

Cobram Anglican Grammar School

A school of The Anglican Schools Commission (Inc.)



Application for Enrolment

Integrity

Endeavour

Community

40-48 Campbell Road PO Box 607 Cobram Victoria 3644 Australia
www.cags.vic.edu.au | Phone (03) 5871 1816 | Fax (03) 5871 1113

Email communications@cags.vic.edu.au

Student Details

Family Name: _____ Given Name: _____

Preferred Name: _____

Date of Birth: _____ Gender: Male / Female (please circle)

Student resides with: Both parents Mother Father
Guardian

At this address: _____

Mailing address: _____
(if different from above)

Contact Number Home: _____ Mobile: _____

Proposed level of entry: _____ Proposed Year: _____

Country of Birth: _____ Nationality: _____

Are you an Aboriginal/Torres Strait Islander?

YES NO

Main Language Spoken at Home: _____ Religion: _____

Current Study Details:

Name of current School/Preschool: _____

Address: _____

Present Year Level: _____ First Australian School Year: _____

First School Attended: _____

I / We authorise Cobram Anglican Grammar School to obtain information from our child's previous school/ preschool as may be required.

Sibling/s Details (who currently attend this school):

Full Name(s): _____ Year level: _____

Full Name(s): _____ Year level: _____

Full Name(s): _____ Year level: _____

Full Name(s): _____ Year level: _____

House (if at CAGS): **Stanyer** **Cowell** **Farrer** **Parkes**

Future Sibling/s Details:

Name, level and year of commencement of brothers/sisters desiring entry as future students
(a separate application form must be lodged for each child)

Name	Age	Proposed Year of Entry

Personal / Health / Educational Support Requirements:

Please indicate whether the student applying for enrolment has any known personal, health or educational support requirements (please tick Yes or No for below, with any additional information noted)

Physical Needs	Medical Needs	Educational Needs	Behavioural Needs	Sensory Needs (vision and/or hearing impairment)	Any other special needs
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Court Orders:

Are there any Court Orders or other information with which the School should be familiar?

Yes No

If you ticked "Yes", the School needs to be provided with a copy of any legal documentation. The School must know of any special needs/medical alerts before enrolment so that an accurate determination may be made as to whether the School is able to reasonably meet those needs.

School Reports:

Reports will be sent to the Primary Contact / Guardian.

Please provide details below if you require a second report to be sent.

Full Name : _____

Relationship to Student: _____

Mailing Address: _____

AUTHORISATIONS:

I **authorise** my child participating in official school activities to destinations by foot or bus within the local area of Cobram/Barooga, under the supervision of a teacher, during school time.

I **authorise** the teacher in charge to consent where it is impractical to communicate with me to my child receiving such medication or surgical treatment as may be deemed necessary.

I **do NOT consent** to my child participating in official school activities to destinations by foot or bus within the local area of Cobram/Barooga, under the supervision of a teacher, during school time.

I **do NOT consent** to the teacher in charge where it is impractical to communicate with me to my child receiving such medication or surgical treatment as may be deemed necessary.

PRIVACY CONSENT:

I hereby **allow/disallow** (*please circle the applicable*) my son's/daughter's name and photograph to be used in School promotional publications, including in particular the Newsletter, the website, the School magazine, and, as may be possible from time to time, the media, including the local paper, 'Cobram Courier'.

Note: Cobram Anglican Grammar School complies with the National Privacy Principles. The School has a Privacy Policy in conformity with the legislation.

If there are any changes to Parent's occupation, address, telephone numbers, medical condition of the student, custody or any other relevant information you feel the School may need to know about please notify us.

SIGNED _____ (Father/Guardian 1)

_____ (Mother/Guardian 2)

DATE: ____ / ____ / ____

Mother/Guardian details		Father/Guardian details	
<input type="checkbox"/> Please tick this box if Mother / Guardian 1 IS to be listed as an Emergency Contact <input type="checkbox"/> Please tick if Mother/Guardian 1 is sole carer <input type="checkbox"/> Do not contact (as per applicable Court Order)		<input type="checkbox"/> Please tick this box if Father / Guardian 2 IS to be listed as an Emergency Contact <input type="checkbox"/> Please tick if Father/Guardian 2 is sole carer <input type="checkbox"/> Do not contact (as per applicable Court Order)	
Title:	Family name:	Title:	Family name:
Given names:		Given names:	
Private Address:		Private Address:	
Postcode:		Postcode:	
Postal Address (if different to above):		Postal Address (if different to above):	
Postcode:		Postcode:	
Telephone Home: Mobile: Email:		Telephone Home: Mobile: Email:	
Occupation: Work Telephone:		Occupation: Work Telephone:	
Health Care Card Holder: Yes <input type="checkbox"/> No <input type="checkbox"/>		Health Care Card Holder: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer:		Employer:	
Nationality:	Country of Birth:	Nationality:	Country of Birth:
Religion:		Religion:	
<p>BOTH PARENTS <u>MUST</u> BE NOTED ABOVE IF ON CHILD'S BIRTH CERTIFICATE.</p> <p>IF STUDENT HAS MULTIPLE OR SHARED LIVING ARRANGEMENTS PLEASE ADVISE THE ADMISSIONS OFFICER.</p>			

Please note that we are obliged by law to collect the following information about all of our parents for funding purposes.

