

# APPLICATION FOR ENROLMENT BOARDING PROGRAM – Family Group Homes

## Student information and details

Family name  
(As on Birth Certificate)

Given names  
(As on Birth Certificate)

Preferred name

Gender Male  Female  Is this student a ward of the state? Yes  No

Date of birth  Birth certificate attached Yes  No

Place of birth  Country of birth

Language/s spoken at home (other than english)

Present /previous school  
(Please provide academic reports)

When did the student last attend school  What year level were they in at their last school

Student lives with  Relationship to student i.e. Aunty/Grandfather

Is there a court order or parenting plan in relation to this student? Yes  No  If Yes, please attach a copy.

OPTIONAL Has this student ever been involved with the court system or police? Yes  No  If Yes, please provide information below.



Student mobile number  Community clinic number

Medicare number  Medicare Expiry Date  Card Reference Number

Student name on Medicare card  Centrelink reference number

## HOME COMMUNITY (Below)

Residential address  (Street Name)

Dry Season Community  Wet Season Community

## Student's Indigenous Heritage

Do you wish to claim Aboriginal or Torres Strait Islander origin?

No  Aboriginal  TSI  Both

Tribe/Clan(s)

Languages/Dialect spoken at home i.e. Aboriginal English

Birth Mother   
(or state if deceased)

Birth Father   
(or state if deceased)

## Student health details

Immunisation: Is the student's immunisation up-to-date? Yes  No

Has the student ever suffered – Please tick all the boxes that apply

Asthma	<input type="checkbox"/>	Allergies (eg; penicillin, sunscreen, nuts)	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Seizures disorder (eg; Epilepsy)	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Visual impairment Intellectual/learning impairment (dyslexia)	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>
Mental health or behaviour issues (eg; depression, ADHD)	<input type="checkbox"/>	Epipen – Anaphylaxis Management plan required	<input type="checkbox"/>
Sensitivity to drugs	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>
Rheumatic heart disease/heart murmur/chest pains	<input type="checkbox"/>		

**IF YOU HAVE TICKED ANY OF THE ABOVE BOXES, PLEASE SUPPLY FURTHER INFORMATION. Please provide details of special needs and required support in school.**

## Permission for Medical Treatment

- I give permission for the college to apply first aid to my child on NT Christian school campus as required.
  - I give permission for an ambulance to transport my child in the event of an emergency.
  - I give permission for the Principal to give relevant contact and medical information to ambulance and medical staff attending to my child in an emergency.
  - I give permission to the college sharing personal and sensitive information to Doctors, Health care workers and people providing services to the school to support my child. This includes specialist visiting teachers, advisors and counsellors.
  - I will tell the school of any changes to the information about my child given in this form when necessary.
  - I agree that my permission for medical/dental treatment will cover my child while they are enrolled at NT Christian Schools.
- I have disclosed all relevant information relating to the health and wellbeing of my child (please tick box).**

Parent/Guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Student needs

Are you aware of any support this student may require to cater for their needs? Yes  No

If yes, please indicate below, by placing a tick in the appropriate boxes:

Literacy support       Numeracy support       Gifted/Talented       Social/Emotional

Disability       Other      Please specify

**Main Contact Person/s** –Please circle the level of time student resides with the ‘Main contact person’

Permanently – Balanced – Occasionally - Never

Guardian # 1

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(Title) (Given name) (Family name)

Relationship to Student

Language

Does this person live with the student? Yes  No

Is this person the Centrelink guardian? Yes  No

Residential Address (Street Name)

(Suburb & Postcode)

**HOME COMMUNITY**

Dry Season

Wet Season

Home phone

Work phone

Mobile phone

Community clinic phone

Guardian # 2

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(Title) (Given name) (Family name)

Relationship to Student

Language

Does this person live with the student? Yes  No

Is this person the Centrelink guardian? Yes  No

Residential Address (Street Name)

(Suburb & Postcode)

**HOME COMMUNITY**

Dry Season

Wet Season

Home phone

Work phone

Mobile phone

Community Clinic phone

**Alternate Contacts Details** – This information refers to other people given authority to contact if the above family are not able to be contacted.

Alternative contact # 1

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(Title) (Given name) (Family name)

Relationship to Student

Home phone

Work phone

Mobile phone

Alternative contact # 2

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(Title) (Given name) (Family name)

Relationship to Student

Home phone

Work phone

Mobile phone

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## Conditions of Enrolment

Enrolment in the Boarding Program at an NT Christian School or College is subject to the parents and students agreeing to support the following terms and conditions. Please call the school if you have any questions or would like this explained further.

