



# New student enrolment application form

***When submitting this application, please provide the following original documentation.***

***Office staff will take copies as required:***

- Photo ID for each parent/guardian: current driver's license or passport
- Proof student's current residential address: council rates notice, lease, gas or electricity bill
- Student's birth certificate
- Student's current Medicare Card or Health Care Cover
- Student's Immunisation history even if not immunised or not up to date
- Proof of Australian Residency or Australian Citizenship
- Two recent school reports
- NAPLAN results (most recent only).
- Family law or other court orders where relevant

***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.

## STUDENT DETAILS

Enrolment Start Date: \_\_\_\_\_

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

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

Permanent Australian Resident? YES / NO Nationality \_\_\_\_\_

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

Is the student:    Aboriginal    Torres Strait Islander    Aboriginal & Torres Strait Islander

***I have provided the school with a copy of my child's most recent Naplan results? YES / NO***



## MEDICAL QUESTIONNAIRE

Does the student have any current illness or physical disability, medical condition or allergies? If yes, please provide details below including diagnosis and medications. Please provide documents

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### Is the student fully immunised? YES / NO

Please **write down** below if your child has had any of the following and provide a brief description:

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

## FAMILY INFORMATION

What is the current family structure (circle)    Two parent family    Parents divorced/separated/deceased/single

Details \_\_\_\_\_

Please list siblings, including ages \_\_\_\_\_

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Religion (optional) \_\_\_\_\_

## PERSONAL INFORMATION ABOUT THE STUDENT

### *Past Schools*

Please list all past schools the student has attended

Name of school \_\_\_\_\_ Dates attended \_\_\_\_\_

Name of school \_\_\_\_\_ Dates attended \_\_\_\_\_

Has the applicant ever been suspended or expelled from any school? YES / NO

If yes, please provide details:

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### *Questions for the student: (parents should assist younger children as appropriate)*

Are there any academic subjects or personal areas you feel you need help with? If so, which ones and what do you feel is causing the difficulty?

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What would you like to accomplish at the Athena School? \_\_\_\_\_

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Do you have any specific goals in life? \_\_\_\_\_

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What sort of things do you like to do when you are not at school? With friends, family, etc. \_\_\_\_\_

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Anything else you wish to make known? \_\_\_\_\_

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### *Questions for the parent:*

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

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

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Does your child have any difficulties sleeping? YES / NO

If yes, please provide details:

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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? YES / NO

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

What is your child's attitude to:

School \_\_\_\_\_

Teachers \_\_\_\_\_

Homework \_\_\_\_\_

Does your child read at home? YES / NO

If yes, what sort of materials?

\_\_\_\_\_  
\_\_\_\_\_

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

I attest that the above information I have provided is true and correct.

**\*Both parents please read and sign *The Athena School Enrolment Declaration* on page 6 and *The Athena School Media Consent Form* on page 7**

\_\_\_\_\_  
Parent/Guardian name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## THE ATHENA SCHOOL ENROLMENT DECLARATION

I/we, \_\_\_\_\_ being the parent(s)/guardian(s) of \_\_\_\_\_  
\_\_\_\_\_  
(Child's full name) Date of birth \_\_\_\_\_

hereby apply for admission to The Athena School Ltd. of the student named above.

I/we undertake to pay a non-refundable Application Fee of \$150 per student and where our application is accepted by the school, a non-refundable Enrolment Fee of \$1,000 (Kindy to Year 10).

**Prep enrolment fee is \$500 non-refundable.**

I/we understand that tuition fees are payable each term either in advance or by payments as agreed with the school. If I fail to honour this agreement, I agree to provide my bank details to have the fees direct debited.

I/we understand that we must give ten weeks' notice in writing prior to the withdrawal of any student. If no notice is given, ten weeks' fees will be charged/payable.

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 determinism. 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 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 center 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(s)/guardian(s).

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

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. **Yes/No**

I/we hereby give permission for the use of pictures of our child or his/her written materials, whole or summarised, in promotional materials of the school and occasionally by organisations 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. or any group or organisation 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 Ltd. 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.

I/we understand that the Montessori program is delivered in the Prep class.

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

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

_____ Parent/Guardian name (print)	_____ Signature	_____ Date
_____ Parent/Guardian name (print)	_____ Signature	_____ Date

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

## THE ATHENA SCHOOL MEDIA CONSENT FORM

Permission to use image, video, voice, and/or creative work of students and children.

I give consent for The Athena School to create, use and/or reproduce:

- samples of my child's creative work
- images, video and/or audio recordings of my child
- my child's name and school name

and publish/distribute them with (please choose ONE only):

**Full Consent** — Internal, external and promotional use

- Includes internal intranets and platforms, internal newsletters, internal publications.
- Includes social media, websites, print publications, traditional media (such as broadcast, online, print).
- Includes advertising and promotional materials (such as flyers, signs etc)

**Limited Consent** — Internal use

- Includes internal intranets and platforms (such as Class Dojo), internal newsletters, internal publications.

**No Consent** — I do not give consent

I understand that permission (including any previous permission given) will continue until it is revoked in writing to the Principal or Office Manager.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: Where previously given permission is revoked, every effort will be made to remove previously advertised content but this may not be completely possible or practical.*