

PETER MOYES ANGLICAN COMMUNITY SCHOOL

APPLICATION FOR ADMISSION
PROPOSED ENTRY TO ACADEMIC YEAR
FOR THE CALENDAR YEAR 2

CHILD'S NAME



PRIVACY STATEMENT

The Privacy Act 1988 (Commonwealth) as amended, requires that the following be brought to your attention. Before completing this form please read this information carefully. Completion and lodgement of the form is taken as your acknowledgement and acceptance of the information provided.

1. Peter Moyes Anglican Community School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. The School from time to time discloses personal and sensitive information to other agencies and persons, with respect to students attending the School, and for administrative and educational purposes. These may include other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers and sport coaches.

A School of the Anglican Schools Commission (Inc).

STUDENT INFORMATION

Surname: _____
First name: _____ Preferred name: _____
Second name: _____
Parent's surname (if different from child's surname) _____
Date of Birth: _____ [] Male [] Female Religion: _____
Country of Birth: _____ **Copy of Birth Certificate attached** Yes [] No []
Student Nationality: _____ Student's First Language: _____
Is the Student a Permanent Resident? Yes [] No []
(The school is not registered to accept students who do not have permanent residency or an appropriate visa status).
Date entered Australia:/...../..... Visa Sub-class: _____
Is the student of Aboriginal or Torres Strait Islander origin? Yes [] No []
If yes, please indicate: Aboriginal [] Torres Strait Islander []

Residential address:
House Number: _____ Street: _____
Suburb: _____ State: _____ Post Code: _____
Telephone: _____ Silent number? Yes [] No []
Mobile: _____ Facsimile: _____

Full names of brothers and/or sisters attending/planning to attend this school.
(Separate Application Form required for each sibling)

_____	Calendar Year _____	Grade _____
_____	Calendar Year _____	Grade _____
_____	Calendar Year _____	Grade _____

PARENT/GUARDIAN PARTICULARS

Child lives with: Both Parents [] Mother only [] Father only [] Other [] *(Please provide details)*

Mother/Guardian Details

If not Mother, please indicate relationship e.g. Stepmother, Aunt, Guardian (PLEASE ATTACH ANY ADDITIONAL INFORMATION)
Details: _____
Title: _____ Given Names: _____ Surname: _____
Occupation: _____ Employer: _____
Business Address: _____
Email Address: _____
Home Address (if different from child): _____
Telephone (home): _____ Telephone (work): _____ Mobile No: _____
Religion: _____

Father/Guardian Details

If not Father, please indicate relationship e.g. Stepfather, Uncle, Guardian (PLEASE ATTACH ANY ADDITIONAL INFORMATION)
Details: _____
Title: _____ Given Names: _____ Surname: _____
Occupation: _____ Employer: _____
Business Address: _____
Email Address: _____
Home Address (if different from child): _____
Telephone (home): _____ Telephone (work): _____ Mobile No: _____
Religion: _____

CONFIDENTIAL INFORMATION

Family Access Information: Yes No (If yes, please provide details and copies of Court Orders)

SCHOOL DETAILS

Current School: _____ Year(s) of attendance: _____

Previous School: _____ Year(s) of attendance: _____

FURTHER DETAILS

Are there any medical/physical needs that your child requires to operate effectively in the school:

Yes No (if yes, please provide details)

Visual impairment: Yes No Wheelchair use: Yes No Hearing impairment: Yes No

Are there any individual needs that your child requires to operate effectively in the school?

Yes No (If yes, please provide details)

Has your child ever been referred for Educational Support: Yes No (If yes, please provide details)

Are there any social/emotional needs that your child requires to operate effectively in the school?

Yes No (if yes, please provide details)

Has your child ever received Guidance or Counselling from a qualified professional? Yes No
(if yes, please provide details)

Emergency Contact Details

1. Please indicate relationship eg. Friend, Neighbour, Grandparent _____

Title: _____ Given Name: _____ Surname: _____

Tel: (home) _____ Tel: (work) _____ Mobile No: _____

2. Please indicate relationship eg. Friend, Neighbour, Grandparent _____

Title: _____ Given Name: _____ Surname: _____

Tel: (home) _____ Tel: (work) _____ Mobile No: _____

FEES

Name of person(s) responsible for the payment of fees: _____

Address to which account is to be sent (please complete only if different from residential address):

Please provide confidential email address to receive statements:

SCHOOL'S EXPECTATION OF PARENTS

Parents are required to acknowledge that enrolment of a child at the School will require the child to participate in the School's programme of curricular and co-curricular activities, including being required to attend all mandatory sporting events, camps and excursions that take place outside of the School's regular timetabled activities. Exemption from participation in such activities may be granted by the Principal or their delegated staff member upon review of a written request for any such exemption.

