

THE ENROLMENT PROCESS

To apply for a place at Callistemon House, complete this Application for Enrolment form and return it to the Head of Boarding with all relevant attachments. Your child's name will be placed on a waiting list for the entry. As it may not be possible to accommodate all applicants, the waiting list will be ordered according to date of application.

On receipt of all forms the applicant will be invited to take part in an interview either via phone or in person with the Head of Boarding. The purpose of this interview is for us to learn about your child and her/his needs so that we can ensure Callistemon can meet the needs of your child. If a place is available we may make an offer of enrolment. We may decline to make an offer without providing a reason.

DETAILS OF APPLICANT *Please use blue or black pen and write in BLOCK LETTERS.*

Surname: Given Names:

Preferred Name: Gender: M / F

Date of Birth: / / Place of Birth:

Student Mobile Number: Nationality:

Language spoken at home: Previous School:

Current year level: Commencement: Term Year: Year level:

Aboriginal or Torres Strait Islander origin? No: Aboriginal: Torres Strait Islander:

RESIDENTIAL ADDRESS

Street/Unit number: Street name:

Town/Community: State:

Postcode: Country:

POSTAL ADDRESS *(if different to residential address)*

Street/Unit number: Street name:

Town/Community: State:

Postcode: Country:

DETAILS OF PARENT OR GUARDIAN 1 (PRIMARY CONTACT)

Relationship to child:

Title: Surname: Given name:

Home phone: Work phone: Mobile:

Email address:

PARENT/GUARDIAN CONTACT ADDRESS *(if different from Applicant's residential address)*

Street/Unit number: Street name:
Town/Community: State:
Postcode: Country:

DETAILS OF PARENT OR GUARDIAN 2 (PRIMARY CONTACT)

Relationship to child:
Title: Surname: Given name:
Home phone: Work phone: Mobile:
Email address:

PARENT/GUARDIAN CONTACT ADDRESS *(if different from Applicant's residential address)*

Street/Unit number: Street name:
Town/Community: State:
Postcode: Country:

SCHOOL CONNECTIONS *(Siblings or family members at Callistemon House)*

Name: Past: Current:
Name: Past: Current:
Name: Past: Current:

EMERGENCY CONTACTS

Relationship to child:
Surname: Given name:
Home phone: Work phone: Mobile:
Email address:

Relationship to child:
Surname: Given name:
Home phone: Work phone: Mobile:
Email address:

COMMUNITY CONTACT NUMBERS *(if applicable)*

School: Clinic:
Council office: Public Phone:
Other:

HOST LIST / DIVERS LIST

Host Family: _____

Relationship to student: _____

Street/Unit number: _____ Street name: _____

Town/Community: _____ Postcode: _____

Home phone: _____ Mobile: _____

Day Leave: Yes No Overnight: Yes No

Permission for student to be driven by host: Yes No

If yes, please provide license details: _____

Host Family: _____

Relationship to student: _____

Street/Unit number: _____ Street name: _____

Town/Community: _____ Postcode: _____

Home phone: _____ Mobile: _____

Day Leave: Yes No Overnight: Yes No

Permission for student to be driven by host: Yes No

If yes, please provide license details: _____

Host Family: _____

Relationship to student: _____

Street/Unit number: _____ Street name: _____

Town/Community: _____ Postcode: _____

Home phone: _____ Mobile: _____

Day Leave: Yes No Overnight: Yes No

Permission for student to be driven by host: Yes No

If yes, please provide license details: _____

Host Family: _____

Relationship to student: _____

Street/Unit number: _____ Street name: _____

Town/Community: _____ Postcode: _____

Home phone: _____ Mobile: _____

Day Leave: Yes No Overnight: Yes No

Permission for student to be driven by host: Yes No

If yes, please provide license details: _____

STUDENT INFORMATION

1 Is English your child's first language? Yes No

If no, what is your child's first language?

2 Has your child had any social or emotional issues in the past? Yes No

(These include meetings with any School Welfare Coordinators, School Counsellors, Psychologists, Psychiatrists, Family Therapists, etc.)

If yes, a) Who provided the support?

b) Is ongoing support required?

c) Any other relevant details?

3 Has your child been involved in any behaviour incidents in their previous schools? Yes No

If yes, please provide further details:

4 Are there any court orders affecting care and custody of your child? Yes No

If yes, please forward a copy for the School to keep on file.

BASIC HEALTHCARE DETAIL

Medicare Number:

valid to: /



Private Health Fund: Member number:

Doctor's Name: Doctor's phone number:

Student Health Care Card Number (CRN):

Immunisation Details: Is the student's immunisation up-to-date? Yes No

HAS THE STUDENT EVER SUFFERED *(tick all those that apply)*

Asthma	<input type="checkbox"/>	Allergies (e.g. penicillin, sunscreen, nuts)	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Seizures disorder (e.g. Epilepsy)	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Visual / Intellectual or Learning Impairment (Dyslexia)	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>
Mental Health or behaviour issues (e.g. depression, ADHD)	<input type="checkbox"/>	Epi Pen - Anaphylaxis Management plan required	<input type="checkbox"/>
Sensitivity to drugs	<input type="checkbox"/>	Headaches / Migraines	<input type="checkbox"/>
Rheumatic Heart Disease / heart murmur / chest pains	<input type="checkbox"/>		

IF YOU HAVE TICKED ANY OF THE ABOVE BOXES, PLEASE SUPPLY FURTHER INFORMATION.

