



STUDENT ENROLMENT APPLICATION FORM

Please read this section first.

Hilliard Christian School will use the information that you provide on this form to provide educational programs, make appropriate contact in emergencies, and undertake statistical planning and reporting activities.

About the Student

Surname or Family Name: _____

Date of Birth: _____

First Given Name: _____

Sex: Male Female

Second Given Name: _____

Year Level at Enrolment: _____

Preferred Given Name (if any): _____

Home Phone Number: _____

Requested Commencement Date: _____

Email Address: _____

Country of Birth: _____

Residential Address: _____

Mailing Address: _____

Does the student speak a language other than English at home?

No

Yes

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

If yes, please specify:

Is the student in state care?

No

Yes

If yes, please provide period of care dates:

From:

To:

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

For persons of both Aboriginal and Torres Strait Islander origin, circle both.

Yes, Torres Strait Islander

Does the student qualify for a Disability Supplement?

No

Yes

Does the student have a mobile phone?

No

Yes

Do you give permission for the student to have this mobile phone at school?

No

Yes

Number:

Church Affiliation

Denomination:

Regular Attendance

Infrequent Attendance

Currently does not attend

Does the student require the school bus service to travel to or from school?

No

Yes

Are there any court pending orders concerning residence, contact, child maintenance, education, health, or other specific issues relating to this student?

No

Yes

If yes:

Please attach a copy of the order for the school's records.

Court order review date: _____

Has this student previously attended another school or college or been known by any other names?

No

Yes

If yes, please specify:

Most recent previous school or college attended: _____

Date left previous school: _____

Other surname or family name used: _____

Other given names used: _____

Is this student also enrolled, or intending to enrol, at another school or college in Tasmania?

No

Yes

Include government and private schools and colleges.

If yes, please specify:

Other school(s) or college(s) enrolled in or intending to enrol in: _____

Names of other students from this family currently enrolled or enrolling at this school.

About the Parents or Guardians

First Parent or Guardian

Interpreter Required?

No

Yes

Surname or Family Name:

Sex: Male

Female

Given Name

Phone (H):

Title (e.g. Mr, Mrs, Ms, Dr, etc.)

Mobile (H):

Occupation

Phone (W):

Place of Employment

Mobile (W):

Relationship to Student

Highest Level of Schooling

Highest Level of Qualification

Does this parent or guardian speak a language other than English at home?

No

Yes

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

If yes, please specify:

Second Parent or Guardian

Interpreter Required?

No

Yes

Surname or Family Name:

Sex: Male

Female

Given Name

Phone (H):

Title (e.g. Mr, Mrs, Ms, Dr, etc.)

Mobile (H):

Occupation

Phone (W):

Place of Employment

Mobile (W):

Relationship to Student

Highest Level of Schooling

Highest Level of Qualification

Does this parent or guardian speak a language other than English at home?

No

Yes

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

If yes, please specify:

Please provide details of any parent or guardian not living with the student who wishes to receive correspondence from the school.

Surname or Family Name: _____

Phone (H): _____

Given Name _____

Mobile (H): _____

Title (e.g. Mr, Mrs, Ms, Dr, etc.) _____

Phone (W): _____

Mailing Address: _____

Mobile (W): _____

Email: _____

Emergency Contacts

Contact 1

Name: _____

Mobile: _____

Relationship to Student: _____

Work Phone: _____

Address: _____

Home Phone: _____

Contact 2

Name: _____

Mobile: _____

Relationship to Student: _____

Work Phone: _____

Address: _____

Home Phone: _____

About the Student's Health and Wellbeing

Emergency Transportation

In carrying out our duty of care in an emergency we may transport the student to a safe place or place of treatment by ambulance or other form of transport. Costs associated with this action are the responsibility of the person signing this form.

Minor Excursions

Minor excursions can be conducted within the framework of educational programs without prior permission from parents.

Students may be required to participate in minor excursions or activities whether on foot or using vehicular transport to venues such as school sites, parks, museums, environment centres and other places of educational value.

Notification will be given in a timely manner. If a parent wishes to withdraw the student from a particular excursion they must do so in writing to the school.

Overnight and residential excursions and activities that have an inherent risk factor will need an individual permission form.

Individual permission forms will be sent home for these events.

Please provide the contact details for the student's usual doctor or clinic.

Doctor or Clinic Name: _____

Address: _____

Phone Number: _____

Please provide the details of any existing medical conditions that you think the school should know about.

Please indicate whether the student has been vaccinated for immunity against the listed diseases.

We care about the protection of your child's health: please provide accurate information.

Diphtheria and Tetanus	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Combined Diphtheria Tetanus Pertussis (DTP)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Influenza (FLU)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hepatitis B Vaccine (HEB)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Haemophilus Influenza Type B (HIB)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Meningococcal Group C (MEN)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Measles, Mumps & Rubella (MMR)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Poliomyelitis Oral or Injectable (OPV)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pneumococcal (PCV)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chickenpox (VZV)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Consent to the Publication of Photographs and Student Work

This seeks your consent to the reproduction of:

- Photographs taken during the student's schooling: and/or
- Samples of student's work where the student also consents.

The consent sought encompasses the reproduction of:

- Student photographs in school publications, such as the school's website, newsletter and yearbook.
- Student photographs in other Department of Education publications, such as websites, reports and brochures.
- Student's work samples in school publications, such as the school's website, newsletter and yearbook.

The publications may appear in printed or electronic form and may be available to a global audience on the Internet. For safety reasons Hilliard Christian School's guidelines prevent the publication of names linked to students photographs on the Internet.

The copyright ownership of a published photograph will be retained by Seventh-day Adventist Schools (Tasmania) Ltd.

I give consent to Hilliard Christian School for photographs that include the student to be published in school publications.

No

Yes

I give consent to Hilliard Christian School for samples of the student's work to be published as part of any publications within school programs, if he/she agrees for it to be used.

No

Yes

Verification of Enrolment Information

Signing This Form

To sign this form you must be an independent student or the parent or legal guardian or a person who has a Court Order proving that they have care and control of the enrolling student.

I certify that the information provided in this form is correct and that Yes responses to requests for consent signify my consent. I understand and agree that if I wish to withdraw my consent, it will be my responsibility to inform the school in writing.

Signed:

Date:

Signed by:

First Parent/Guardian

Second Parent/Guardian

Independent Student

Name and Signature of Person Responsible for Fees

Name

Signature:

Address if not parent or guardian:

For our records could you please indicate how you were first introduced to Hilliard Christian School:

Personal Recommendation Name:

Advertising Brochure

Yellow Pages

Newspaper Advertisement

School Website

Other: