

# *Faith Heritage Education*

Office Use

Student Name: \_\_\_\_\_

Office Use



## **St Hurmizd Assyrian Primary School**

**Application  
for Enrolment**



**THE ASSYRIAN SCHOOLS**

**St Hurmizd Assyrian Primary School**

7 – 9 Greenfield Road, Greenfield Park NSW 2176

PO Box 21A Fairfield Heights NSW 2165

Telephone: 9753 4185

Fax: 9753 4192

Website: [www.shaps.nsw.edu.au](http://www.shaps.nsw.edu.au)

Email: [admin@shaps.nsw.edu.au](mailto:admin@shaps.nsw.edu.au)



Office Use

**APPLICATION FOR ENROLMENT**

*The school will notify you of the results of your application. The information you have provided will be used by the school for student enrolment if your application is accepted. Please do not purchase items such as uniforms until you receive confirmation of enrolment.*

**OFFICE USE ONLY:**

Family Code:	Student Code:	Date of Enrolment: / /
Scholastic Year (K-6):	Home Room:	Paid Application Fee: / /
House Group:		

**Name of Student:**

**Family Mailing Details**

Family Surname:
Mail to [eg Mr & Mrs Smith]:
Address: Suburb: Postcode:
Telephone Number:
Current Parish:

**Children in Family at The Assyrian Schools**

Please list below all children in the family attending The Assyrian Schools  
(This information is used to give family discounts as per the Schedule of Fees Policy)

Birth Order	Full Student Name	School Year	School Attending
Child 1			
Child 2			
Child 3			
Child 4			

**Student Details**

First Name:	Commencement Year:	Start Date:
Middle Name:	Year Level eg: Kinder, Year 6:	
Surname:	Previous School:	
Preferred Name:	Date Arrived in Australia: (if applicable):	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	1 <sup>st</sup> Australian School Year (eg: 2011):	
Date of Birth:	Religion:	
Country of Birth:	Main Language Spoken at Home:	
Nationality:	Other Language(s) Spoken at Home:	
Ethnic Origin:	Does your child attend a Community Language School? <input type="checkbox"/> Yes <input type="checkbox"/> No What Language?	

**PARISH DETAILS**

Sacrament	Date Received	Parish Received At	Copy of Certificate inc.
Baptism			Yes / No

Parish/Church: \_\_\_\_\_

Member: Yes  Number ..... No

Is actively involved in the Parish Community  Attends Church regularly

Priest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHURCH  
STAMP**

## Indigenous Identifier

Is the Student of Aboriginal or Torres Strait Islander origin?:  Yes  No (If Yes, please tick  below)  
 Aboriginal  Torres Strait Islander  Both Aboriginal & Torres Strait Islander

## Student's Residency Status

What is the Student's Citizenship Status? (Evidence must be provided)  
 Australian Citizen  New Zealand Citizen  Other (eg Swedish):

What is the Student's Residency Status? (Evidence must be provided)

➤ Please note: Any change in Visa/Residency Status must be advised

Permanent Resident  Temporary Visa Holder  Bridging Visa  Tourist or Visitor Visa  
 Full Fee Paying Overseas Student  Other Visa Categories:

For Australian Born Citizens, if the Student was living overseas for two or more years, on what date did the student return to Australia?

If the student is a Permanent or Temporary Visa Holder please provide the following information:

Current Visa Sub Class:	Visa Number:	Visa Expiry Date:
-------------------------	--------------	-------------------

Passport Number:
------------------

## Kindergarten Students

For Kindergarten Students, what type of formal care did this child have in the year prior to enrolling at school?

### Registered Care

Long Day Care  Family Day Care  Occasional Care  Pre-School  Other Formal Care

Amount of formal care each week, prior to enrolling at school:

Up to 6 hours per week  Up to 12 hours per week  12 hours to fulltime each week

Name of Pre-School, Long Day Care Centre or Other Formal Care Service:

### Other Care

Parent  Relative  Playgroup  Other Carer (please specify)

## Previous Schools

Please provide details of any school where the student has previously been enrolled (NSW, Interstate or Overseas) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.

Name of School(s) attended (start with most recent)	Location of School(s)	Dates of Attendance
		From: To:
		From: To:
		From: To:
		From: To:

If this is not the Student's first enrolment at an Australian School, what was the Student's first date of enrolment at an Australian School?

