Music 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 returned 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
☐ Portfolio supporting your application
☐ Complete Edutest registration at Edutest Lindisfarne by 17 February 2017

Musical Experience

Principle Instrument: _________________________________

Number of years learning this instrument: ______

AMEB level: ______

Secondary Instrument/s (If applicable): _______________________

AMEB level: ______

(Please include copies of reports and certificates for AMEB levels with your portfolio)

Ensemble experience: ________________________________
Name of current Teacher: ________________________________

Contact phone number: ________________________________

Name(s) of past Teacher/s: ________________________________

Any other relevant performing experience or information:

_________________________________________________________________

_________________________________________________________________

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
- Preschool
- Primary School
- Kindergarten
- Secondary School
- 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
Surname ____________________________ Given Names ____________________________
Address ____________________________ State _________ P/Code ___________

Date of Birth ____________________________ Gender □ Male □ Female
Country of Birth ____________________________ (If country of birth is not Australia please provide date of entry into Australia) ____________________________

Australian Permanent Resident □ Yes □ No Language/s spoken at home ____________________________
Aboriginal □ Yes □ No Torres Strait Islander □ Yes □ No

Previous/current school (if applicable) ____________________________ State ___________

Baptised □ Yes □ No Denomination ____________________________

Parent / Guardian Information

Mother/Legal Guardian Details
Relationship to Student □ Parent □ Step Parent □ Legal Guardian □ Grandparent □ Other (please specify)

Title __________ First Name __________________________
Surname ____________________________

Marital Status
□ Single □ Married □ De Facto
□ Divorced □ Widowed

Postal Address ____________________________

State __________ P/Code ___________

Residential Address ____________________________

State __________ P/Code ___________

Home Phone ____________________________
Business Phone ____________________________
Mobile ____________________________
Email ____________________________

Living with student? □ Yes □ No Access? □ Yes □ No

Father/Legal Guardian Details
Relationship to Student □ Parent □ Step Parent □ Legal Guardian □ Grandparent □ Other (please specify)

Title __________ First Name __________________________
Surname ____________________________

Marital Status
□ Single □ Married □ De Facto
□ Divorced □ Widowed

Postal Address ____________________________

State __________ P/Code ___________

Residential Address ____________________________

State __________ P/Code ___________

Home Phone ____________________________
Business Phone ____________________________
Mobile ____________________________
Email ____________________________

Living with student? □ Yes □ No Access? □ Yes □ No

Please return this form to
Admissions Officer
Lindisfarne Anglican Grammar School
PO Box 996
BANORA POINT NSW 2486
Ph 07 5590 5099
Fax 07 5590 4962
enrolments@lindisfarne.nsw.edu.au
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.

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 __________________________

Please provide a copy of all relevant specialist reports

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
If yes, please specify __________________________

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 __________________________

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 __________________________

If you have answered yes to any of the above, please provide full details of those needs and any intervention/support your child currently receives __________________________

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 □ Psychiatric □ Other
If other, please specify __________________________

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 __________________________

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
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If other, please specify __________________________

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 __________________________
Has behaviour management ever been an issue with your child in the school setting? □ Yes □ No
*If yes, please specify ________________________________

Has behaviour management ever been an issue with your child in the home setting? □ Yes □ No
*If yes, please specify ________________________________

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

## 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.*

## 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 ________________________________

## 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.

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

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.

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  ☐ Music Scholarship
☐ General Excellence 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 (add 1%)  ☐ Visa (add 1%)  ☐ AMEX (add 2%)

<table>
<thead>
<tr>
<th>Name of Cardholder</th>
<th>Expiry Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Cardholder</td>
<td>Card Number</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
<th>YEAR OF ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Code</td>
<td>Student Code</td>
<td>YEAR LEVEL (Preschool-12)</td>
</tr>
<tr>
<td>TASS</td>
<td>PRESchool – DAls REQUIRED</td>
<td>☐ 3  ☐ 4  ☐ 5</td>
</tr>
</tbody>
</table>