



2-20 Lancefield Drive
 CAROLINE SPRINGS VIC 3023
 (03) 8363 2000
www.scg.vic.edu.au
enrolments@scg.vic.edu.au

Office Use Only

| | | | |
|----------------|--|--------------|--|
| Date Received | | Debtor Code | |
| Amount Paid | | Student Code | |
| Receipt Number | | Initials | |

APPLICATION FOR ENROLMENT

Please note: The following items must accompany this Application for Enrolment:

- | | |
|---|--|
| <input type="checkbox"/> Photocopy of full Birth Certificate (legal requirement) | <input type="checkbox"/> Photocopy of Citizenship Certificate (if required) |
| <input type="checkbox"/> Photocopies of last two school reports (except Preparatory) | <input type="checkbox"/> Completion of the attached Data Collection Form |
| <input type="checkbox"/> Photocopy of NAPLAN results (For Year 4 and above) | <input type="checkbox"/> \$50.00 non-refundable Application Fee |
| <input type="checkbox"/> Photocopy of Immunisation Status Certificate (legal requirement) | <input type="checkbox"/> This document must be signed by each parent and/or guardian |

STUDENT DETAILS

| | | | |
|---|-------------------|---|-----------|
| Surname: | | First Name: | |
| | | Middle/Other Given Name: | |
| Preferred Name: | | Gender (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of Birth: ___/___/_____ | Country of Birth: | | Religion: |
| Citizenship/Resident Status (please tick) | | Visa No: | Class: |
| <input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Resident Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Temporary Resident Visa <i>(If you currently hold a visa, a Visa Entitlement Verification must be provided to the School)</i> <i>(Please note that Southern Cross Grammar cannot accept students travelling on a 570 or 571 visa)</i> | | Temporary or Permanent: | |
| | | Subclass Title: | |
| Main language spoken at home: | | Other languages spoken at home: | |
| Is the student of Aboriginal or Torres Strait Islander Origin? (please tick) | | <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander | | <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander | |
| Does the student wish to be identified as Aboriginal or Torres Strait Islander? (please tick) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Current Kinder/School: | | Year level: | |
| Other schools previously attended: | | | |
| Victorian Student Number (VSN): | | Proposed Calendar Year of Commencement 20 ____ | |
| How did you hear about Southern Cross Grammar? | | Proposed Academic Year Level (please circle) Foundation 1 2 3 4 5 6 7 8 9 10 11 12 | |

PARENT/GUARDIAN DETAILS

| MOTHER / PARENT / GUARDIAN 1 | | FATHER / PARENT / GUARDIAN 2 | |
|-------------------------------|-------------|-------------------------------|-------------|
| Surname: | | Surname: | |
| Given Name: | Salutation: | Given Name: | Salutation: |
| Residential Street Address: | | Residential Street Address: | |
| Residential Suburb/Postcode: | | Residential Suburb/Postcode: | |
| Postal Address: | | Postal Address: | |
| Relationship to Student: | | Relationship to Student: | |
| Telephone (Home): | | Telephone (Home): | |
| Company Name: | | Company Name: | |
| Telephone (Work): | | Telephone (Work): | |
| Telephone (Mobile): | | Telephone (Mobile): | |
| Email (please print clearly): | | Email (please print clearly): | |

OTHER CHILDREN IN THE FAMILY

| | | | |
|--|----------------|------------------------------|---|
| Are there any other siblings in your family? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name: | Date of Birth: | Gender (please tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name: | Date of Birth: | Gender (please tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name: | Date of Birth: | Gender (please tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name: | Date of Birth: | Gender (please tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name: | Date of Birth: | Gender (please tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female |

FAMILY CIRCUMSTANCES

| | | |
|--|------------------------------|-----------------------------|
| Are there any family circumstances that we should be aware of? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please specify: | | |
| Student resides with (please tick): <input type="checkbox"/> Mother and Father | | |
| <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please specify): | | |
| Are there any specific <u>custody arrangements</u> or <u>court orders</u> in place which affect the student? | | |
| <input type="checkbox"/> Yes (please provide copies of legal papers) <input type="checkbox"/> No | | |
| Is there any other relevant information regarding your child that the School should be made aware of? | | |

