degree or above | | |
| Advanced Diploma / Diploma | | |
| Certificate I to IV (including trade certificate) | | |
| No non-school qualification | | |

Please select the appropriate parental occupation group from the lists in Attachment 1.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box(es) below.

**WHAT IS THE OCCUPATION GROUP OF THE MOTHER / PARENT 1 / GUARDIAN 1?
(PLEASE SPECIFY GROUP NUMBER)**

**WHAT IS THE OCCUPATION GROUP OF THE FATHER / PARENT 2 / GUARDIAN 2?
(PLEASE SPECIFY GROUP NUMBER)**

PARENT CONFIRMATION

I / We accept and agree to abide by the provisions of the current Handbook. Yes No

I / We are members of the Free Reformed School Association Inc Yes No

My / Our membership account is up-to-date with payments Yes No

I / We agree to pay the annual parent membership fees as set by the Board. Yes No

I / We are in agreeance to the Privacy Policy of the school. Yes No

The information provided in this enrolment form is, to the best of our knowledge, true and correct. Yes No

SIGNED:

PARENT NAME:

PARENT SIGNATURE:

PARENT NAME:

PARENT SIGNATURE:

PRINCIPAL SIGNATURE:

DATE:

FRSA Admin Office Use Only:

NAPLAN information received

Membership current and up-to-date

Check completed and Principal advised

Attachment 1: Parental 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/officer/pilot, flight officer, flying instructor, air traffic controller).

GROUP 2: OTHER BUSINESS MANAGERS, ARTS / MEDIA / SPORTS PERSONS 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 / services 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).

Defence Forces senior Non-Commissioned Officer.

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 / refuge / 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 AND RELATED WORKERS

Drivers, mobile plant, production / processing machinery and other machinery operators.

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen-hand, 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).