Academic Scholarship – New Student Checklist

Please ensure you have returned the following documentation to the Lindisfarne Enrolments Department. Scholarship applications will not be assessed unless all documents are completed and received by 17 February 2017.

Student name: ________________________________       DOB: / / 

Current school: ________________________________

2018 Year level: ______

☐ Scholarship Checklist

☐ Letter to Principal from Student

☐ Letter to Principal from Parent/Guardian

☐ Enrolment Application and all supporting documentation

☐ Complete Edutest registration at [Edutest Lindisfarne](mailto:Edutest Lindisfarne) by 17 February 2017

If you are unable to supply any information relating to the above, please provide a brief explanation below.

________________________________________________________________________

On completion return to: Lindisfarne Anglican Grammar School
PO Box 996
BANORA POINT NSW 2486
enrolments@lindisfarne.nsw.edu.au
Phone (07) 5590 5099   Fax (07) 5590 4962
# Enrolment Application

## Proposed Year of Entry
20_______

## Level of Entry
- **Early Learning Centre**
- **Primary School**
- **Secondary School**
- **Preschool**
  - 3 days
  - 4 days
  - 5 days
  - Kindergarten
  - Year 1
  - Year 2
  - Year 3
  - Year 4
  - Year 5
  - Year 6
  - Year 7
  - Year 8
  - Year 9
  - Year 10
  - Year 11
  - Year 12

## Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Given Names</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>P/Code</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male □ Female □</td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
</tr>
<tr>
<td>(If country of birth is not Australia please provide date of entry into Australia)</td>
<td></td>
</tr>
<tr>
<td>Australian Permanent Resident</td>
<td>Yes □ No</td>
</tr>
<tr>
<td>Language/s spoken at home</td>
<td></td>
</tr>
<tr>
<td>Aboriginal</td>
<td>Yes □ No</td>
</tr>
<tr>
<td>Torres Strait Islander</td>
<td>Yes □ No</td>
</tr>
<tr>
<td>Previous/current school (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Baptised</td>
<td>Yes □ No</td>
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<tr>
<td>Denomination</td>
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## Parent / Guardian Information

### Mother/Legal Guardian Details

<table>
<thead>
<tr>
<th>Relationship to Student</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Parent</td>
<td></td>
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<tr>
<td>Step Parent</td>
<td></td>
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<tr>
<td>Legal Guardian</td>
<td></td>
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<tr>
<td>Grandparent</td>
<td></td>
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<tr>
<td>Other (please specify)</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Single □ Married □ De Facto □ Divorced □ Widowed □</th>
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</thead>
</table>

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<th>Postal Address</th>
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</thead>
<tbody>
<tr>
<td>State</td>
<td>P/Code</td>
</tr>
<tr>
<td>Residential Address</td>
<td></td>
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</tbody>
</table>

### Father/Legal Guardian Details

<table>
<thead>
<tr>
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<th>Details</th>
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<tbody>
<tr>
<td>Parent</td>
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<tr>
<td>Grandparent</td>
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<td>Other (please specify)</td>
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<td>P/Code</td>
</tr>
<tr>
<td>Residential Address</td>
<td></td>
</tr>
</tbody>
</table>

| State                     | P/Code                                              |
| Residential Address       |                                                     |

| Living with student?      | Yes □ No                                           |
| Access?                   | Yes □ No                                           |
If separated or divorced

Who is the residential parent? Who is the contact parent?

Are there any Court Orders/Parenting Plans relevant to this student? □ Yes □ No

Date of Court Order/Parenting Plan

You are required to provide a copy of the current Court Order/Parenting Plan; should a copy not be provided the School will assume both parents have equal parental access.

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### Student Profile

**Gifted & Talented**

Has your child ever been accelerated either by subject level or grade level (skipped a year)? □ Yes □ No

If yes, please specify ___________________________

Has your child participated in a learning enrichment program?

□ Yes □ No

If yes, please specify ___________________________

Has a specialist ever assessed your child for exceptional developmental, learning or behavioural characteristics?

□ Yes □ No

If yes, please specify type of specialist’s ___________________________

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**Special Requirements**

Has your child ever repeated a year? □ Yes □ No

Please specify __________

Does your child have a need which affects their learning? □ Yes □ No

Autism / Aspergers □ Yes □ No

Hearing impairment □ Yes □ No

An intellectual disability □ Yes □ No

Mental health issues □ Yes □ No

A physical disability □ Yes □ No

Difficulties in the basic areas of learning □ Yes □ No

ADD/ADHD □ Yes □ No

Vision Impairment □ Yes □ No

Acquired brain injury □ Yes □ No

Other (please specify) ___________________________

Behaviour disorders □ Yes □ No

Language disorder □ Yes □ No

Does your child currently receive ‘Students with Disabilities Funding’? □ Yes □ No

If yes, please specify ___________________________

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What accommodations and/or learning adjustments, if any, were provided for your child at their previous school?

Alternative teaching and learning strategies □ Yes □ No

Personal carer support □ Yes □ No

A reader or scribe □ Yes □ No

Access to technology □ Yes □ No

Signing □ Yes □ No

Other (please specify) ___________________________

Modifications to equipment, furniture, and learning spaces □ Yes □ No

Braille □ Yes □ No

**Please provide all supporting documentation**

Has a specialist ever assessed your child for developmental, learning or behavioural problems?