PARENTAL PARTICIPATION AND ASSISTANCE

A Parents & Friends levy is billed quarterly through your school account. Over the year, you can earn a rebate of up to 90% of the total. Rebates are credited quarterly and are redeemable by donating three hours per term of your time to the School.

Parental assistance across a wide range of activities is essential to the proper functioning of Peter Moyes Anglican Community School. Assistance is always sought in areas of the School such as the Cafeteria, Uniform Shop, Classrooms, Support Groups, working-bees and School Camps, Library, fundraising etc. While acknowledging that parents are in various situations with regard to the time they can make available to Peter Moyes Anglican Community School, a positive commitment to provide some assistance is required if an offered place is accepted.

RELIGIOUS AFFILIATION

Peter Moyes Anglican Community School is a Christian school that seeks to demonstrate and uphold the Anglican tradition in its practices. The School is an active member school of the Anglican Schools Commission (Inc). As such, its students are expected to participate in the School's religious curriculum including its Christian education lessons and weekly Chapel Services.

ENROLMENT

Application for admission is open to all families and children who agree to accept the School's rules and expectations. Acceptance of an Application for Admission by the School, does not constitute an enrolment or an agreement to offer a place to a student. Offers of places will be made subject to vacancies within the year group, an enrolment interview and the provision of such information as the School requires.

The School enrolls students with a range of needs and abilities and, within the resources available, endeavours to provide an appropriate education of high quality for all students.

Enrolment is offered to families on the basis of multiple factors, including the presence of a sibling currently attending the School; support of the Anglican traditions of the School and placement on the School Admission list.

I/We hereby apply for the above named child to be enrolled at Peter Moyes Anglican Community School.

Signature Date
Mother/Legal Guardian

Signature Date
Father/Legal Guardian

Please notify the Registrar of any changes of address and contact telephone numbers that may occur throughout the enrolment process.

Please attach a supporting letter from your local Priest/Minister (if applicable). Return this completed Application for Admission Form and include **photocopies** of your child's **birth certificate, passport visa entry** (if applicable) and previous two **school reports** (if applicable), together with the non-refundable \$ 100.00 (inc. GST) application processing fee to:

**Enrolments
Peter Moyes Anglican Community School
PO BOX 240
QUINNS ROCKS
Western Australia 6030
Tel: 9304 5500**

OFFICE USE ONLY

Application & Fee Received

Date

\$

Receipt No:

PETER MOYES ANGLICAN COMMUNITY SCHOOL

TESTIMONIAL FORM

The School's admission policy allows preference to be given to children of families who are able to demonstrate an affiliation with a Christian Church. Therefore while completion of this Testimonial Form is not compulsory, Parts A and B should be completed if possible.

PART A

Student's Surname: _____

First Name: _____

Religious Affiliation: _____
(Denomination)

CHURCH MEMBERSHIP

Baptized Date _____

Welcomed to Holy Communion Date _____

Confirmed Date _____

Other: (please detail) _____

CHURCH/CONGREGATION ATTENDING

Name: _____

Postal Address _____

Name of Priest/Minister: _____

See over

PART B

To be completed by the Priest or Minister in all cases where a student and/or the family has a Church affiliation.

Student's Surname: _____

First Name: _____

THE ABOVE STUDENT'S FAMILY

Is known personally to me:	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Participates in Worship:	Frequently	<input type="checkbox"/>
	From time to time	<input type="checkbox"/>
	Not at all	<input type="checkbox"/>

THE STUDENT CONCERNED

Is known personally to me:	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Participates in Worship:	Frequently	<input type="checkbox"/>
	From time to time	<input type="checkbox"/>
	Not at all	<input type="checkbox"/>

Participates in other Church Activities (*please specify*)

Signature of Priest/Minister: _____

Name of Minister (please print): _____

Date: _____