



# The ATHENA SCHOOL

28 Oxford Street  
Newtown NSW 2042  
SYDNEY • AUSTRALIA  
Telephone: (02) 9557 0022  
enquiries@athena.nsw.edu.au  
www.athena.nsw.edu.au

## STUDY TOUR STUDENT APPLICATION FORM

Please complete this application form in full and provide a color copy of each of the following original documents with the completed and signed application form. Please ensure the enrollment declaration is signed by both parents or guardians:

- \* Passport of Mother, Father and/or Guardian(s)
- \* Proof of student's current home country address address: (eg. council rates notice, residential lease, gas/electricity account etc)
- \* Childs Birth certificate and Passport
- \* Copy of current Medicare Card or proof of OSHC (Overseas Student Health Care Cover for Overseas Students)
- \* Family law or other court orders for single parent families, etc
- \* Immunisation history or letter of objection to immunization
- \* Students Current visa

### Your privacy protected:

The Athena School is subject to the *Privacy and Personal Information Protection Act 1998(NSW)* and the *Health Records and Information Privacy Act 2002*. The information you provide will be used to process your child's application for enrolment, which may include a risk assessment. It will only be disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents or guardians
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

All information will be stored securely. You may access or correct any personal information by contacting the school. Giving false or misleading information is a serious offense. In the event that statements made in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

### Why have we asked for information about your occupation and education?

We are required by law to submit an annual report to the Australian Government providing information on the family backgrounds of our students including cultures, languages, socio-economic levels and other such data. Individual student (or family) names are not reported. The information is used for purposes such as evaluating the effectiveness of education policies and to promote an education system which is fair for all students, regardless of their background. Providing information about your occupation and education is voluntary.

### Student details

Surname \_\_\_\_\_ First names \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of birth \_\_\_\_\_ Current school \_\_\_\_\_ Year Level \_\_\_\_\_

Permanent Australian resident? YES \_\_\_\_\_ NO \_\_\_\_\_ Nationality \_\_\_\_\_

Is the student Aboriginal or Torres Strait Islander? YES \_\_\_\_\_ NO \_\_\_\_\_

Visa classification (if applicable) \_\_\_\_\_ Main language spoken at home \_\_\_\_\_

**Father**

Surname \_\_\_\_\_ First names \_\_\_\_\_

Address \_\_\_\_\_

(Job) Occupation \_\_\_\_\_ Email \_\_\_\_\_

Permanent Australian resident? YES \_\_\_\_\_ NO \_\_\_\_\_ Main language spoken at home \_\_\_\_\_

Contact details Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

What is the highest level of schooling completed? \_\_\_\_\_

**Mother**

Surname \_\_\_\_\_ First names \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Permanent Australian resident? YES \_\_\_\_\_ NO \_\_\_\_\_ Main language spoken at home \_\_\_\_\_

Contact details Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

What is the highest level of schooling completed? \_\_\_\_\_

**Nominated Legal Guardian (if applicable)**

Surname \_\_\_\_\_ First names \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

Contact details in case of emergency \_\_\_\_\_

**Emergency contacts**

Please nominate two people who can be contacted in case of emergency where the parents cannot be contacted. Ideally, the contact person should be able to access the school easily. Please ensure you have discussed with the people listed their willingness to be an emergency contact.

**Contact 1** - Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone number (home/work) \_\_\_\_\_ (mobile) \_\_\_\_\_

**Contact 2** - Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone number (home/work) \_\_\_\_\_ (mobile) \_\_\_\_\_

## Medical questionnaire

Does the student have any current illness or physical disability? If yes, please provide details:

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Is the student fully immunized? YES

Please indicate if your child has experienced any of the following conditions and provide a brief description:

Condition	Details / description	Date of last occurrence
Asthma		
Allergies (food)		
Allergies (medicine)		
Allergies (other – insect stings etc)		
Colds		
Convulsions		
Depression		
Diabetes		
Dizziness		
Ears / hearing		
Epilepsy		
Eyes		
Heart		
Mental Illness		
Nerves		
Nose (includes frequent nosebleeds)		
Sleep difficulties		
Speech		
Surgical operation		
Throat		
Any medication requirements (prescribed or otherwise)		

## Family Information

What is the current family structure?  Two parent family  Parents divorced/separated/deceased/single