EMERGENCY CONTACT PEOPLE (if parent or guardian is unable to be contacted)

| <i>Please do not add parent or guardian details below. At least 2 alternate emergency contacts must be listed.</i> | | | |
|---|-------------|----------------------------|-------------|
| EMERGENCY CONTACT PERSON 1 | | EMERGENCY CONTACT PERSON 2 | |
| Name: | Salutation: | Name: | Salutation: |
| Address: | | Address: | |
| Relationship to student: | | Relationship to student: | |
| Telephone (Home): | | Telephone (Home): | |
| Telephone (Work): | | Telephone (Work): | |
| Telephone (Mobile): | | Telephone (Mobile): | |
| EMERGENCY CONTACT PERSON 3 | | EMERGENCY CONTACT PERSON 4 | |
| Name: | Salutation: | Name: | Salutation: |
| Address: | | Address: | |
| Relationship to student: | | Relationship to student: | |
| Telephone (Home): | | Telephone (Home): | |
| Telephone (Work): | | Telephone (Work): | |
| Telephone (Mobile): | | Telephone (Mobile): | |

NAME AND ADDRESS TO WHICH ACCOUNT SHOULD BE SENT

It is School Policy to render accounts in the name of both parents as listed. Where this is not appropriate, the person/s to which accounts should be addressed should be listed below. The person/s responsible for the accounts must sign this form OR attach a letter indicating his/her acceptance of this responsibility.

| | | |
|--------------------------|---------------|-------------|
| Surname: | Given Name/s: | Salutation: |
| Relationship to Student: | | |
| Address: | | |
| Signature: | Signature: | |

MEDICAL DETAILS

Please complete the following details carefully so that we may provide the necessary care for your child.

| | | |
|---|---|-----------------------------|
| Name of your child's Medical Practitioner/Clinic: | | |
| Clinic Location: | Telephone Number: | |
| Does your child have a medical, congenital or developmental condition that could affect our duty of care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details including date of diagnosis and details of any conditions: | | |
| Does your child have Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No If your child suffers from asthma, an Asthma Management Plan must be provided to the School. | | |
| Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: <input type="checkbox"/> Anaphylaxis If your child suffers from anaphylaxis, an Anaphylaxis Management Plan must be provided to the School prior to commencement. | | |
| Are there any special instructions in relation to School staff administering First Aid to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: | | |
| If you cannot be contacted, do you give permission for School staff to seek medical attention for your child as required, or to transport him/her to hospital by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Private Insurance: | <input type="checkbox"/> Yes - Name of Fund: | Member Number: |
| | <input type="checkbox"/> No | |
| Ambulance Membership: | <input type="checkbox"/> Yes – Member Number: | Expiry Date: |
| | <input type="checkbox"/> No | |
| Medicare Number: _____ | Ref: _____ | Expiry Date: ____/____/____ |
| Do you have a Health Care Card? (If yes, please provide a photocopy) <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes – Card Number: _____ Expiry Date: ____/____/____ | | |

ADDITIONAL INFORMATION

| Is your child currently receiving any of the following? | | | | | |
|---|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|
| Language Skills Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mathematics Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speech Therapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Visual Impairment Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Occupational Therapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing Impairment Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Developmental Physiotherapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Individual Teacher Aide Time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| English as a Second Language Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Counselling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Music Tuition (Instrument): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sports Coaching | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dance Tuition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Speech and Drama Tuition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify): | | | | | |

PARENT/GUARDIAN UNDERTAKING

1. I/We have read the Southern Cross Grammar Charter and am/are in agreement with the philosophy, aims and charter of Southern Cross Grammar.
2. I/We hold myself/ourselves responsible for the payment of all tuition/school fees.
3. I/We wish to apply for enrolment for my/our child at Southern Cross Grammar.
4. I/We enclose a non-refundable application fee of \$50.00 to cover administration costs.
5. I/We acknowledge that acceptance of this application by Southern Cross Grammar does not constitute an offer of admission into Southern Cross Grammar.
6. I/We understand that should an offer of admission to Southern Cross Grammar be made and I/we accept the offer, a non-refundable confirmation fee of \$500.00 is payable.
7. I/We consent to the collection, by the School, of information contained in this form and the use and disclosure by the School of that information for purposes connected with the School's consideration and determination of this application. I/We further consent to the School retaining any information about our child or us for such period of time as the School may consider is reasonable.

