



STUDY TOUR STUDENT APPLICATION FORM

Revised July 2023

All students applying for a study tour with The Athena School must be able to speak conversational English as a minimum to be accepted for a study tour in our Primary School or High School.

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: (council rates notice, residential lease, gas/electricity account etc)
- * Child's Birth certificate and/or Passport and Visa
- * Copy of current Health Care Cover for Overseas Students or Travel Insurance
- * Immunisation history

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.

Student details

Proposed start date: _____ Proposed completion date: _____

Applying to enter year/class level _____ Languages spoken: _____

Surname _____ First names _____ Male/Female _____

Date of birth _____ Current school _____

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:

Is the student fully immunized? YES NO

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 _____

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.



ENROLMENT DECLARATION

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

_____ Child's 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.* or 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 non-religious 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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