□ Yes □ No

If yes, please identify what type of specialist/s

□ Guidance Officer □ Child Psychologist □ Occupational Therapist □ Vision Therapist

□ Speech Therapist □ Paediatrician □ Psychiatrist □ Other

If other, please specify ___________________________

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**Please provide a copy of all relevant specialist reports**

Does your child take medication on a regular basis? □ Yes □ No

If yes, what type of medication and how frequently? __________________________

Does your child have social difficulties with other children? □ Yes □ No

If yes, please specify __________________________

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12. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you.

11. The Lindisfarne Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.

10. The School's Privacy Policy (www.lindisfarne.nsw.edu.au) sets out how parents may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.

9. The School may also store personal information in the 'Cloud' which may mean that it resides on servers which are situated outside Australia.

8. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines, on our website, and in the general media (eg newspapers). Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters and magazines. The School will obtain separate permission from the student's parent/guardian prior to publication if we would like to include photographs or other identifying material in promotional material for the School or otherwise make it available to the public such as on the Internet.

7. If there is insufficient space for the required information above, please supply details on a separate piece of paper and attach to this application.

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**Sibling Information**

Have you previously had a child attend Lindisfarne?  □ Yes □ No

Name ________________________________ Year of leaving ________

Please list below the details of all other children in the family

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Current Lindisfarne Student</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□ Yes (Year ___) □ No</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>□ Yes (Year ___) □ No</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>□ Yes (Year ___) □ No</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>□ Yes (Year ___) □ No</td>
<td></td>
</tr>
</tbody>
</table>

Please note the above list does not constitute an application for entry for those mentioned. A separate application must be lodged for each student.

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**Questionnaire**

Have you had a tour of the School?  □ Yes □ No

Please indicate factors influencing your decision to seek enrolment at Lindisfarne

□ Christian education □ Curriculum choice □ Recommendation of a friend □ Academic reputation

□ Caring environment □ Tour of campus □ Sibling currently enrolled □ Discipline

□ Relative currently enrolled □ Parent of past student □ Other ________

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**Collection of Information Notice**

1. The School collects personal information, including sensitive information about students and parents/guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose for collecting this information is to enable the School to provide schooling for your child and to enable them to take part in all School activities.

2. Some of the information we collect is to satisfy Lindisfarne's legal obligations, particularly to enable the School to discharge its duty of care.

3. Laws governing or relating to the operation of the School require certain information to be collected and disclosed. These include relevant Education Acts and Public Health and Child Protection Laws.

4. Health information about students is sensitive as per the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.

5. The School, from time to time, discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, other discrete bodies within Lindisfarne, government departments, the Anglican Schools Commission, medical practitioners and people providing services to the School, including specialist visiting teachers, coaches and volunteers.

6. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose information to third parties.

7. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.

8. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines, on our website, and in the general media (eg newspapers). Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters and magazines. The School will obtain separate permission from the student's parent/guardian prior to publication if we would like to include photographs or other identifying material in promotional material for the School or otherwise make it available to the public such as on the Internet.

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11. The Lindisfarne Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.

12. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities (Parents and Friends Association) solely for that purpose. We will not disclose your personal information to third parties.
I/we acknowledge that I/we have fully disclosed and provided copies of all the required and relevant information in relation to this application. I/we are aware that failure to provide full disclosure or the provision of misleading information will result in this enrolment application being declined.

I/we acknowledge that acceptance of this application by Lindisfarne Anglican Grammar School does not constitute an offer of entry into the School. I/we understand that we will be contacted the year prior to proposed entry with details of our enrolment procedure.

Signed __________________________________________  Signed _________________________________________
(Mother/guardian signature)      (Father/guardian signature)

Please print name __________________________________  Please print name ________________________________
Date ______/______/______     Date ______/______/______

Application Fee Payment

I/We wish to apply for enrolment of my/our child at Lindisfarne and I/we enclose a non-refundable fee of $75.00 (incl GST) per student.

Please note that if you are applying for a Scholarship, the $70.00 fee is waived due to the Scholarship Application fee.

Please indicate if you have registered to sit a Scholarship examination at Lindisfarne

- ☐ Yes  ☐ No

If yes please indicate Scholarship type

- ☐ Academic Scholarship  ☐ General Excellence Scholarship
- ☐ Music Scholarship  ☐ Sport Scholarship

Payment will be made by

- ☐ Cash  ☐ Cheque  ☐ Credit (If yes, please fill out payment option below)

Credit Card Payment Details

Please debit my

- ☐ MasterCard  ☐ Visa  ☐ AMEX

Name of Cardholder ________________________________  Expiry Date ______/______  Amount $__________

Signature of Cardholder ________________________________  Card Number ________________

Enrolment Application - Supporting Documentation Checklist

Please make sure that all of the paperwork below is attached to the Enrolment Application at the time of submission

☐ Payment of Application Fee
☐ Copy of Birth Certificate
☐ Copy of evidence of Australian citizenship (if born overseas)
☐ Two recent school reports
☐ Completed NAPLAN Results (Years 3, 5, 7 and 9)
☐ Copy of current Court Order/Parenting Plan (if applicable)
☐ Copy of specialist reports - WPPSI/WISCIV/WISCV/SB5 (Gifted & Talented)
☐ Copy of specialist assessment reports (if applicable)
☐ Copy of individual learning plans (if applicable)

OFFICE USE ONLY

Date ______/______/______  YEAR OF ENTRY
Parent Code ________________  Student Code ________________
TASS ________________  YEAR LEVEL (Preschool-12)
PRESCHOOL – DAYS REQUIRED  ☐ 3  ☐ 4  ☐ 5