Please provide details of special needs and required support.

CONSENT

- I give permission for the staff to apply first aid to my child at Callistemon House as required.
- I give permission for an ambulance to transport my child in the event of an emergency. Parents will be contacted immediately in these events.
- I give permission for the Head of Boarding to give relevant contact and medical information to ambulance and medical staff attending to my child in an emergency.
- I give permission to Callistemon House to share personal and sensitive information to Doctors, Health care workers and people providing services to the school to support my child. This includes specialist visiting teachers, advisors and counselors. I will tell the school of any changes to the information about my child given in this form when necessary.
- I agree that my permission for medical/dental treatment will cover my child while they are enrolled at Callistemon House.

I have disclosed all relevant information relating to the health and wellbeing of my child.

(please tick box)

Do you give permission for Callistemon House staff to administer Panadol?

Yes No

Consent for publication of photographs and student work

Yes No

From time to time, photographs or video of students and their learning are taken at Callistemon House or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in various publications promoting Callistemon House in social media, newsletters, displays, or on our website. Students work may also be published from time to time in the same way.

Excursion Permission

Yes No

Travel away from Callistemon house is often required for a range of different activities, excursion, and sports activities. Is parental consent given for the student to attend off-campus activities? This includes swimming activities.

In relation to swimming activities, my child is:

A non-swimmer: my child is unable to swim.

A weak swimmer: my child is comfortable and confident in shallow water but is not very strong or confident in deep water. My child cannot swim more than 25 metres.

An average swimmer: my child is a reasonable swimmer and can swim 25 metres and is confident in deep water.

A strong swimmer: my child is a strong swimmer and can swim more than 50 metres and is confident in deep water.

Consent for students to attend Town Trips

Yes No

There are three (3) town trips a week Tuesday, Thursday, and Saturday morning. Students are dropped off at the information center, during the week it is from 3:30pm - 5 pm and on Saturday from 11:00am - 12:30pm. Students are unsupervised during this time if you do not want your child to be supervised please select no and we can arrange for them to do their shopping with a house parent.

Consent for student to walk from Town Trip to Sports Activities

Yes No

Many students are involved in sports activities during the week and it coincides with town trip please tick yes if you give permission for your child to walk from town to the sporting events. If you would like more information please contact Callistemon.

Consent for student to attend Cinemas without supervision

Yes No

Consent for student to go for a walk to East Side Shops without supervision

Yes No

Consent for student to go to swimming pool (groups of 4)

Yes No

Signature (Parent or Guardian 1)

Signature (Parent or Guardian 2)

Name:

Name:

Date:

 / /

Date:

 / /

CONDITIONS OF ENROLMENT

You Child is subject to our Conditions of Enrolment. Please read them carefully and if you have any questions please contact the head of boarding. Any Changes made to conditions will be made aware via email or mail you are required to sign

1. Parents/Guardians and Students agree to support and help Callistemon House's Head of Boarding, House Parents, Tutors, and other staff in caring and educating the student.
2. Parents/Guardians and Students will support the aims and policies of the House through words and actions. I/We understand that students and parents/guardians will be subject to the Behaviour Management Policy and procedures of the House and student may be sent home (suspension or enrolment withdrawn) if deemed necessary. You agree that the continued enrolment of student is subject to the safe and respectful conduct of student and parent/guardians. We may, at our discretion, cancel the enrolment of a student, at any time, without notice.
3. Parents/Guardians and Students understand that any involvement with alcohol and other drugs while in the Boarding Program and at Callistemon House may have their Enrolment withdrawn and police may be informed.
4. Parents/Guardians and Students agree that the students share fully in the life and programs of the House including, Tutoring, Excursions, and other extra-curricular activities.
5. Parents/Guardians give permission for Callistemon House to obtain student records in their entirety (including student files, reports, special educational reports and behaviour reports) from the student's previous school/s or Boarding provider for the purpose of providing information regarding the child's Educational and Social/Emotional history to staff involved.
6. Parents/Guardians give permission for Callistemon House to obtain confidential medical, educational and other information relating to this student from Government agencies including Centrelink, and from any private and Government schools and health clinics holding this information, for the purpose of providing the best possible and most appropriate care and education while at Callistemon House.
7. You enter into this enrolment with Callistemon House in good faith. You must, at the time of enrolment interview advise us of anything relating to educational, physical, or psychological development of your child, as this helps us to give the best care to your child. Failure to provide this information constitutes grounds to terminate enrolment without notice. You also agree to advise of any changes to this information.
8. Parents/Guardians give permission for students to watch M rated movies whilst in the care of Callistemon House. These movies have been carefully considered and have been deemed suitable. If you require more information on this please contact the Head of Boarding.

SIGNATURES

I/We hereby apply for enrolment of our child to Callistemon House. I/We have read the terms and conditions of enrolment set out in the 'conditions of enrolment' and agree to be bound by them.

Signature (Parent or Guardian 1)

Signature (Parent or Guardian 2)

Name:

Name:

Date:

Date:



Following documents should be attached to this application:

- Birth Certificate
- For non-citizens/permanent residences only: a photocopy of the relevant pages of the applicant's passport showing the applicant's visa details
- For new citizens: a photocopy of the applicant's Australian Citizenship Certificate
- For guardians only: Legal Authority to Act as Guardian
- Immunisation Records
- Medical reports
- School reports/Educational assessments/NAPLAN
- Court Orders