

PETER MOYES

ANGLICAN COMMUNITY SCHOOL

A School of the Anglican Schools Commission Inc.



APPLICATION FOR ADMISSION

Elliston Parade
Mindarie WA 6030
Australia

Postal Address:
P.O. Box 240
Quinns Rocks WA 6030

Telephone: 61 8 9304 5500
Facsimile: 61 8 9304 5599

Email: admin@petermoyes.wa.edu.au
Website: www.petermoyes.wa.edu.au
ABN 78 832 912 273

1. Student Information

Surname: _____

First Name: _____ Preferred Name: _____

Second Name: _____ Curriculum Council No: _____

Date of Birth:/...../..... Gender: Male [] Female []

Address: _____

Suburb: _____ State & Post Code: _____

Religious Affiliation: _____ Country of Birth: _____

Nationality: _____ First Language: _____

Is the student of Aboriginal or Torres Strait Islander origin? Yes [] No []

If yes, please indicate: Aboriginal [] Torres Strait Islander []

(For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes.)

If your child was not born in Australia, please complete the following:

Permanent Resident? Yes [] No [] Date entered Australia:/...../.....

Visa Sub-class: _____

Please note that the School is not registered to accept students who do not have permanent residency or an appropriate visa status.

2. School Details

Preferred Entry Grade: _____ Calendar Year: _____

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

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

Sibling Details: If applicable, please provide details of siblings who have attended the School in the past, are current students at the School or who are enrolled to attend in future years. *(Separate Application For Enrolment Form is required for each sibling)*

Full Name	Calendar Year	Grade

How did you hear about the School?

Web search [] Referral [] Drove past [] Newspaper [] Another Anglican School [] Anglican Schools Commission []

Other [] please specify: _____

3. Medical and Education Information

To assist the School in preparing for your child's enrolment, please complete the following:

Medical/Physical Information

Are there any medical/physical needs that your child requires to operate effectively in School: Yes No
Visual disorder: Yes No Wheelchair: Yes No Hearing disorder: Yes No

If you ticked yes to any of the above, please provide additional information below.

Education Information

Are there any individual needs that your child requires to operate effectively in school? Yes No
Has your child ever received Educational Support in the classroom or at School? Yes No
Has your child ever been referred for or received Educational Support outside of School? Yes No

If you ticked yes to any of the above, please provide additional information below.

Social/Emotional Information

Are there any social/emotional needs that your child requires to operate effectively in school? Yes No
Has your child ever received Guidance or Counselling from a qualified professional? Yes No

If you ticked yes to any of the above, please provide additional information below.

4. Parent/Guardian Particulars

Child lives with: Both Parents [] Mother only [] Father only [] Mother & Father Shared [] Other []

If other, please provide details:

Mother/Guardian Details

If not Mother, please indicate relationship (e.g. Stepmother, Aunt, Guardian) and attach additional information.

Relationship to Child: _____ Title: _____
Surname: _____ First Name: _____
Occupation: _____
Employer: _____
Email Address: _____
Home Address: _____
Suburb: _____ State & Post Code: _____
Telephone (home): _____ Telephone (work): _____
Mobile Number: _____ Religious Affiliation: _____
Are you a former student of the School? Yes [] No [] If yes, what year did you leave? _____

Father/Guardian Details

If not Father, please indicate relationship (e.g. Stepfather, Uncle, Guardian) and attach additional information.

Relationship to Child: _____ Title: _____
Surname: _____ First Name: _____
Occupation: _____
Employer: _____
Email Address: _____
Home Address: _____
Suburb: _____ State & Post Code: _____
Telephone (home): _____ Telephone (work): _____
Mobile Number: _____ Religious Affiliation: _____
Are you a former student of the School? Yes [] No [] If yes, what year did you leave? _____

5. Privacy Statement

The Privacy Act 1988 (Commonwealth) as amended, requires that the following be brought to your attention. Before returning 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.

6. 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.

7. 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.

8. 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; the child of a School Alumni Member; support of the Anglican traditions of the School and placement on the School Admission Wait List.

9. Checklist

Please attach the following documents when you submit your Application for Admission Form. Your Application cannot be processed until the relevant documents are provided.

- Completed **Application Form** (one per child)
- Copy of your child's **Birth Certificate**
- Completed **Testimonial Form** (if applicable)
- (Non-Refundable) **Application Processing Fee of \$100**
- Copies of your child's previous two **school reports** (if currently attending school)
- Copy of your child's **NAPLAN results** (if applicable)
- Statement of your child's **Medical or Education Needs** (if applicable)
- Copy of **Visa or proof of residency status** (if applicable)

10. Application Payment Options

A non-refundable Application Fee of \$100 (inc. GST) is payable to the School. Please choose one of the following methods: (*please tick one*)

- Cash** – payable in person only
- Cheque** – made out to 'Peter Moyes Anglican Community School'
- Direct Debit** – account details will be provided by the Enrolments Officer upon receipt of this form
- Credit Card** – 1% surcharge for Visa, Mastercard and Amex payments; payable in person or by phone

Please note: your application will not be processed until your application processing fee is paid.

11. Application Agreement

To the best of my/our knowledge the information contained within this application is complete and correct.

Should my/our child's education or health circumstances change, our my/our contact details change between date of application for admission and entry to the School, I/we will inform the School.

I/we understand that the acceptance by the School of this Application for Admission Form and the non-refundable Application Fee, does not guarantee an interview or an offer of enrolment.

I/we understand that there are tuition fees and charges associated with attending the School. (Available at www.petermoyes.wa.edu.au/enrolment/tuition-fees)

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

Mother/Legal Guardian Signature: _____ Date:/...../.....

Father/Legal Guardian Signature: _____ Date:/...../.....

Please forward this Application for Admission Form and relevant supporting documents to the School:

Attn: Enrolments Officer
Peter Moyes Anglican Community School
Postal Address: PO BOX 240, Quinns Rocks, Western Australia 6030
Email: enrolments@petermoyes.wa.edu.au
Fax: 08 9304 5599

OFFICE USE ONLY - Application and Fee Received

Date Received:

Payment Date:

Receipt No:

Amount: \$



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Testimonial Form

The School's Admission Policy allows preference to be given to children of families who demonstrate an affiliation with a Christian Church. While completion of this form is not compulsory, it should be done if possible.

PART A - To be completed by the parent/guardian

Child's Surname: _____ First Name: _____

Religious Affiliation: _____

Church Membership Status: *(please tick)*

- Baptised Date:/...../.....
- Welcome to Holy Communion Date:/...../.....
- Confirmed Date:/...../.....
- Other (please detail): _____

Church/Congregation Attending:

Name: _____

Postal Address: _____

Name of Priest/Minister: _____

PART B - To be completed by the Priest/Minister where a student and/or family has a Church affiliation

The Child's Family:

Is known to me personally: Yes [] No []

Participates in Worship: Frequently [] From time to time [] Not at all []

The Child Concerned:

Is known to me personally: Yes [] No []

Participates in Worship: Frequently [] From time to time [] Not at all []

Participates in other Church Activities: *(please specify below)*

Name of Priest/Minister: _____

Signature: _____ Date:/...../.....