1. Parents/ Guardians and Students agree to support and help the College/School, its Teachers, House Parents and other staff in caring and educating the student.
2. Parents/Guardians and Students will support the aims and policies of the College through words and actions. I/We understand that students will be subject to the Discipline Policy of the College both within the College and the Boarding Program and may be sent home (suspension or enrolment withdrawn) if deemed necessary by the Principal.
3. Parents/Guardians and Students understand that students who miss their bus or plane to the College without good reason deemed by the Principal will either have to pay their own way in or miss out on their place in the College.
4. Parents/Guardians and Students understand that any involvement with alcohol and other drugs while in the Boarding Program and at the College may have their Enrolment withdrawn and police may be informed.
5. Parents/Guardians and Students agree that the students share fully in the life and programmes of the College, including Worship, Youth groups, Devotions, Tutoring, Excursions and other extra-curricular activities such as camps.
6. Parents/Guardians give permission for the student to receive full medical and dental attention and immunisations as necessary while at the College, including general school therapy treatment provided by Territory Health Services without liability.
7. Parents/Guardians give permission for NT Christian Schools to obtain student records in their entirety (including student files, reports, special educational reports and behaviour reports) from the student's previous school/s for the purpose of providing information regarding the child's Educational and Social/Emotional history to teachers and involved staff.
8. Parents/Guardians give permission for the College/Boarding program to obtain confidential medical, educational and other information relating to this student from Government agencies including Centrelink and from any private and Government schools and health clinics holding this information, for the purpose of providing the best possible and most appropriate care and education while within the College/Boarding program. Parents/Guardians also give permission for the College to enrol the student's details with eHealth NT.
9. Parents/Guardians give permission for the student and their work to be published for the purpose of promoting the College/Boarding program and its aims. Parents/Guardians give permission for the photographs of their child to be used by Christian Education National and relevant others in their publications.
10. Failure to disclose information regarding your child at time of interview could result in a termination of enrolment.
11. Parents/Guardians give permission for students to watch movies in their Family Group Homes with an M rating. These movies have been carefully considered and have been deemed suitable. If you require a list of Movies that are available for students in their Family Group Home, please contact the College.

**I do not wish for NT Christian Schools to use my child's name or photos for the promotion or publication of school/college activities**

**I have applied for abstudy at the following centre/office**

**My reference number for my abstudy application is**

**I give consent to NT Christian Schools to share information with the Transition Support Unit (TSU) of the Department of Education, for the purpose of providing support to my child for transition to secondary school.**

Signed by Parent/Guardian and Student

STUDENT (Print name)	<input type="text"/>
Parent/Guardian (Print name)	<input type="text"/>

Signature	<input type="text"/>
Signature	<input type="text"/>

Date	<input type="text"/>
Date	<input type="text"/>

The Australian Government requires that the College request the following information from every Family. This information helps NT Christian Schools considerably. Please take the time to read over the questions below

**Parent/Guardian Details**

**4. Does the mother/guardian 1 or the father/guardian 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)**

Mother/Guardian 1	English Only <input type="checkbox"/> (1201)	Other - Please Specify <input type="checkbox"/> _____
Father/Guardian 2	English Only <input type="checkbox"/> (1201)	Other - Please Specify <input type="checkbox"/> _____

**5. a. What is the highest year of primary or secondary school the parents/guardians have completed?**

(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

	Year 12 or Equivalent	Year 11 or Equivalent	Year 10 or Equivalent	Year 9 or Equivalent or below
Mother/Guardian 1	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
Father/Guardian 2	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)

**5. b. What is the level of the highest qualification the parents/guardians have completed?**

	Bachelor Degree or above	Advanced Diploma/ Diploma	Certificate I-IV (including trade cert)	No non school qualification
Mother/Guardian 1	<input type="checkbox"/> (7)	<input type="checkbox"/> (6)	<input type="checkbox"/> (5)	<input type="checkbox"/> (8)
Father/Guardian 2	<input type="checkbox"/> (7)	<input type="checkbox"/> (6)	<input type="checkbox"/> (5)	<input type="checkbox"/> (8)

**6. a. What is the occupation of the mother/guardian 1?** \_\_\_\_\_

**6. b. What is the occupation of the father/guardian 2?** \_\_\_\_\_

- If the person is not currently in *paid* work but has had a job in the last 12 months or has retired in the past 12 months, please use the person's last occupation.
- If the person has not been in *paid* work in the last 12 months, enter '8' on the above line.

**Documentation and Checklist**

*Check list*

**SUPPORTING DOCUMENTATION**

1	Completed Application for Enrolment form	<input type="checkbox"/>	6	NAPLAN test results (if applicable)	<input type="checkbox"/>
2	Birth Certificate	<input type="checkbox"/>	7	Behavioral reports	<input type="checkbox"/>
3	Legal Documents (eg Custody)	<input type="checkbox"/>	8	All relevant documentation, i.e. diagnosis/psychologist reports.	<input type="checkbox"/>
4	Personal Health Management Plan (eg. Asthma action plan)	<input type="checkbox"/>	9	Conditions of Enrolment signed by both Guardians and student.	<input type="checkbox"/>
5	Most recent school reports (if applicable)	<input type="checkbox"/>	10	Data collection (page 7) has been read and completed	<input type="checkbox"/>
11	Medical reports from clinic	<input type="checkbox"/>			

Please note we are unable to proceed any further with the application until the highlighted sections of this application form have been completed.