



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 **8 February 2019**.

Student name: _____

DOB: / /

Current school: _____

2020 Year level: _____

- Scholarship Checklist
- Letter of introduction to the Principal from the student detailing why they would like to attend Lindisfarne and the reasons why they would be a good scholarship recipient
- Letter to Principal from Parent/Guardian in support of application
- Enrolment Application and all supporting documentation
- Portfolio supporting your application, including music samples provided on a USB
- Complete Edutest registration at [Edutest Lindisfarne](#) by 15 February 2019

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 hard copy only to:

Post:
Lindisfarne Anglican Grammar School
PO Box 996
BANORA POINT NSW 2486

In Person:
Lindisfarne Anglican Grammar School
86 Mahers Lane
TERRANORA NSW 2486

APPLICATIONS ARE NOT RETURNED, PLEASE DO NOT INCLUDE ORIGINAL COPIES OF IMPORTANT DOCUMENTS. STAPLE APPLICATIONS ONLY, NO FOLDERS PLEASE.



The Registrar
 Lindisfarne Anglican Grammar School
 PO Box 996
 BANORA POINT NSW 2486
 Ph 07 5590 5099
 Fax 07 5590 4962
 enrolments@lindisfarne.nsw.edu.au

Enrolment Application

Proposed Year of Entry 20_____

Level of Entry	Early Learning Centre	Preschool	<input type="checkbox"/> 2 days (Joeys)	<input type="checkbox"/> 3 days	<input type="checkbox"/> 4 days	<input type="checkbox"/> 5 days	<input type="checkbox"/> Kindergarten
Junior School		<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4		
Middle School		<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6	<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 8		
Senior School		<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> 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 any) _____ 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 _____

Occupation _____

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 _____

Occupation _____

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.

Student Profile

Gifted and 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 _____

Please provide a copy of all relevant reports

Special Requirements

Has your child ever repeated? Yes No If yes, 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 basic learning areas 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 by ticking below.

Guidance Officer Child Psychologist Occupational Therapist Vision Therapist

Speech Therapist Paediatrician Psychiatrist 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 _____

Has behaviour management ever been an issue with your child in the school setting? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please specify</i> _____
Has behaviour management ever been an issue with your child in the home setting? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please specify</i> _____
<i>If there is insufficient space for the required information above, please supply details on a separate piece of paper and attach to this application.</i>

Sibling Information

Have you previously had a child attend Lindisfarne? Yes No

Name _____ Year Left _____

Please list below the names and dates of birth of all other children of the family, in the space provided below.

Child's Name	Current Lindisfarne Student (Yes/No)	Date of Birth
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Year Level _____)	_____

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 tick)

Please indicate factors influencing your decision to seek enrolment at Lindisfarne (Please tick)

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Christian Education | <input type="checkbox"/> Curriculum Choice | <input type="checkbox"/> Recommendation of a Friend | <input type="checkbox"/> Academic Reputation |
| <input type="checkbox"/> Caring Environment | <input type="checkbox"/> Tour of Campus | <input type="checkbox"/> Sibling Currently Enrolled | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Relative Currently Enrolled <input type="checkbox"/> Parent of past student <input type="checkbox"/> 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 (e.g. 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 _____
(Mother's/Legal Guardian's signature)

Signed _____
(Father's/Legal Guardian's signature)

Please print name _____

Please print name _____

Date ____/____/____

Date ____/____/____

(Please note that both parents or guardians are required to sign this form)

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 \$80.00 (incl GST)** per student.

Please note that if you are applying for a Scholarship, the Application 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 1%)

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 (Please tick)

- Payment of Application Fee
- Copy of Birth Certificate
- Copy of evidence of Australian citizenship (if born overseas)
- Two recent School Reports
- Complete 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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5