

## 1. INSTRUCTIONS

**Please ensure ALL sections of the Enrolment Pack are completed.**

A final decision regarding the young person's placement will only be decided once all the information required has been provided to the school and an interview with the student has been conducted.

The application will not be progressed any further until all supporting documents, the enrolment fee of \$50 and the materials fee of \$280 for Years 9 and 10; and \$405 for Years 11 and 12, for the first term have been provided.

If you have difficulty obtaining information, such as previous school reports, please let us know as we may be able to help.

Documentation to be provided on application:

Items	Attached	
	YES	NO
Copy of birth certificate / Photo ID/another form of ID		
Previous school's reports		
Previous school's individual learning plan (if available)		
Behaviour plan or risk assessments from previous school (if applicable)		
Practitioner's reports/assessments (if applicable)		
Medication documentation (i.e., letter from a doctor) (if applicable)		
Any disability documentation (i.e., pediatrician documentation or other) (if applicable)		
Vaccination records (if available)		
Other:		
Other:		

**Please only attach copies of any reports and certificates.**

**DO NOT ATTACH ORIGINAL DOCUMENTS.**

OFFICE ONLY	
Student Name:	Grade applying for:
Interviewed On:	Outcome:
Enrolment fee \$50 paid:	Materials fee paid:
Notes: _____	

(Complete this page only if the Initial Application for Enrolment form has not been done)

Date: \_\_\_\_\_

Proposed Year of Entry YEAR 9  YEAR 10  YEAR 11  YEAR 12

If enrolling into Year 11/12 which VET Subject(s) are you interested in?

Hospitality  Construction  Retail  Automotive  Horticulture  TVET

## 2. PERSONAL DETAILS

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Male  Female  Non-binary  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_  Tick if public housing

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Student Email: \_\_\_\_\_

Carer Number: ( ) \_\_\_\_\_ Student's Mobile: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Are you an Australian citizen: Yes  No

Living arrangements: (Please tick)		
With both parents <input type="checkbox"/>	With Mother <input type="checkbox"/>	With Father <input type="checkbox"/>
With another relative <input type="checkbox"/>	Independent <input type="checkbox"/>	Other: _____

<b>Contact Details of Parent /Guardian 1/ Emergency Contact</b>		
Name:		Relationship to Student:
Home ( ) _____	Work ( ) _____	Mobile _____
Email address ( <i>required</i> ):		

<b>Contact Details of Parent /Guardian 2/ Emergency Contact</b>		
Name:		Relationship to Student:
Home ( ) _____	Work ( ) _____	Mobile _____
Email address:		

Personal Details continued

Is the young person of Aboriginal or Torres Strait descent?

Aboriginal  Torres Strait  Both  None

Does the young person come from a Non-English-Speaking background? Yes  No

Details of main language(s) *other than English* spoken at home: \_\_\_\_\_

Where a student has a disability, it is important that parents/carers provide accurate and up-to-date information to the school and for the school and parents/carers to work collaboratively to ensure positive outcomes for the student. Failure to accurately complete all sections of the Application (forms) and provide all relevant information may result in the school's inability to accommodate your child's needs and may affect your child's continued enrolment.

Individual Needs: Does your child have a known disability, e.g., intellectual, physical, mental health, hearing or vision? If yes, does the young person have an NDIS plan?	<b>Y/N</b>
Support Services: Are there external supports/services involved with your child, e.g., psychologist, physiotherapist, occupational therapist, speech pathologist?	
Curriculum Access: Did your child receive support for behaviour, learning or emotional issues in his/her previous setting?	
Medical/Health Issues: Are there any health issues, e.g., epilepsy, diabetes, asthma, allergies?	
Mental Health: Are there any mental health issues?	
Mobility and Access: Are there any issues that need to be addressed by the school with regards to mobility and access?	
Communication: Does your child require any assistance to enhance communication, e.g., hearing aids, acoustic considerations, glasses, vision aids, scribes, tutors?	
Independence: Can your child manage personal care needs independently, e.g., toilet, dressing, eating?	

