



FAITHFULNESS IN SERVICE

BISHOP DRUITT COLLEGE

COFFS HARBOUR

Please return this form to
Registrar
Bishop Druit College
111 North Boambee Road
(PO Box 8004)
Coffs Harbour NSW 2450
Phone (02) 6651 5644
Fax (02) 66515654
enrolments@bdc.nsw.edu.au

Enrolment Application

Proposed Year of Entry 20_____

Level of Entry (Please tick) **Primary School** Kindergarten Year 1 Year 2 Year 3 Year 4 Year 5 Year 6
Secondary School Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Student Information

Surname _____ Given Names _____

Address _____ State _____ P/Code _____

Country of Birth _____ Date of Birth _____ Sex _____

If not Australia,

Australian Permanent Resident Yes No (Please tick) If yes, please provide copy of VISA
Aboriginal Yes No (Please tick) Torres Strait Islander Yes No (Please tick)

Language/s spoken at home _____

Previous / current school (if any) _____ State _____

Baptised Yes No (Please tick) Denomination _____

Parent / Guardian Information

Mother/Legal Guardian Details

Relationship to Student (Please tick box)
 Parent Step Parent
 Legal Guardian Grandparent
 Other (please specify) _____

Title _____ First Name _____

Surname _____

Marital Status (Please tick box)

Single Married De Facto
 Divorced Widowed

Residential Address _____

State _____ P/Code _____

Postal Address _____

Home Phone _____

Business Phone _____

Mobile _____

Email _____

Occupation _____

Living with student? Yes No (Please tick)

Access? Yes No (Please tick)

Father/Legal Guardian Details

Relationship to Student (Please tick box)
 Parent Step Parent
 Legal Guardian Grandparent
 Other (please specify) _____

Title _____ First Name _____

Surname _____

Marital Status (Please tick box)

Single Married De Facto
 Divorced Widowed

Residential Address _____

State _____ P/Code _____

Postal Address _____

Home Phone _____

Business Phone _____

Mobile _____

Email _____

Occupation _____

Living with student? Yes No (Please tick)

Access? Yes No (Please tick)

If separated or divorced

Who is the Residential Parent? _____ Who is the Contact Parent? _____

Are there any Court Orders /Parenting Plans which are relevant to this student? Yes No (Please Tick)

If Yes, is the Court Order/Parenting Plan from (Please tick box)

- Family Court
- Federal Magistrates Court of Australia
- Magistrates Courts

Date of Court Order/Parenting Plan _____ / _____ / _____

Is this the current Court Order/Parenting Plan? Yes No (Please tick)

I have enclosed a copy of the current Court Order/Parenting Plan. Yes No (Please tick)

If the current Court Order/Parenting Plan is not provided, the School will assume both parents have equal parental access.

Student Individual Needs

To assist the School to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours (Please tick Yes or No)

Has your child ever repeated a year? Yes No (Please Tick) Year Level _____

Does your child have a need which affects their learning? Yes No (Please Tick) Year Level _____

Has your child ever been accelerated (skipped a year)? Yes No Not Sure (Please tick)

Please tick as appropriate for your child:

Autism / Aspergers Yes No Hearing impairment Yes No

An intellectual disability Yes No Mental health issues Yes No

A physical disability Yes No ADD/ADHD Yes No

Giftedness Yes No Difficulties in the basic areas of learning Yes No

Acquired brain injury Yes No Other (please specify) _____

Behaviour disorders Yes No _____

Language disorder Yes No _____

Vision impairment Yes No _____

Does your child currently receive 'Students with Disabilities Funding'? If yes, please specify Yes No (Please Tick)

If yes, please specify _____

What accommodations and/or learning adjustments, if any, were provided for your child at his/her previous school? (Please tick Yes or No)

Alternative teaching and learning strategies Yes No Personal carer support Yes No

A reader or scribe Yes No Access to technology Yes No

Signing Yes No Other (please specify) _____

Modifications to equipment, furniture, and learning spaces Yes No _____

Braille Yes No _____

If you have answered yes to any of the above, please provide full details of those needs and any intervention/ support that he/she may be currently receiving (**supporting documentation must be provided**)

Has a specialist ever assessed your child for developmental, learning or behavioural problems? Yes No (Please Tick)

If yes, please identify what type of specialist/s by ticking below.

- Guidance Officer Child Psychologist Occupational Therapist Vision Therapist
- Speech Therapist Paediatrician Psychiatrist Other

If other, please specify _____

Please attach reports from the above specialist/s to this application.

Does your child take medication on a regular basis? Yes No (Please Tick)

If yes, what type of medication and how frequently? _____

Does your child have social difficulties with other children? Yes No (Please Tick)

If yes, please specify _____

Has behaviour management ever been an issue with your child in the school setting? Yes No (Please Tick)

If yes, please specify _____

Has behaviour management ever been an issue with your child in the home setting? Yes No (Please Tick)

If yes, please specify _____

If there is insufficient space for the required information above, please supply details on a separate piece of paper and attach to this application.

Sibling Information

Have you previously had a child attend Bishop Druitt College? Yes No (Please Tick)

Name _____ Year Left _____

Please list below the names and dates of birth of all other children of the family, in the space provided below.

Child's Name	Current Bishop Druitt Student (Yes/No)	Date of Birth
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____

Please note the above list does not constitute an application for entry for those mentioned. A separate application must be lodged for each student.

Questionnaire

Have you had a tour of the School? Yes No (Please Tick)

Please indicate factors influencing your decision to seek enrolment at Bishop Druitt (Please tick)

Christian Education Curriculum Choice Recommendation of a Friend Academic Reputation
 Caring Environment Tour of Campus Sibling Currently Enrolled Discipline
 Relative Currently Enrolled Parent of past student Other _____

How did you hear about Bishop Druitt College?

Website Newspaper Advertising Magazine Advertising Other Advertising
 Word of Mouth

Collection of Information Notice

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. The primary purpose for collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy Bishop Druitt College'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 (eg Public Health and Child Protection) require that specific information is collected.
4. Health information about students is sensitive as per the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students 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 other schools, other discrete bodies within Bishop Druitt College, government departments, the Anglican Schools Commission, medical practitioners and people providing services to the School, including specialist visiting teachers, coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines, on our website, and in the general media (eg newspapers).
8. Parents may seek access to personal information collected about them and their son/daughter 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 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 student, or where students have provided information in confidence.
9. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose information to third parties.

Please ensure that all parts of the application form are completed as failure to disclose information or the provision of misleading information will result in an enrolment place being declined or put in jeopardy the continued enrolment of a student at Bishop Druitt College.

Application Fee Payment

I/We wish to apply for enrolment of my/our child at Bishop Druitt and I/we enclose a **non-refundable fee of \$150.00 (incl GST) per student or \$300 per family.**

Credit Card Payment Details

Please debit my MasterCard (add 1.5%) Visa (add 1.5%)

Name of Cardholder Expiry Date / Amount \$

Signature of Cardholder Card Number

I/We acknowledge that acceptance of this application by Bishop Druitt College does not constitute an offer of entry into the School. I/We understand that we will be contacted the year prior to proposed entry with details of our enrolment procedure.

Signed _____
Mother's / Legal Guardian's signature)

Signed _____
(Father's / Legal Guardian's signature)

Please print name _____
Date ____/____/____

Please print name _____
Date ____/____/____

(Please note that both parents or guardians are required to sign this form)

Please make sure that all of the paperwork below is attached to the Enrolment Application (Please tick)

- Payment of Application Fee
- Copy of Birth Certificate / Passport
- Copy of current Court Order/Parenting Plan (if applicable)
- Copy of all applicable Learning/Assessment Reports
- Two recent School Reports (if applicable)
- Year 3, 5, 7 or 9 Literacy & Numeracy Results (NAPLAN) (if applicable)
- Immunisation Certificate

Please return this form to

Registrar

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Email: enrolments@bdc.nsw.edu.au

To ensure our records for your child's application are correct and up to date, please notify the School of any changes of address or contact information.

OFFICE USE ONLY		
Date	/ /	YEAR OF ENTRY
Parent Code	Student Code	YEAR LEVEL (K-12)
CRICOS Provider Code 02333G		23 March 2011