Details \_\_\_\_\_

Please list student's siblings (brother & sisters) including ages \_\_\_\_\_

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Religion \_\_\_\_\_ (this question is optional)

**Questions for the parent:**

How many hours of TV / computer use does your child spend each week? \_\_\_\_\_

What is your child's usual diet? \_\_\_\_\_

\_\_\_\_\_

Does your child have any difficulties sleeping? YES / NO \_\_\_\_\_

*If yes, please provide details:* \_\_\_\_\_

What time does your child go to bed? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

Does your child have any specific fears or aversions? \_\_\_\_\_

\_\_\_\_\_

Do you have any discipline problems at home or in previous schools? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been prescribed medication to address any mental health problems? If so, please provide details:

\_\_\_\_\_

What is your child's attitude to:

School? \_\_\_\_\_

Teachers? \_\_\_\_\_

Homework? \_\_\_\_\_

Does your child read at home? YES / NO If so, what sort of material? \_\_\_\_\_

Why do you feel The Athena School is the best school for your child? \_\_\_\_\_

\_\_\_\_\_

**Refund/cancellation policy**

Fees are non-refundable once study tour has commenced.

**Non-Attendance**

Fees are payable for the whole period of enrolment. No deduction may be made for non-attendance, for any reason.

**Withdrawal**

Parents/Guardians must give six (6) weeks notice of withdrawal prior to the commencement of a study tour or forfeit four (4) weeks' fees.



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## ENROLMENT DECLARATION

Revised 18 February 2019

I/we, \_\_\_\_\_ being the parent(s) / guardian of

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Child's full name)

hereby apply for admission to The Athena School Ltd of the student named above for the purpose of a short term (less than 3 months) study tour.

I/we understand that the school cannot accept or continue to educate any student who has no desire to be educated or who is not at the school on his/her own determination. Also that the school has the right to refuse any applicant or to dismiss any student misrepresented during enrolment or whose conduct or influence is unsatisfactory in the opinion of the school.

I/we understand fees are non-refundable once study tour has commenced.

I/we understand fees are payable for the whole period of enrolment. No deduction may be made for non-attendance, for any reason.

I/we understand Parents/Guardians must give six (6) weeks notice of withdrawal prior to the commencement of a study tour or forfeit four (4) weeks' fees.

I/we hereby give permission for emergency treatment by a qualified school staff member and give permission for the child to be transported by ambulance or car to an emergency centre for treatment. In the event that I/we cannot be located I/we further consent to the medical, surgical and hospital care, treatment or procedure deemed immediately necessary or advisable to safeguard the child's health. All medical and/or transportation costs to be borne by the parent/guardian.

I/we have disclosed any medical condition our child has to the school and to the guardian.

To the extent permitted by applicable law, I/we agree to hold The Athena School Ltd\* harmless from any liability for any injuries, damages or illness of whatsoever type or kind occurring to my child or occasioned by them, while in the care of the school, including but not limited to any excursion, or in any other activity connected with the school.

I/we give permission for our child to participate in school activities held on occasion outside the premises.

I/we hereby give permission for the use of pictures of our child or his/her written materials, whole or summarized, in promotional materials of the school and occasionally by organizations we visit on school excursions.

To the extent permitted by applicable law, I/we agree to give up the right of claim or course of action against The Athena School Ltd any group or organization licensed by Applied Scholastics International arising out of or in any way connected with the schooling of our child.

I/we certify that our child's health and physical condition are both suitable for the performance of school activities and that our child has not been suspended or expelled from any school, nor found guilty of any violation of the law.

I/we will notify The Athena School of any past or present court summons or warrants that my child has been involved in before entry to the school.

I/we understand that L. Ron Hubbard is the originator of the education, administration and ethical principles used in the school and that our child will receive their education in accordance with these writings.

The school is an independent and secular group, registered in New South Wales as an Association, operated by a Board of Directors and licensed through Applied Scholastics International.

Where custody and/or guardianship is joint, both parties are to sign, showing their agreement.

_____ Parent name (Print)	_____ Signature	_____ Date
_____ Parent name (Print)	_____ Signature	_____ Date

\*"The Athena School Ltd." also to include any of its employees, students or volunteers.



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