Are they currently receiving any support from any other service or practitioner?

Name of Service	Type of Service	Name of Worker Involved

Referral Details: (if applicable)

Referring Organisation/Contact Worker: \_\_\_\_\_

Phone: \_\_\_\_\_ Duration with service \_\_\_\_\_

Are you still engaged in this service? Yes  No

### 3. EDUCATIONAL DETAILS

*This section must be completed by the young person*

Why would you like to join NGC?

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What do you want to achieve?

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**Current and Previous School Enrolments**

Your NESA Student Number (if known): \_\_\_\_\_

School	Grade	Year of last attendance	Completed	
			Yes	No

If enrolling into year 11 or 12, what were your previous school subjects?

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**Other training or employment – if applicable**

Year	Place of Employment/ Training	Role/ Duties	Completed Y/N	Ongoing Y/N

**4. REQUEST FOR INFORMATION - SCHOOL VERIFICATION**

(To be completed by your current or last school)

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**School Name** \_\_\_\_\_ **Year** \_\_\_\_\_ **ATSI** Y / N **EALD** Y / N

**DATE OF ENROLMENT REQUEST / APPLICATION** \_\_\_\_\_

Dear Colleague,

We have received an Enrolment Request from the above-mentioned student. To assist us to conduct an assessment and ensure the required support for the student is provided in the context of enrolment, please complete the following form, supply all relevant and available information, and provide documentation about the student’s behaviour and disciplinary history. Thank You.

Andrea Cingi (Principal)

NESA Student Number: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Did the student complete year 8, 9, or 10? If yes, please indicate the last year level: \_\_\_\_\_

If the student is in Year 11 or 12, are they studying:

<b>Subject</b>	<b>Y/N</b>	<b>Subject</b>	<b>Y/N</b>
English Studies		Numeracy Course	
Investigating Science		SLR	
Photography, video and digital imaging		VET	

PTO.....

Do any other agencies/organisations provide services to this student? If yes, which agency?	Y/N
Does the student have any health conditions (e.g., allergies, anaphylaxis) documented that may need to be managed at school? If yes, what?	
Has the school had to provide emergency responses to the student (including medical emergencies)? If <b>yes</b> , please provide details.	
Does the student have any special needs (disabilities and learning difficulties)?	
Does the student have any existing plans for learning and support?	
Are any court orders in place that may impact the student (this includes family court orders or AVOs)?	
Are there any risk assessments or behaviour management plans in place?	
Does this student have a documented history of violence (including suspension/expulsion), threats of violence, possession on school premises with a weapon or implement used or intended to cause harm, use of illicit drugs or legal drugs in a manner not prescribed, or use of alcohol while at school or on school-related activities?	

If YES to any of the above, please provide relevant documentation such as:

1. Individual Learning Plan
2. Risk Management Plan
3. Behaviour Management Plan
4. Sentral data entries
5. Suspension / Expulsion Report (if applicable)

Comments:

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Report Prepared by: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

*Any information provided will be used to support the student. Depending on the circumstances this could include the development of an Individual Learning and Support Plan to support the student.*

## 5. STUDENT MEDICAL FORM

Medicare No:	Position on card:	Medicare Expiry:
Healthcare card no:	Healthcare card expiry:	

### GP Details

GP Name:	Phone:	
Address		
		Post Code

### Known Allergies

NB: If a Parent/Guardian indicates 'yes' to any of these questions, then Ngaruki Gulgul requests an action plan from a Medical Practitioner outlining advice regarding the required process for further action.

Does this student have an allergy? If so, to what?	Y/N
Has it involved hospitalisation?	
Is it life-threatening?	
Has it been called anaphylaxis?	
Has the student been prescribed an EpiPen?	
Is your child currently taking any medication? If yes, please complete the below	

### Current Medication

(Please note, medication cannot be administered at school without a supplied medical certificate / note from a medical practitioner)

Brand Name/ Type	Dosage	Reason

### Previous Injuries / Medical Conditions

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## Medication administration form

Please complete the entire form in order to ensure your young person's medication is properly dispensed at NGC.

I, \_\_\_\_\_ give my consent for NGC staff to administer my young person's medication as directed below.

I understand that it is my responsibility to ensure that NGC always has enough medication for my young person.

Student's name					
I give permission for Paracetamol to be administered Comments:	Yes / No				
I give permission for an Antihistamine to be administered Comments:	Yes / No				
<b>Prescribed Medication:</b>					
Medicine name and brand					
Date medicine was prescribed					
Expiry date					
Method of Administration (please circle)	Ear	Eye	Applied	Oral	Inhaled
Time dose is required					
Special instructions					
Family history in relation to this medication					

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date:



## Personal Medical Information Protection Statement

Personal information and medical details are collected from you so that staff can develop a medical action plan and provide support for the student's medical condition. Personal information may be disclosed to health practitioners to support student health requirements.

Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request.

**Signing this form** - to sign this form you must be either be:

- an independent or adult student; or
- the Parent/Guardian or another person who has care of the student.

I certify that the information provided in this form is correct.

I have read and understood the Personal Information Protection Statement.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signed by:

Tick one box below

- First parent or guardian
- Second parent or guardian
- Independent or adult student who is self-enrolling

## 6. PERMISSION NOTES

Dear Parent/Guardian,

We would appreciate you reading the sections below and indicating/circling your preference. Your signature at the bottom is your acknowledgment for each section.

PLEASE COMPLETE EACH SECTION

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### Publication Permission

From time to time, we are lucky enough to have the opportunity to promote the activities of NGC either internally or externally through the school's quarterly newsletter, annual reports or public/social media such as local newspaper, television news and digital media (e.g., NG Central School website). If a student is under the age of 16, we require parental consent to be able to use their image or voice. If a student is 16+ we are happy for them to sign the consent form but like to ensure parents of the regulations around use of student images and opinions. The points of importance are:

- Whenever a student is involved in photographs or opinions for publication, we always ensure a staff member has approved the story and is present during the photography.
- We only ever have stories and use images that are appropriate and related to the learning environment.
- NG Central School will take all care possible to ensure that any image or opinion is used for legitimate purposes but in the case of Newspaper and Television the image taken by them remains their property.

**Yes**, I am happy with involvement in promotion of the learning environment if the opportunity arises.

**No**, I do not wish to participate

Student's Name: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date:

## Incidental Learning Excursions

Throughout the year we like to take the opportunity to take impromptu short excursions if there is anything happening close by that may aid in students' incidental learning. We would like to know that you support us in our ability to enhance learning by giving your permission for us to take your child on any impromptu excursions.

These impromptu excursions may consist of:

- Regular trips to the library, Kariong Youth Centre, Somersby Falls and local sporting grounds
- Trips to local shopping centres/businesses for site tours or to purchase materials
- Walking to Mt Penang Gardens to watch or take part in an activity
- Bushwalks in National Parks, visits to the beach, rock platforms e.g., Norah Head

**Yes**, I am happy to be involved in incidental learning excursions

**No**, I do not wish to participate

My child is permitted to go in the water and his/her swimming ability is the following: **(PLEASE TICK A BOX)**

A non-swimmer

A weak swimmer

An average swimmer

Strong swimmer

Student's Name: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date:

## General Travel Permission

Students at Ngaruki Gulgul will be regularly required to travel to various other venues such as workplace site visits, sport and recreation venues, work experience placements and to/from Gosford as part of their program. This transport will be in the company of a NGC Teacher or staff member, Youth Worker(s), a host employer and/or mentor/volunteer either on public transport, mini-bus, walking or in private vehicles (\*). We ask that parents/caregivers sign the general authorisation form below:

I give permission for my son/daughter ..... to travel with NGC staff members, a host employer and/or mentor/volunteer via: (please tick all)

- Public Transport
- On foot
- Private Vehicles
- Company cars
- Company or rented Mini-Buses/Coaches

Student's Name: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date:

(\* ) Please note that all vehicles are fully comprehensively insured and appropriate probity checks have been conducted on staff and mentors/volunteers involved in NGC programs.

## Consent to Exchange/Obtain Information

From time to time, it is necessary for staff from NGC to access records or information regarding a student so that we may be better placed to support their needs during their enrollment with us.

Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 provides for the exchange of information regarding the safety, welfare or wellbeing of a particular child or young person or class of children or young persons.

I, \_\_\_\_\_ (name of student)

I, \_\_\_\_\_ (name of parent/carer/guardian)

Understand that to receive quality educational experiences, it is necessary to collect and exchange private information. Without this information, the school may not be able to provide me with the services that I require.

I understand that any information I give will be treated confidentially. However, to provide me with a quality education the school may have to release this information to a third party, for example, to apply for educational funding.

I understand that a record of my information will be kept on my file at the school for a period of 7 years. This file will be digitally stored in a secure place. The only people at the school who will be able to look at this information are those people involved in supporting me and who need to know this information to do their job.

I understand that the type of information collected will include (but is not limited to):

1. Name and address
2. Date of birth
3. Medical conditions / Health assessments
4. Psychologist/Psychiatrist/Paediatrician reports
5. Cognitive, behavioural and mental health assessments
6. Educational achievements/data/reports etc.
7. Family members
8. Cultural background
9. Department of Community and Justice reports
10. Out of home care provider reports

I give permission for NGC to request or access any records or information which may be required to support the ongoing placement of me /my child with NGARUKI GULGUL.

Student's Name: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date:

## 7. FAMILY DETAILS

The Family Details section relates to the student's natural parents' background data. Only if this information is unavailable, should the information of the custodial guardian(s) be provided. See footnote for more information.

### **Parent 1:**

Title (e.g.: Mr/Ms/Mrs/Dr): \_\_\_\_\_ Male  Female  Non-binary

Family Name: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Main spoken language at home: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No  Yes, Aboriginal  Yes, Torres Strait Islander

#### **Education Details:**

Highest level of schooling or equivalent completed (e.g., year 8, year 10, HSC) \_\_\_\_\_

Highest qualification completed (e.g., none, Trade Certificate, Bachelor degree, Diploma): \_\_\_\_\_

### **Parent 2:** (information required regardless of living arrangements)

Parent 2 details unknown

Title (e.g.: Mr/Ms/Mrs/Dr): \_\_\_\_\_ Male  Female  Non-binary

Family Name: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Main spoken language at home: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No  Yes, Aboriginal  Yes, Torres Strait Islander

#### **Education Details:**

Highest level of schooling or equivalent completed (e.g., year 8, year 10, HSC) \_\_\_\_\_

Highest qualification completed (e.g., none, Trade Certificate, Bachelor degree, Diploma): \_\_\_\_\_

Parental background data is collected to assess the impact of each student's natural parents on their learning outcomes; therefore, the preference is to receive the background data of the parents if it is known (including if the student does not live with the parents or if the parents are deceased). Only if information is not available for the natural parents', the background data of the custodial guardian(s) should be provided.

## 8. COUNSELLING DISCLOSURE STATEMENT TO STUDENTS

### Counselling at NG Central School – Things You Should Know

The school provides counselling services for its students as part of its pastoral care program. These are provided by a qualified psychologist and counsellor employed by the NGC.

Students are encouraged to make use of these services if they need assistance. There are a number of things that students and their parents should know before using the counselling service.

1. Records will be made of counselling sessions and because the counsellor is an employee, those records belong to the school, not the counsellor.
2. The school is very conscious of the need for confidentiality between counsellor and student. However, at times it may be necessary for the Counsellor to divulge the contents of discussions or records to the Principal if the Principal or the Counsellor considers it necessary for the student's welfare to discharge the school's duty of care to the student.
3. It is also possible that the Principal may need to disclose aspects of discussions with the counsellor to others in order to assist the student.
4. Where a disclosure is made it would be limited to those who need to know unless the student consents to some wider disclosure.

We emphasise that disclosures (if any) would be very limited. However, if a student is not prepared to use the counselling services on the basis set out above, the student will need to obtain counselling services from outside the school if they want to have/require this type of support.

You are able to amend this decision at any time by contacting the office and signing another disclosure statement.

I, ..... (name of parent/carer/guardian) **agree to/do not agree** (please circle) to accept the counselling services provided by the school for my young person .....  
(Name of student).

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date:

## 9. STUDENT DECLARATION RE SECURITY CAMERA MONITORING

All staff, students, parents and visitors are informed that the school has security/surveillance cameras installed. The cameras are placed on the outside of the Education Centre, offices, classrooms and the workshops. The surveillance will be continuous 24/7, and ongoing until further notice. Recordings may be used when incidents require further investigation, a matter is referred to the courts or the school wishes to improve policies and procedures. This is to assist the school to ensure a safe and secure environment for everyone. If you have any concerns, questions or comments please contact the Principal.

In the enrolment contract process, parents/carers and students will be made aware of and agree to be protected by the school building's 24-hour closed circuit video system. People are always under constant video surveillance and will be recorded while they are on school premises. The information recorded is stored and can be called upon if required. Video footage is for school use only and will not be released unless required by law.

In accordance with the Privacy Act, if a school implements surveillance systems, including CCTV or monitoring of computer systems, networks and facilities, people interacting with the school or using those systems should be advised that they may be monitored.

If a person is being monitored, personal information may be collected.

1. Specific legislation in certain States and Territories governs the surveillance and monitoring of persons on School grounds including pupils, volunteers, teachers, employees and contractors. For example:

(a) in New South Wales, specific legislation requires employers to notify their employees in advance that their computer use will be monitored.

(b) additionally, legislation in New South Wales, Queensland, Victoria and Western Australia, requires employers who use surveillance devices such as security cameras, CCTV or telephone monitoring to obtain the express or implied consent of those persons to do so. This consent could be obtained via a contract of employment, through School policies or notices, or by using signs in areas where such surveillance occurs.

To this end, NG Central School hereby requests you to provide acknowledgment that you have read, understood and consent to being monitored.

Student's Name: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date:



## 10. BRING YOUR OWN DEVICE STUDENT AGREEMENT

Students who wish to take advantage of the BYOD Implementation Guidelines must read and agree to this document. This page is to be signed and returned to this school. By signing at the bottom of this page, students agree to the following behaviours:

I agree that the use of the school's internet will be for learning.

I acknowledge that the school cannot be held responsible for any damage to or theft of my device.

I agree to only ever use my own school login details and never share those with others.

I agree to not hack or bypass any hardware and software security implemented by the school.

I agree to not use BYOD to knowingly search for, link to, access or send anything that is:

- Offensive
- Threatening
- Defamatory
- Pornographic
- Abusive

I agree to report inappropriate behaviour and material to my teacher.

I agree to stay safe by not giving out my personal information to strangers.

I understand that my activity on the internet is recorded, and these records may be used to investigations, court proceedings or for other legal reasons.

I agree that the use of my device during school activities is at the direction of the teacher.

I understand if I am misusing my device it may be confiscated by the teacher to be collected at the end of the day.

if I continue to misuse my computer, I understand that I will not have the privilege to bring my own device to school.

I understand that technical support at school is limited when bringing your own device.

Date \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_\_\_ in the presence of: \_\_\_\_\_  
Student name Parent/Guardian name

\_\_\_\_\_ in the presence of: \_\_\_\_\_  
Student signature Parent/Guardian signature