THE RIVERINA ANGLICAN COLLEGE



APPLICATION FORM

Kindergarten – Year 12

CONDITIONS OF ENROLMENT

GENERAL

1. The completion and signing of this application form signifies your acceptance and agreement with the conditions of enrolment including conditions relating to the payment of fees and charges and to any other conditions or rule which may be implemented by the College Board or its' appointed representatives to ensure the orderly conduct of the College.

RELIGIOUS OBSERVANCE

- 2. The Riverina Anglican College is a Christian College, based in the Anglican tradition. Worship and the expression of Christian faith will be a normal and integral part of the life of the college community. Acceptance of the offer of a place at the college signifies your acceptance and agreement to your child's participation in the school's worship and religious education programs.
- 3. Opportunities will exist for cooperation with other Christian denominations, particularly with regard to baptism and confirmation for individual students.

ACCEPTANCE

4. Acceptance into the College is subject to a satisfactory interview with at least one parent/carer and the intending student, with the Principal prior to the desired date of commencement. Where the student is currently attending a school, a copy of the most recent school report and latest NAPLAN report from the school should be supplied. In order to best meet the needs of the student, full disclosure is required of the students' special needs including but not limited to medical, physical, learning or psychological needs which the student has. Where any disclosed special needs change or where any special needs arise, the College must be notified immediately.

ENROLMENT

- 5. Enrolment is for the normal expected remaining period of education offered by the College. Enrolment may be terminated by;
 - a) The parent/carer in accordance with condition 16, or;
 - b) The Principal in accordance with condition 7.

ATTENDANCE AND ABSENCE

6. The College may determine which courses and activities ore offered and/or provided at any time and which courses and activities are compulsory. All students must participate in and/or attend activities as determined by the Principal, these include Chapel Services and Assemblies, Co-curricular activities and other events as required by the Principal, from time to time.

The student is expected to attend throughout the school year. A request by the parent/carer for leave of absence for the student must be made in writing to the Principal well in advance. In the case of absence because of illness or accident, the parent/carer should notify the College in writing upon the students' return.

BEHAVIOUR MANAGEMENT

7. Enrolment signifies agreement with the rules and regulations of the College including the College's discipline policy contained in the Students' Code of Conduct. The Principal may at his/her discretion but subject to procedural fairness, suspend or require withdrawal of a student for breaches of rules or discipline. The financial obligation of the parent/carer will not be affected by the exercise of such discretion.

The College seeks to maintain an environment that is safe for all students in which the values and the ethos of the College is upheld and that learning can take place. The Principal or his nominee may therefore, where there are reasonable grounds to do so, search the student's bag.

UNIFORM

All students are required to wear the College uniform neatly and properly at College, when travelling to and from College and at all College occasions unless otherwise instructed.

FEES

- 9. All fees and charges are published from time to time. The tuition Fees and Charges payable are those which are current at the time the particular school term commences. The Application Fee is that current at the time of lodging the Application at the College Office.
- 10. All fees and charges are payable in advance and are not refundable.
- 11. Where fees are not received promptly, action will be implemented as set out in the College Fees Policy, details of which are on the College website www.trac.nsw.edu.au
- 12. Where the fees and charges for a student are not paid within the term to which they relate and an acceptable arrangement for payment of the fees has not been made, the student will not be allowed to continue at the College without the special approval of the College Board until all outstanding fees have been paid.
- 13. Absence from College for the whole or part of any term does not remove the obligation to make payment of the term's fees and charges.

BONDS

- 14. An Enrolment Fee (one per student) and a Refundable Bond (one per family) is payable within 14 days of the offer of a place. The amount of the Refundable Bond is published in the Fee Schedule and is the amount which is current at the time of the offer.
- 15. The Bond is refunded after the student's (or students') completion of education at the College, provided that all monies owing to the College have been paid, resources returned and appropriate notice of withdrawal of the student has been given.

WITHDRAWAL OF STUDENT

16. A full term's notice is to be given in writing to the Principal if a student is to be withdrawn from the College prior to completion of the normal expected education period offered by the College. In the event of failure to provide adequate notice of withdrawal, an equivalent of one-half of the next term fee will become payable and the Bond will not be refunded.

APPLICATION FORM

| Office Use Only | |
|-----------------|--|
| Student ID: | |

Thank you for your interest in enrolling your child as a student at The Riverina Anglican College.

Please read the Conditions of Enrolment and the Fee information (Page 2). If an offer of a place at the College is made to you, by signing the Application Form, you agree to the Conditions of Enrolment.

