



## REGISTRATION FOR ENROLMENT

Please return this form with your registration payment and other requested attachments.

**STUDENT NAME** \_\_\_\_\_

**YEAR LEVEL :** \_\_\_\_\_      **YEAR OF ENROLMENT:** \_\_\_\_\_

### COLLECTION NOTICE

**Information we collect:** Ananda Marga River School collects and records personal information, including sensitive information about students and parents or guardians, before and during the course of a student's enrolment at our school. Laws governing or relating to the operation of schools require that certain information is collected. These may include Public Health and Child Protection Laws. We may ask you to provide medical reports about students from time to time. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act (1988).

**Purpose of collection:** The primary purpose of collecting and recording this information is to enable the provision of quality education. In addition, some of the information we collect and record is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians.

**Disclosure of information:** This information may be disclosed by us for administrative and educational purposes to others including, but not limited to, personnel within Ananda Marga River School Office, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants. 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 may be published in newsletters, magazines, and on our website. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Students may also seek access to personal information 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. We may include your contact details in a class list and school directory. 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. They should also be informed that they can access that information if they wish and that the school does not usually disclose the information to third parties.

**Our privacy position:** Ananda Marga River School is bound by the Privacy Act (1988), and has adopted the ten (10) National Privacy Principles. : If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol or continue to enrol your student. By completing and submitting this application for enrolment form you have confirmed your understanding of, and agreement with the above.

Office Use Only							
Registration Information		Interview Information if Required				Enrolment Confirmation	
Registration Date		Date		Time		Start Date	
Copies provided		Interviewer				MYOB	
Birth Certificate		Outcome				Class list	
Medicare Number						Medical list	
Conscientious Objection letter						Photo & Info sharing lists	

## FAMILY INFORMATION

Personal Details	Parent1/Caregiver 1	Parent2/Caregiver 2
Surname		
Given Name		
Title ( Mr, Mrs, Ms etc)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth		
Country of Citizenship		
Main Language Spoken At Home		
Other Languages		
Religion		
<b>Residential Address</b>		
Street Address		
Suburb		
State   Postcode		
Does Student Reside at this address	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Postal Address</b>		
Post Box / Street		
Suburb		
State   Postcode		
<b>Phone Contact</b>		
Home Phone		
Mobile		
Workplace Phone		
Home Email		
Workplace Email		

## STUDENT INFORMATION

Personal Details			
Legal Surname		Preferred Surname (if different from Legal)	
First Given Name		Preferred First Name	
Other Given Names			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Please attach a copy of Student's Birth Certificate</b>			
<b>Cultural Background</b>			
Country of Birth			
Country of Citizenship		Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main Language Spoken At Home			
Other Languages			
Indigenous Status Is the Student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
Religion		Special Cultural Requirements	

Are there any legal issues the school should be aware of? (e.g. family court orders, parental agreements, child protection orders, guardianship orders etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details
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Please attach a copy of orders/agreements.

**Parent/Caregiver Contact**

	Parent1/Caregiver 1	Parent2/Caregiver 2
Primary Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Resides With	<input type="checkbox"/> Solely <input type="checkbox"/> Shared	<input type="checkbox"/> Solely <input type="checkbox"/> Shared
Can Collect Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can receive written Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Best way to contact (please write 1, 2 or 3 in order of priority)	<input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile	<input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile

**Other Emergency Contacts**

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Surname			
First Name			
Phone Number			
Relationship			

## STUDENT MEDICAL AND OTHER DETAILS

<b>Student Name</b>		<b>Date of Birth</b>	
<b>Medicare Number</b>		<b>Immunisation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Provide Copy of your Medicare Card and your Immunisation or Conscientious Objection Documentation</b>			
<b>Private Health Fund</b>	<input type="checkbox"/> Yes	<b>Fund Name</b>	
	<input type="checkbox"/> No	<b>Fund Number</b>	
<b>Family Doctor Name</b>		<b>Phone Number</b>	
<b>Alternate Health Practitioner Name</b>		<b>Phone Number</b>	
<b>Medical Conditions</b>		<b>Details and Treatment Required</b>	
Allergies - Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergies - Food	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Anaphylaxis –Epipen to be supplied by family	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Impairment - Learning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Impairment - Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dietry Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eg. No wheat, Vegan etc.	
Previous Serious Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IT IS VITAL THAT PARENTS COMPLETE A NEW FORM EACH YEAR OR ON MEDICAL CONDITIONS CHANGES</b>			

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## **CONSENT FORM 2017**

These permission forms need to be signed every year to ensure that our records are current.  
Thank you for taking the time to complete these.

### **PHOTOGRAPH/MEDIA RELEASE**

I (insert parent name) \_\_\_\_\_

Consent / Do Not Consent (please circle)

to still photos and/or videos of my child to be displayed in school newsletters and publications. These photos may be used for marketing purposes.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

### **HOMEOPATHIC FIRST AID**

I (insert parent name) \_\_\_\_\_

Consent / Do Not Consent (please circle)

to homeopathic remedies being administered to my child as first aid for minor injuries and/or illnesses.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

### **PHONE NUMBER AND EMAIL CONSENT**

I (insert parent name) \_\_\_\_\_

Consent / Do Not Consent (please circle)

for my name, phone number and email address to be shared with other parents in my child's class.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_