Please check that the following information is enclosed with this application form:

- A copy of the student's Birth Certificate
- A copy of the student's School Report (excluding Preparatory Applications)
- A copy of the student's Immunisation History Record (Copy of Immunisation Details from Healthcare Booklet/Medicare)
- Completion of the attached Data Collection Form

APPLICATION PAYMENT DETAILS

Payment by Credit Card:

(Please note: Payments made by Visa and Mastercard will incur a 1% surcharge)

Please charge \$50.00 to the following Credit Card (circle)

VISA

MASTERCARD

Card Number:

Name of Card Holder:

Expiry Date:

Signature of Card Holder:

Date:

Please be advised that a staff member will contact you prior to processing your application fee.

Payment by Cheque:

Cheques can be made payable to: Southern Cross Grammar

Payment by Cash/EFT:

Cash and EFT payments can only be made in person at School Office.

I/We hereby declare that to the best of my/our knowledge the information provided in this application is accurate and up to date.

Signature: _____

Date: _____

Signature: _____

Date: _____

Both parent/guardian signatures are required on this application form.

Please return this form to:

The Principal
Southern Cross Grammar
PO Box 3092
Caroline Springs VIC 3023
Ph: (03) 8363 2000
Email: enrolments@scg.vic.edu.au

PRIVACY STATEMENT

This statement is provided to you by the School and specifically itemises the reason for collecting information about students and their families and the way in which that information is used by the School.

1. The School collects personal information, including sensitive information, about students and their parents/guardians before and during the course of their enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child.
2. Some of the information collected is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include public health and child protection laws.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical reports from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes disclosure to other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers, coaches, volunteers and counsellors.
6. If the information referred to above is not obtained by the School, we may not be able to enrol or continue the enrolment of your child.
7. Personal information collected from students is regularly disclosed to parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in School newsletters, magazines and on our website. Student photos are often included.
8. Parents may seek access to personal information collected about them and their child/children by contacting the School. Students may also seek access to personal information about themselves; however, there will be occasions when access is denied. Such occasions would include instances 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 students, or where students have provided information in confidence.
9. The School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. Your personal information will not be disclosed to third parties for their own marketing purposes without your consent.
10. Your contact details may be included in a class list and School Directory. In general, access to this is limited to School staff.
11. If you provide the School with the personal information of others, such as doctors or emergency contacts, you are encouraged to inform them that:
 - you are disclosing that information to the School and the reason for doing so;
 - they can access the information if they wish;
 - the School does not usually disclose the information to third parties.

DATA COLLECTION FORM

(Information required by Australian Government Education Ministers for assessment and reporting purposes)
(Personal details will not be disclosed)

Student Name _____
Home Address of Student _____ Postcode _____

1 In which country was the student born?

- Australia
- New Zealand
- England
- South Africa
- China (excludes SARs & Taiwan Province)
- Philippines
- India
- United States of America
- South Korea
- Hong Kong (SAR of China)
- Other – please specify

2 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Arabic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Cantonese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Italian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Vietnamese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Mandarin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Greek | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Spanish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Tagalog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Hindi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, other – please specify | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3(a) What is the highest level of primary or secondary school the parents/guardians have completed?
(For persons who have never attended school, mark “Year 9 equivalent or below”.)

Mark one box only in each column

| | Mother/Parent 1 Guardian 1 | Father/Parent 2 Guardian 2 |
|-------------------------------------|-------------------------------|-------------------------------|
| Year 12 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> |
| Year 11 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> |
| Year 10 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> |
| Year 9 or equivalent or below | <input type="checkbox"/> | <input type="checkbox"/> |

3(b) What is the level of the *highest* qualification the parents/guardians have completed?

Mark one box only in each column

| | Mother/Parent 1 Guardian 1 | Father/Parent 2 Guardian 2 |
|---|-------------------------------|-------------------------------|
| Bachelor degree or above | <input type="checkbox"/> | <input type="checkbox"/> |
| Diploma/advanced diploma | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate I to IV (including trade certificate) | <input type="checkbox"/> | <input type="checkbox"/> |
| No non-school qualification | <input type="checkbox"/> | <input type="checkbox"/> |

4(a) What is the occupation group of the mother/parent 1/guardian 1?

4(b) What is the occupation group of the father/parent 2/guardian 2?

Please select the appropriate parental occupation group from the list on the next page.
If 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 person has not been in paid work in the last 12 months, enter “8” in the box above.

List of Parental Occupation Groups (for Question 4)

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 a 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/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/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 four-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 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)