Please return the completed form, along with supporting documentation, and the \$50 Application Fee to the Enrolments Team. (Completion of this form does not guarantee a place at the College.)

| STUDENT ENROLMENT INFORMATION |
|--|
| Surname: |
| Given Name:Middle Name: |
| Preferred Name: |
| Date of Birth: |
| Name of Current School/Preschool: |
| Religious Affiliation: |
| Country of Birth - Australia Other * please specify |
| *If Other: Australian Citizen New Zealand Citizen (Citizenship paperwork to be attached) |
| Resident VISA Temporary Resident VISA (Passport and VISA paperwork to be attached. For Temporary VISAs we also require a copy of the parent's VISA paperwork.) |
| Is the student of Aboriginal or Torres Strait Islander origin? (Required for Govt. Reporting Purposes) |
| □No □Aboriginal □Torres Strait Islander □Both Aboriginal and Torres Strait Islander |
| Language spoken at Home: English Other (please specify) |
| RESIDENTIAL DETAILS WHERE STUDENT RESIDES |
| Home Address: (Home Address must include House Number, Street Name, Suburb and Postcode. Including rural properties) |
| |
| Postal Address: (If different to Home Address) |
| |
| ENROLMENT INFORMATION |
| Year of entry desired: 20 Intended start date:// (if not beginning school year) |
| Year Level for Enrolment: K 1 2 3 4 5 6 7 8 9 10 11 12 |
| How did you hear about the College? |
| Sibling/s Attended Relative Attended Recommendation from Friends Live in area Advertising |

Website ☐ Word of Mouth ☐ Other:

FAMILY DETAILS

Please list below, in order of birth, all children in the family (including the enrolling student).

| | Birth | Given Name | | Family Name | | Birth | Sc | hool |
|-----------------------------|-------------|---------------|-------|-------------|----------|-------|-----------|------------|
| | Order | | | | | Year | Attending | g/Attended |
| Child | 1 | | | | | | | |
| Child | 2 | | | | | | | |
| Child | 3 | | | | | | | |
| Child | 4 | | | | | | | |
| Child | 5 | | | | | | | |
| | | | | | | · | | |
| | | S - at the st | | _ | | | | |
| Title: Mr □ | Mrs□ | Ms∐ M | liss | Dr ☐ Oth | er: | | | |
| First Name | | | | | | | | |
| Middle Nam | ne | | | | | | | |
| Last Name | | | | | | | | |
| Relationship | o to Studen | t | | | | | | |
| Home phon | e number | | | | | | | |
| Mobile phor | ne number | | | | | | | |
| Work phone | e number | | | | | | | |
| Email addre | ess | | | | | | | |
| List the day resides at the | | | n 🗆 T | ue□ We | d□ Thu□ | Fri□ | | |
| | | - | | | | | | |
| CONTACT | 2 DETAIL | S - at the st | | PRIMARY re | esidence | | | |
| Γitle: Mr □ | Mrs∟ | Ms∐ M | liss∟ | Dr∐ Oth | er: | | | |
| First Name | | | | | | | | |
| Middle Nam | ne | | | | | | | |
| Last Name | | | | | | | | |
| Relationship to Student | | t | | | | | | |
| Home phon | e number | | | | | | | |
| Mobile phor | ne number | | | | | | | |
| Mark phane | number | | | | | | | |
| WORK PRIORE | | I | | | | | | |

(e.g. married, partners, separated, divorced, widowed, sole parent.)

RELATIONSHIP STATUS OF CONTACT 1 AND CONTACT 2

FAMILY DETAILS CONT.

DETAILS OF PARENTING/CARER ARRANGEMENTS (if applicable)

| Are there any Family Court C | orders, Parenting Agreements, Apprehended Violence Orders or Domestic |
|--|---|
| Violence Orders in place rele | vant to the child? Yes \square No \square |
| If yes, it is essential that you | attach copies to this Enrolment Application. |
| Parents: Please advise the Director o other significant person(s), Parenting occur and provide copies of new cou | f Enrolments of any change of address, telephone number or other information about the Parent/Care Agreements, Apprehended Violence Orders or Domestic Violence Orders as soon as such changes rt orders. |
| CONTACT 1 DETAILS - Det | ails of the Parent/Carer at the student's SECONDARY residence |
| Title: Mr ☐ Mrs☐ Ms☐ | Miss Dr Other: |
| First Name | |
| Middle Name | |
| Last Name | |
| Relationship to Student | |
| Home address | |
| (Home Address must include | |
| House Number, Street Name, | |
| Suburb and Postcode. Including | |
| rural properties) | |
| Home phone number | |
| Mobile phone number | |
| Work phone number | |
| Email address | |
| List the days the student resides at this address? | Mon ☐ Tue☐ Wed☐ Thu☐ Fri☐ |
| | Other (provide details) |
| | |
| CONTACT 2 DETAILS - Det | ails of the Parent/Carer at the student's SECONDARY residence |
| Title: Mr ☐ Mrs☐ Ms☐ | Miss Dr Other: |
| First Name | |
| Middle Name | |
| Last Name | |
| Relationship to Student | |
| Home address (Home Address must include House Number, Street Name, Suburb and Postcode. Including rural properties) | |
| Home phone number | |
| Mobile phone number | |
| Work phone number | |
| Email address | |

| RELATIONSHIP STATUS OF SECONDARY CONTACT 1 AND CONTACT 2 (if applicable) |
|--|
| (e.g. married, partners, separated, divorced, widowed, sole parent.) |
| \square I acknowledge that any Parent/Carer that the student resides with at any time has been added to this Application Form. |
| STUDENT DETAILS |
| KINDERGARTEN APPLICANTS ONLY In the year before school, has your child been in non-parental care on a regular basis or attended any other education programs? Yes (Indicate ALL that apply) No |
| Pre-school ☐ Family day care ☐ Long day care ☐ Day care with pre-school program ☐ Grandparent ☐ Other relative ☐ Other ☐ |
| Please provide name and address details of the pre-school or non-parental care. |
| Pre-school or non-parental care |
| Please indicate the amount of formal time the child spent in care each week prior to enrolling at school Less than 15 hours per week More than 15 hours per week |
| Did your child receive special help there? I/we give permission to contact the pre-school for information about my/our child Yes (complete below) No |
| If yes, Teacher/Carer NamePhone Number: |
| STUDENT WITH ADDITIONAL NEEDS Does the student applying for enrolment have any known or suspected additional needs? Yes \(\subseteq \text{No} \subseteq \) |
| If yes, please indicate which needs are applicable: Behavioural Needs □ Educational Needs □ Medical Needs □ Physical Needs □ Sensory Needs (vision and/or hearing impairment) □ Any other additional needs □ |

If you have indicated above the student has additional needs, please complete the section/s below: (Supporting documentation MUST be provided)

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

| Is your child a young person with: (please tick as appli | cable) | | | | |
|--|---|--|--|--|--|
| \square Autism Spectrum Disorders \square Acquired brain injury | ☐ Behaviour disorders | | | | |
| ☐ Difficulties in the basic areas of learning ☐ A hearing impairment ☐ An intellectual disability | | | | | |
| \square A language disorder \square Mental Health issues \square A physical disability \square Special abilities | | | | | |
| □vision impairment | | | | | |
| Other (please specify): | | | | | |
| SIGN TO COMPLETE APPLICATION FORM | | | | | |
| I/We the undersigned, apply for the enrolment of | t the College in 20 (insert year) and agree to irges and to be bound by the regulations of the as set out above, are joint and several and may only | | | | |
| Signed(Father or Carer (please circle)) | Signed(Mother or Carer (please circle)) | | | | |
| Print Name | Print Name | | | | |
| Date | Date | | | | |
| Witness Name | Witness Name | | | | |
| (Unrelated person) | (Unrelated person) | | | | |
| Signed | Signed | | | | |
| Date | Date | | | | |
| Parents are requested to inform the Co | ollege of any change in contact details. | | | | |
| Name and address of person/s to whom accounts a | are to be rendered if different to above: | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Phone: Em | ail: | | | | |

SUPPORTING DOCUMENTATION CHECKLIST

| Birth Certificate (required) |
|---|
| Passport / Visa / Citizenship Certificate / Residency Paperwork (if applicable) |
| Copies of Legal Court Order documentation (if applicable) |
| Learning Plans (if applicable) |

HOW TO SUBMIT YOUR APPLICATION FORM

STEP 1: Please return the completed form, along with all supporting documentation to the Enrolments team at The Riverina Anglican College, PO Box 5467, Wagga Wagga NSW 2650 or via email Enrolments@trac.nsw.edu.au

STEP 2: Please make payment for the Enrolment Application Fee of \$50.00 (gst inc.), payable via bank transfer**, or via card payment in person/over the phone.

BSB: 702 389 **Account Number:** 0520 9785 **Account Name:** The Riverina Anglican College

** When making a payment online, please include child's initial and surname in the payment description.

Office Use Only

| Application Received | Application Fee Paid | Recorded | |
|----------------------|----------------------|----------|--|
| | | | |
| / / | / / | / / | |