Highest year of Primary or Secondary School the Mother/Guardian 1 has completed:

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or below

What is the highest level of Tertiary qualifications the Mother/Guardian 1 has completed?

- Bachelor Degree or above
 Advanced Diploma / Diploma
 Certificate 1 to 1V
 (including a Trade Certificate)
 No formal schooling qualifications

Highest year of Primary or Secondary School the Father/Guardian 2 has completed:

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or below

What is the highest level of Tertiary qualifications the Father/Guardian 2 has completed?

- Bachelor Degree or above
 Advanced Diploma / Diploma
 Certificate 1 to 1V
 (including a Trade Certificate)
 No formal schooling qualifications

Medical Details

ALTERNATE EMERGENCY CONTACT (person to be contacted if parents / guardian cannot be reached):

Name of person for emergency contact: _____

Relationship to child: _____

Phone No's: (H) : _____ (W): _____ (M): _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Does your child suffer from a medical condition? Yes No

Allergies/Medical Alert:

Mild
 Moderate
 Severe
 Action Plan

Please specify any allergies/medical alerts relating to the student (e.g. Allergies to nuts, penicillin, bee strings etc). Does the student require medication/epipen? (Please fill out an Anaphylaxis/ Allergy Action Plan signed by your Doctor)

Asthma:

Mild
 Moderate
 Severe
 Asthma Plan

Medical Treatment / Action Plan detailing medications to be used in cases of deteriorating problems and crisis situations. (Please fill out an Asthma Action Plan.)

Other Medical Conditions:

Immunisations:

Has the Immunisation Certificate been submitted? Yes No

Medicare:

Medicare Number: _____

Ambulance:

Ambulance Subscription: Yes No (Please Circle)

Cover Number: _____

The School strongly recommends that Parents/Guardians have Ambulance cover. Please note if an Ambulance is required for your child and you do not have Ambulance cover the cost incurred must be borne by the family. This can be a significant amount, even for a local transfer.

Medication:

We will not administer paracetamol without parent consent or any other medication unless you provide medication with a written consent from your Doctor (Please fill out a Student Medical Action Plan). These can then be handed to School Office.

In the case of **extreme urgency**, when all effort has been made by the School to make contact with a parent/guardian, has the School permission to call an Ambulance Yes No

and/or make arrangements with a Doctor or Public Hospital to handle the care of your child:

1. For the administration of anaesthetic?
2. For emergency surgery?
3. For a blood transfusion?

Please indicate blood group if known: _____

FEE PAYER DETAILS

To enable us to send accounts to the responsible person/s, the School needs to know who the fee payer/s will be.

Sole Fee Payer - 100% of all fees payable is

(Parent/Guardian Name)

If fees are to be split between both parents/guardians please nominate percentages

Father: _____%

Mother: _____%

SIGNATURE:

SIGNATURE:

Both parents' signatures are required unless one parent is a sole custodian. Where a custody order exists please provide copy of relevant court order to substantiate the above.

Agreement

Please tick the following boxes and sign below

I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- Copy of Birth Certificate or Extract (This will be retained by the school with the enrolment application)
- Recent photograph of your child
- Most recent previous school reports and external test results (where applicable)
- Relevant Family Court Orders (if applicable)
- Relevant medical and/or special needs information, including clinical/educational assessments (where applicable)
- Immunisation Certificate

- If this Enrolment Application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
I/We understand that a term's tuition fee is required in lieu of one term's clear notice regarding withdrawal of a student. (There are four terms in a year.)
- I/we have included the pre-payment of fees of **\$50.00** with this application for enrolment and I/we understand that this money will not be refundable if the application is unsuccessful.

Declaration

In dealing with this application, it may be necessary for the School to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the School gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the School may approach these bodies directly. The information they request may include information related to any of the questions I/we have answered in this Application for Enrolment.

SIGNED _____ (Father/Guardian 1)

_____ (Mother/Guardian 2)

DATE: ____ / ____ / ____

Cobram Anglican Grammar School



Celebrating 20 Years

Cobram Anglican Grammar School Admissions process embraces the diversity of our community, and we welcome all applications at this time.

In all cases, the School Principal makes the final decision as to whether an offer of enrolment is made. The Principal retains the discretion to offer places to ensure an academic and coeducational balance is maintained across the whole School.

A recent school report (not for Foundation), Birth Certificate and up to date Immunisation Statement must be provided for consideration of each individual enrolment application.