



The Jon Carnegie School
Real Life Learning

2016

Student Enrolment Pack

Contents

Criteria for selection and Legislation

Conditions of Enrolment

Parent/Guardian Information Record

Signatory for JCS Issued Forms

Parent Questionnaire

Pick-Up Consent Register

Medical Permission Form

Medical Register

Student Medical Register

Media Release Form

Camp and Excursion Agreement Form

Camp and Excursion Consent Form

Transport on Camps

Consent to leave Grounds Form

Criteria for selection

The Jon Carnegie School is a non-denominational school, open to all students, however, the offer of enrolment is at the discretion of the Founder who will consider each case on its merits in light of the enrolment policy criteria and taking into account any special circumstances.

Legislation

The selection process adheres to the rules and regulations as set out in the following Acts:

- The Equal Opportunity Act (Victoria) 1995.
- The Sex Discrimination Act (Commonwealth) 1975.
- The Disability Discrimination Act (Commonwealth) 1992.
- The Human Rights and Equal Opportunity Commission Act (Commonwealth) 1986.
- The Information Privacy Act 2000.

Conditions of Enrolment

1. Students will only be selected to attend JCS if both they, and their Parent/Guardian, agree in writing to the terms under which we operate.
2. Enrolment at JCS requires students to be enrolled at The Distance Education Centre of Victoria. JCS will require you to complete forms to assist this process and may request to contact your child's relevant medical professionals.
3. Students may only enrol at JCS following negotiation and written consent from their school origin, where applicable.
4. Students may be asked to leave JCS at any given time during the year without redress. This is highly unlikely, however JCS reserves the right.
5. If Students are asked to leave JCS during the course of the year, the current term fees are non-refundable.
6. JCS is a non-denominational organisation, and accepts all faiths.
7. Students will attend all extracurricular activities at JCS. This is not negotiable.
8. It is essential that JCS be informed of any change of address or alteration of personal details for both students and parent/guardians.
9. Where students are under care, JCS will only liaise with one designated authority in regards to students. This person is to be nominated on the following forms.
10. Students must have relevant vaccinations.

Privacy laws

Prior to entry to the JCS/DECV program, students and parents are required to sign a commercial waiver giving JCS the right to use video and internet related footage and stills for commercial use of any kind. Further information is available online at www.ce.edu.au

Please be aware that information provided in this form is private and confidential.

Audio/Video

JCS is equipped with both audio and visual security equipment which may be functioning at any time in any legally appropriate area within the school and its surrounds. By signing this form you are acknowledging that both your child's and your image and/or voice may be recorded at any time in relation to all interchanges which may take place within or around the school environment. These recordings are used for but not limited to security and verification purposes and if at any time you do not wish a recording to take place you are required to provide a previous written request to ensure we can meet your privacy requirements.



Parent/guardian Information Record

Student Surname: _____ **Student Given Names:** _____

Date of Birth: ___/___/___

Country of Birth _____ Residential status (Please Circle): Permanent / Temporary

Address: _____ Suburb _____ Post code _____

Mobile: _____ Home Phone: _____

Email: _____ With whom does the student live: _____

Medicare No: _____ Expiry: _____ (Please attach photocopy)

Name of Mother: _____ Date of Birth: ___/___/___

Address: _____ Suburb _____ Post code _____

Occupation: _____

Business Name: _____

Business Address: _____ Suburb _____ Post code _____

Highest level of education: _____

Country of birth: _____

Home Phone: _____

Business Phone: _____

Mobile: _____

Fax: _____

Email: _____

Name of Father: _____ Date of Birth: ___/___/___

Address: _____ Suburb _____ Post code _____

Occupation: _____

Business Name: _____

Business Address: _____ Suburb _____ Post code _____

Highest level of education: _____

Country of birth: _____

Home Phone: _____

Business Phone: _____

Mobile: _____

Fax: _____

Email: _____



Name of Carer/Guardian: _____

Occupation: _____

Business Name: _____

Business Address: _____ Suburb _____ Post code _____

Home Phone: _____

Business Phone: _____

Mobile: _____

Email: _____

Fax: _____

Name, age and date of birth of Siblings: _____

Name Last School Attended: _____

Date of last attendance: _____ Year level _____

Address: _____ Suburb _____ Post code _____

Phone: _____ Principal: _____

Was the school receiving Funding for your child: **YES/NO** (please circle)

Do we have the permission to contact previous school: **YES/NO** (please circle)

Year level _____

Reason for leaving: _____



Signatory for JCS Issued Forms

As part of JCS, policy we require one legal guardian to sign all forms for your child. In cases where there are two guardians (mother/father, foster carer/parent, or guardian/parent), we require that both guardians decide on, and stipulate the guardian who will sign all forms issued by JCS in relation to your child.

The guardian named immediately below

_____ (Please print name of guardian who will sign all documents)

has my full and unrestricted permission to sign all forms on behalf of

_____ (full name of student) regarding JCS related activities.

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____

Please note that all JCS correspondence will be directed to the authorised signatory listed above. We ask that the chosen parent/guardian pass on information to the non-signing parent/guardian.



Parent Questionnaire

Are there any current custodial issues in relation to your child?

Does your child have permanent residency? If not please provide visa details.

Are there any specific medical issues we need to be aware of in relation to your child?

Are there any diagnosed or suspected learning difficulties we need to be aware of in relation to your child? Please attach relevant documentation.

Has your child been diagnosed with ASD/Aspergers?

Does your child have any allergies or food requirements (on camps)? If so, what are they.

Does your child have a medical diagnosis of anaphalaxis? If so please attach an emergency medical plan from your child's doctor.

Does your child have asthma? If so please attach an emergency medical plan from your child's doctor.