## Medical Details

<b>Parent/Carer Permission</b> I give my permission for the school to seek information from the doctor/medical centre named below regarding any allergy or medical condition experienced by the student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor/Medical Centre Name	Phone Number:
Student's Medicare Number	Medicare Expiry Date:
Date of Last Tetanus Injection/Booster	Immunisations: Has the Immunisation Certificate been supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No
It is essential you inform the School before your child's commencement, if he or she has any allergies/medical alerts, including ANAPHYLAXIS or other medical conditions (eg: Allergies to nuts or other food, penicillin, bee stings, asthma, diabetes, epilepsy, etc.) you must also advise the school as soon as you are aware of any new allergies or other medical conditions.	
Anaphylaxis Condition? [eg: Peanuts, Insect Stings]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please Specify:
Carries EpiPen? EpiPen Expiry:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:        /        / <b>20</b>
Allergies? [eg: Hayfever, etc]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Any Medical Condition(s)? [eg: Asthma, Diabetes, Epilepsy, Thyroid, etc.]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Medication: Please list any prescribed medication to be taken by student:	1. 2. 3.

## Special Circumstances

<b>Are there any circumstances about the student seeking to be enrolled that the school should know prior to the enrolment? eg: mature age, Carers other than Parents, subject of a court order, out of home care arranged by the state.</b> <b>If there are any court orders, please attach a copy of current court orders</b> <input type="checkbox"/> Yes <input type="checkbox"/> No     If yes, please provide a brief description of the circumstances.

## Additional Needs

Indicate whether the student applying for enrolment has any known or suspected additional needs (Please tick  Yes or No for each of the following)

<b>Physical Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Educational Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Behavioural Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sensory Needs (vision and/or hearing impairment)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Any other additional needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	---	---

If you have answered Yes to any of the above, please complete the Section below: (Supporting documents **MUST** be provided)

**Is your child a young person with (please tick as applicable)**

<input type="checkbox"/> autism spectrum disorders	<input type="checkbox"/> acquired brain injury	<input type="checkbox"/> behaviour disorders
<input type="checkbox"/> difficulties in the basic areas of learning	<input type="checkbox"/> a hearing impairment	<input type="checkbox"/> an intellectual disability
<input type="checkbox"/> a language disorder	<input type="checkbox"/> mental health issues	<input type="checkbox"/> a physical disability
<input type="checkbox"/> a vision impairment		

Other (please specify):

Legislation and SHAPS policy recognise that learning adjustments may be required for students with additional needs. These are provided through alternative teaching and learning strategies and special provisions including oral interpreting, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support.

Was any of the following provided for your child in his/her previous school/pre-school/educational setting that maybe required for your child in this school? (please tick as applicable)

<input type="checkbox"/> access to technology	<input type="checkbox"/> alternative teaching and learning strategies	<input type="checkbox"/> Braille/Large Print
<input type="checkbox"/> English language support	<input type="checkbox"/> modification to equipment, furniture and learning spaces	<input type="checkbox"/> Personal carer support
<input type="checkbox"/> a reader or scribe	<input type="checkbox"/> special provisions for assessments	<input type="checkbox"/> Oral interpreting
<input type="checkbox"/> early intervention services eg: speech therapy, occupational therapy, other therapies		

Other (please specify):

Is there anything that you do or modify at home that may help us at school to meet your child’s special needs?

If the student is accepted it is essential that the school has all the information about the needs of a student in order to make REASONABLE ADJUSTMETNS to meet those needs. The school **MUST** be advised promptly of any changes to the needs of the student.

**Student’s History Relevant to Risk Assessment**

This school has a legal responsibility under the relevant section of the Education Act 1990 to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide information that will help facilitate the smooth transition of students into our school setting. This may include preparing a behaviour management plan, risk assessment and risk management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in our school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in the student’s history or circumstances (including medical history) which might pose a risk of any type to the student, other students or staff at this school?      Yes      No

If yes, please provide below a brief description of the student’s history or circumstances.


Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.


Does your child have any past history of violent behaviour towards others or themselves?      Yes      No  
If yes, please specify:


Has your child ever been suspended, transferred or expelled from any previous school, pre-school or other educational institution?      Yes      No

If yes, reasons for suspension / expulsion:






been issued in relation to the enrolled student?		
<b>SIGNATURE</b>		

**Contact Details – Emergency contact details column (1) and (2) MUST be completed**

<b>Details</b>	<b>Emergency Contact (1)</b>	<b>Emergency Contact (2)</b>	<b>Non Residential Parent (if applicable)</b>
	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.	Please only complete if there is a Parent who does not reside at the Student’s Home Address
Title			
First Name			
Surname			
Relationship to Student			
Address – Street			
Suburb and Post Code			
Home Phone Number			
Mobile Number			
Business (work) Number			
Email Address	N/A	N/A	
Employer	N/A	N/A	
Occupation	N/A	N/A	
Occupational Group <b>(Refer to Page 10 “List of Parental Occupations”)</b>	N/A	N/A	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>
Highest Level of School Education	N/A	N/A	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Level of Highest Qualification	N/A	N/A	Bachelor degree of above <input type="checkbox"/> Diploma/Advanced <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language(s) other than English at home?	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Specify: 1. 2.
Country of Birth	N/A	N/A	
Nationality	N/A	N/A	
Religion	N/A	N/A	
Are there any Family Court Orders/Parenting Plans that have been	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO (If Yes, Supporting documentation must be provided)

issued in relation to the enrolled student?			
<b>SIGNATURE</b>	N/A	N/A	

## Check List

I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes)

- Birth Certificate**
- Baptismal Certificate**
- Immunisation Record**
- 2 x Passport photos**
- Preschool Report (when applying for Kindergarten)**
  - Most recent previous school reports
  - Year 3 and 5 Naplan report (when enrolling in Year 4, 5 & 6)
  - Citizenship documentation (where applicable)
  - Relevant Family Court Orders (where applicable)
  - Relevant Medical and/or Special Needs information including Clinical/Educational Assessments (where applicable)

## Agreement

(Please read carefully)

1. I/We agree that no sibling child will be accepted in the school from the same family if there is an outstanding amount remaining from the current sibling fees.
2. I/We agree that the first Term fee must be paid in advance if no direct debiting arrangements are made.
3. I/We agree for our child's photo to be used in the School Newsletter, Website, School App and Facebook page.
4. I/We give permission for our child to participate in local area (walking) excursions.
5. I/We agree to abide by the Ethos, and current and future policies and procedures of the Assyrian Schools.
6. I/We understand that if this application is successful, the information that has been provided must be kept up to date throughout the period of enrolment.
7. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (e.g Mass, School Liturgies, Prayer, etc)
8. If this enrolment application is successful I/we agree to honor the financial commitments required by the school as per the schedule of Fees.
9. I/we understand that there will be a non-refundable Application fee of \$100 paid with each enrolment.
10. I/we understand that there will be a non-refundable Confirmation fee of \$100 paid with each enrolment.
11. I/we understand that if our application is successful the above fees will be credited in the first years' fees.

I/we have read and completed all the information in the Application for Enrolment and understand the policies and procedures that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, the application for enrolment will not be accepted and can be cancelled.

**SIGNED:** ..... (Parent /Guardian /Carer)      **DATE:**  
 .....

**SIGNED:** ..... (Parent /Guardian /Carer)      **DATE:**  
 .....

**PLEASE NOTE:**

**ACCEPTANCE OF THIS APPLICATION FOR ENROLMENT IS SUBJECT TO APPROVAL BY THE ST HURMIZD ASSYRIAN PRIMARY SCHOOL ENROLMENT COMMITTEE.**

**Your Financial Obligation to The Assyrian Schools**

I/We undertake to pay applicable school fees for my child/ren in full by the due date. The annual school fees are due for payment in three equal instalments and are to be paid by end of week one of term1, term 2 and term 3.

Please complete as appropriate	Father / Guardian / Carer	Mother / Guardian / Carer
Billing Title (eg: Mr & Mrs Smith)		
First Name & Surname		
Billing Address		
Billing Email Address:		
Preferred Payment Method:	<input type="checkbox"/> Direct Credit <input type="checkbox"/> Centrelink <input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Cheque	
Preferred Payment Frequency:	<input type="checkbox"/> By Term <input type="checkbox"/> Fortnightly	

<b>NAME:</b>  (Father / Guardian / Carer)	<b>NAME:</b>  (Mother / Guardian / Carer)
---	---

<b>SIGNED:</b>	<b>SIGNED:</b>
----------------	----------------

<b>DATE:</b>	<b>DATE:</b>
--------------	--------------

# LIST OF PARENTAL OCCUPATIONS

## 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/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 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]

## Group 8: You have not been in paid work in the last 12 months