What vaccinations has your child had? Please provide relevant record.

Is your child at risk or are there any access restrictions/court issues?

Please rate your child's swimming ability (1 = poor, 10 = Extremely competent)?



Pick – Up Consent Register

Dear Parents / Guardians,

In the interest of your child's safety, we would appreciate you providing a list of people who are authorised to pick up your child from school. This list will be kept under your child's file in reception at JCS. Please contact Kate Bevan if this list needs to be changed or updated during the year. If at any stage you arrange for your child to be picked up by anyone contact JCS reception and let Kate know in advance.

(Please provide at least one)

Name: _____

Relationship to: _____

Contact number: _____

Name: _____

Relationship to: _____

Contact number: _____

Name: _____

Relationship to: _____

Contact number: _____

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____



Medical Permission Form

I _____ (Full Name of Signing Guardian)

Consent for my child _____ (Full Name of Student)

To take participate in all JCS activities.

In the event of an emergency, I agree to my child being administered all medical assistance by JCS staff, medical staff and / or their agents.

I also agree to my child being transported by ambulance and any emergency medical procedures, which may be deemed necessary, including blood transfusion, anaesthesia and surgery, to be carried out by qualified medical practitioners.

I understand that all costs incurred both indirectly and directly by such emergency procedures are my responsibility.

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____



Treating Professional Form

Please detail any professionals who treat your child ie. Psychiatrists, Psychologists, Counsellors etc.

Name of Treating Professional _____

Discipline _____

Contact phone _____

Contact Email _____

Name of Treating Professional _____

Discipline _____

Contact phone _____

Contact Email _____

Name of Treating Professional _____

Discipline _____

Contact phone _____

Contact Email _____



Medication Register

Notification and request by Parent/Guardian for the administration of medication during school hours

To be completed by Signing Parent/Guardian

I request that my child _____ (Full Name of Students)

be allowed to take medication at school according to instructions from:

Full name of prescribing Doctor: _____

Address: _____ Suburb _____ Post code _____

Business Phone: _____

I hereby give permission to the principal to obtain relevant information from the prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the principal of any changes involving the administration of the medicine. I agree to indemnify the school and related parties on the terms of the attached Deed of indemnity.

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____



Student Medical Register

Please complete the fields as required, writing N/A where not applicable

Medication 1:

Treatment:

Emergency Contacts:

Special Procedures or Notes:

Medication 2:

Treatment:

Emergency Contacts:

Special Procedures or Notes:

Medication 3:

Treatment:

Emergency Contacts:

Special Procedures or Notes:

Medication 4:

Treatment:

Emergency Contacts:

Special Procedures or Notes:

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____



Media Release Form

I consent for my child _____ (Full Name of Student) to be filmed, photographed and recorded under the conditions outlined below.

I authorize, grant and assign to JCS, the right to film, interview and generally record my child in photographs and on film during their involvement at JCS. I grant permission for JCS to reproduce and edit the recordings or photos for use in all future publicity or programming in any way, which JCS may choose. I release JCS (and others authorized by JCS) from any infringement or violation of my child's personal or property rights of any sort (including without limitation defamation and breach of confidence) arising from the use of the recording, films and photographs.

I acknowledge that JCS owns and shall own all rights in the recording, films and photographs and I expressly consent to JCS editing the footage as they see fit.

I agree that the rights granted and assigned by me in this release may not be withdrawn or revoked.

I authorise, grant and assign to JCS the right to assign or licence the rights and other benefits granted under this release in whole or in part.

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____



Camp and Excursion Agreement Form

I agree my child _____ (Full Name of Student) will participate in all JCS activities including camps and excursions. I understand that I will be charged for all camps and activities that are compulsory throughout the year. I also understand that whilst the Carnegie School aims to advise and confirm excursion and camp dates at the commencement of each Term we do not that guarantee these dates. Therefore to risk being charged for a camp or excursion that your child does not attend please do not make plans during Term times.

Unless there is a severe medical condition that affects your child and we are provided with written documentation that it is the opinion of a medical professional that they do not attend camp your child must attend all compulsory camps. Failure to provide this will result in charge for the camp.

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____



Transport on Camps & Excursions Consent

Throughout the year the students at JCS participate in a variety of activities outside the school grounds. These activities are part of their curriculum which includes excursions as well as camps.

Transport used is either the school bus or a staff private vehicle/s or a combination of both. All vehicles must have comprehensive insurance, be in a roadworthy condition and the driver/s must have a current drivers licence.

Students at time may also use public transport or walk to and from their destination/s.

JCS staff will supervise travel on all modes of transport at all times.

General Transport Permission Form

I give permission for my child _____ to travel to and from activities and camps on the JCS bus, staff vehicles, and hired vehicles with comprehensive insurance, public transport or on foot under the supervision of JCS staff.

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____



Consent to leave grounds Form

I agree my child _____ (Full Name of Student) is authorised to leave school grounds at recess and lunch times, as specified by the relevant term timetable. It is my understanding that students are expected to be on school grounds at all times during the school day outside of recess and lunch periods. It is the responsibility of the student to sign in and out as they leave and enter the grounds.

Signature of signing Parent/Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____

Checklist

Have you included:

- Copy of birth certificate and passport
- Copy of student's most recent report
- Copy of any relevant assessments or tests carried out by treating professionals
- Vaccination record
- Copy of student's medicare card
- Credit Card details
- Copy of student Visa if applicable

Master card / Visa (circle)

□□□□ □□□□ □□□□ □□□□

Expiry: ___ / ___ Name on Card: _____



OFFICE USE ONLY

COMMENCEMENT DATE:

FINISHING DATE:

REASONS FOR LEAVING JCS:

SIGNED:

POSITION:
