

APPLICATION FOR ENROLMENT



Greek Orthodox Archdiocese of Australia
Community and Parish of St George
Thebarton and Western Suburbs Inc

CRICOS PROVIDER | 02799F

A Play Group to Year 12 Orthodox School | Faith, Family, Forever Excelling

Senior Campus : 73 Rose Street Mile End SA 5031 | Ph: (08) 8159 8100

Junior Campus : 54 Rose Street Mile End SA 5031 | Ph: (08) 8159 8117

Postal Address : PO Box 29 Torrensville Plaza SA 5031

www.sgc.sa.edu.au

Application for Enrolment Fee

Note: This Application Form must be submitted with a \$110.00 Application Fee (non-refundable)

Please send your completed form & attachments to: The Registrar, St George College, PO Box 29, Torrensville Plaza SA 5031

OFFICE USE ONLY

Name of Student :

Year Level :

Home Group :

Status :

Registrar :

Section 1 : Student Information

> PART 1A STUDENT PERSONAL INFORMATION

| | | | | | |
|---|--|--------------------------|---|---|--|
| Surname: | | First Name : | | Baptismal Name : | |
| Middle Name(s) : | | | Preferred Name : | | |
| Date of Birth : / / (Please attach a copy of Baptismal and Birth Certificate) | | | Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Year Level Requested : | | Commencing in the year : | | | |
| Country of Birth : <input type="checkbox"/> Australia <input type="checkbox"/> Other (please state) : | | | | Place of Birth : | |
| If NOT an Australian Citizen, please show the student's VISA Class and Number : | | | | | |
| If NOT born in Australia, please state date of arrival in Australia : | | | | | |
| Does the student speak a language other than English at home? | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify : | |
| Is the student of Aboriginal or Torres Strait Islander origin? | | | | <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander | |

> PART 1B STUDENT'S CURRENT SCHOOL/KINDERGARTEN/CHILD CARE INFORMATION

| | | | |
|---|--|--------------------------------------|--|
| Current School/Kindergarten : | | School/Kindergarten Contact Number : | |
| <input type="checkbox"/> I give permission for St George College to contact the previous School/Kindergarten/Child Care regarding my child's progress | | | |

> PART 1C STUDENT'S PRIMARY ADDRESS DETAILS

Please complete the details below for the Student's Primary Address (i.e. the address where the student lives for more than 50% of the time)

Student's Primary Residential Address :

| | | | |
|----------------|--|-------------|--|
| | | Suburb : | |
| Phone Number : | | Mobile : | |
| | | Post Code : | |

> PART 1D STUDENT'S MEDICAL DETAILS

I give St George College permission to apply first aid to my child or contact an ambulance if required : Yes No

We have Ambulance Cover : Yes No Preferred Hospital :

GP Name : GP Contact Numbers :

Dentist Name : Dentist Contact Numbers :

We have Private Health Cover : Yes No Provider : Provider Number :

We have a Medicare Card : Yes No Number : Expiry Date : / /

Please indicate whether your child suffers from any of the following conditions :

| | | | | | |
|---------------------------------------|---|--|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Travel Sickness | | |

If you selected **yes** to any of these conditions, please provide a copies of any reports / medical action plan / treatment plan or medication details

Are any of the ticked conditions critical? Yes No ****Alert Set (Admin Use Only)**

Please indicate whether your child has been immunised against the following diseases – please provide dates :

| | | | |
|--|---|--|--|
| <input type="checkbox"/> MMR / / | <input type="checkbox"/> DTPa / / | <input type="checkbox"/> Hep A / / | <input type="checkbox"/> Hep B / / |
| <input type="checkbox"/> HB / / | <input type="checkbox"/> Tetanus / / | <input type="checkbox"/> Polio / / | <input type="checkbox"/> Varicella / / |
| <input type="checkbox"/> Influenza / / | <input type="checkbox"/> Pneumococcal / / | <input type="checkbox"/> Meningococcal C / / | |

Section 2 : Family Information

*Please attach any legal documentation or Court Orders regarding family arrangements pertaining to the student

| > PART 2A PARENT / GUARDIAN 1 | | > PART 2B PARENT / GUARDIAN 2 | |
|--|----------|--|----------|
| Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr | | Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr | |
| First Name (s) : | | First Name (s) : | |
| Surname : | | Surname : | |
| Please indicate your relationship to the student | | Please indicate your relationship to the student | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother | |
| <input type="checkbox"/> Other : | | <input type="checkbox"/> Other : | |
| Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent / Guardian 1 will automatically receive student reports | | Do you require a student report? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Residential Address : | | Residential Address : | |
| Suburb: | Suburb : | Suburb : | Suburb : |
| Post Code : | | Post Code : | |
| Postal Address (if different to residential) : | | Postal Address (if different to residential) : | |
| Phone (H) : | | Phone (H) : | |
| Phone (W) : | | Phone (W) : | |
| Is your Home Number Silent? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is your Home Number Silent? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mobile : | | Mobile : | |
| Email : | | Email : | |
| Occupation : | | Occupation : | |
| Employer : | | Employer : | |
| Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | |
| <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto | | <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto | |
| Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Nationality : | | Nationality : | |
| Country of Birth : | | Country of Birth : | |
| Language Spoken : | | Language Spoken : | |
| If NO , VISA Class and Number : | | If NO , VISA Class and Number : | |
| If NO , date of arrival in Australia : | | If NO , date of arrival in Australia : | |
| If NO , please attach a copy of your Visa to this Form | | If NO , please attach a copy of your Visa to this Form | |
| > PART 2C EMERGENCY CONTACTS (OTHER THAN PARENT / GUARDIAN) | | | |
| Name : | | Relationship to Student : | |
| Name : | | Relationship to Student : | |
| Name : | | Relationship to Student : | |
| Mobile : | | Mobile : | |
| Mobile : | | Mobile : | |
| Mobile : | | Mobile : | |
| > PART 2D ORDER OF CONTACT IN CASE OF EMERGENCY | | | |
| Please place contacts in order of contact (1 = first, 2 = second and 3 = third contact) | | | |
| <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Emergency Contact <i>(any of the three listed can be contacted)</i> | | | |

Section 3 : Access / Religion / Privacy

> PART 3A ACCESS AND CUSTODY

Is there an access restriction in place? Yes No

** Access Alert Set (Admin Use Only)

Is there a custody order in place? Yes No Parent with custody :

> PART 3B RELIGION

Denomination : Baptismal Church : Baptism Date : / /

Father's Denomination : Mother's Denomination :

Name of Church currently attending :

> PART 3C PRIVACY

Do you give permission for publication of student photograph for internal School Media (Newsletter / Yearbook) Yes No

Do you give permission for publication of student photograph for external School Media (College Website / Facebook) Yes No

Do you give permission for publication of student photograph for external Local/National Media (Newspapers) Yes No

Section 4 : General Information

> PART 4A REASONS FOR CHOOSING AN ORTHODOX SCHOOL

Please tell us why you would like your child to attend St George College

Please tell us why you would like a Christian education for your child

> PART 4B PAST SCHOOLING INFORMATION

Has your child been suspended or expelled from any previous schools? Yes No

If YES, please explain :

Student SACE Number (for Senior School Students only) :

How is your child currently managing at School / Kindergarten

Academically : Very Good Good Average Poorly Very Poorly

Socially : Very Good Good Average Poorly Very Poorly

Does your child have any special gifts or talents? (Please provide details)

Section 5 : School Fee Agreement and Billing Details

Please provide details of the Parent(s)/Guardian(s) who will be paying the student's Tuition Fees and other fees required as outlined in the St George College Fee Schedule

> PART 5A SCHOOL FEE AGREEMENT

1. The School Fees are set by the Board of Governors and the Fee Schedule published annually
2. The School Fees are promptly paid in accordance with the due dates as set out in the Fee Schedule. Alternatively, a Periodic Payment Plan can be arranged prior to the due date in conjunction with the Bursar. Any payment plan must be strictly adhered to once approved by the Bursar
3. Parents agree to notify the Bursar immediately should there be a change in circumstances which will affect their ability to fulfil their financial obligations to the school
4. Parents will give at least one School Term's notice in writing to the Registrar if withdrawing enrolment of their child. Failure to do so will render them liable for one Term's fees
5. Accounts that are in arrears by more than fourteen (14) days will be issued with a twenty one (21) day 'Letter Before Action', which incurs a late fee of \$200.00
6. Accounts in default by more than 21 days may also be referred, at the account holder(s) own expense, to an external firm of collection agents or solicitors
7. Accounts in serious default (three or more consecutive and unauthorised defaults) may be terminated by the College on fourteen (14) days written notice by the Finance Sub-Committee
8. Lack of commitment on the parent's part toward any accrued late fees will ultimately affect the level of education that St George College can offer.

> PART 5B BILLING DETAILS | PERSON 1

Title : Mr Mrs Miss Ms Dr

First Name (s) :

Surname :

Please indicate your relationship to the student

Father Mother Stepfather Stepmother

Other :

Billing Address :

Suburb:

Suburb :

Post Code :

Phone (H) :

Mobile :

Percentage of Fees to be paid by Person 1

100% of School Fees (or) % of School Fees

I have read and accept the School Fee Agreement above

Signature :

Date signed : / / (dd/mm/yyyy)

> PART 5C BILLING DETAILS | PERSON 2

Title : Mr Mrs Miss Ms Dr

First Name (s) :

Surname :

Please indicate your relationship to the student

Father Mother Stepfather Stepmother

Other :

Billing Address :

Suburb :

Post Code :

Phone (H) :

Mobile :

Percentage of Fees to be paid by Person 2

100% of School Fees (or) % of School Fees

I have read and accept the School Fee Agreement above

Signature :

Date signed : / / (dd/mm/yyyy)

Do either of the parties listed above have any outstanding debts from a previous school? Yes No

I/We request that St George College bill the Tuition Fees for the student named in this Application Form as outlined above.

Section 6 : Enrolment Agreement

> PART 6A STATEMENTS OF ACCEPTANCE

By signing this application form you are agreeing to the following statements, should the student be enrolled at St George College.
(Please tick each box below to indicate your acceptance)

- I/We accept that all children will be presented with the religious teachings of the Orthodox Faith
- I/We accept that prayer times are incorporated into the daily routine and compulsory for all students
- I/We will support St George College's Christian ethos
- I/We will support the Aims of the College
- I/We will support the College Policies and Statements on uniforms, student conduct, behaviour management and curriculum
- I/We understand that Volunteers are an important part of the College Community and would be willing to help where practical

> PART 6B GENERAL

1. The parent/s will support and encourage the students to take pride in the School Uniform and ensure that the student is always sent to school neatly and modestly dressed
2. The parent/s accept the right of the College to employ such behaviour management as it deems wise and expedient for the student and agree to uphold in every way possible, the College's authority and right to administer appropriate behaviour management in accordance with the policies of the College
3. The parent/s will support extra-curricular activities such as camps, excursions, sports carnivals, music lessons etc. If a student is unable to participate for medical reasons, a written letter must be sent to the College excusing the child from the activity
4. The parent/s will support the College, in the event of a student suffering from sickness or injury, to take such action as it deems fit to obtain medical and/or hospital care and attention. All costs incurred will be the responsibility of the parent. All students are covered by ambulance protection Australia-wide for all school related activities
5. Parents are financially responsible for any damage a student incurs to buildings, furniture and equipment, caused through a deliberate act, carelessness or neglect
6. Students may not leave the College grounds without permission from the appropriate College authorities or written permission from parents
7. St George College is not required to automatically accept an enrolment application. Should your child not be accepted, it is the policy of St George College not to disclose the basis for the decision made. All information will remain confidential to all parties.

> PART 6C LIMITATION OF LIABILITY

1. The College will not be liable to the parent(s) for any loss or damage to personal property of the parent(s) or student.

> PART 6D CANCELLATION OF ENROLMENT

1. At the discretion of the Principal and College Board of Governors, the College reserves the right to suspend a student temporarily or permanently for behaviour management purposes, for any breach of College Policy. Payment of the current Term's fees will not be refunded
2. The parent may cancel the enrolment of a student but must give the College one Term's notice in writing. In default of such notice, a full Term's fees will be charged.

> PART 6E PRIVACY

1. St George College collects personal information about students, school employees and others that interact with the College. The primary purpose of collecting this information is to enable the College to provide services to students, schools or others
2. St George College may also from time to time, disclose personal information to others for advisory, administrative health or educational purposes. Such disclosures will only be in relation to the primary purpose of collection or for secondary purpose, related to the primary purpose and which the individual would reasonably expect
3. If the College does not receive the information referred to as above, it may not be able to provide the relevant service to the school, student, school employee or others
4. Any questions in relation to this collection, use and disclosure and retention of personal information collected, should be directed to the College.

Section 7 : Signatures and Checklist

Please complete this Application Form by reading through the following information and signing below. Verify that you have completed all items on the checklist and return the completed Form and attachments to the Registrar.

> PART 7A AGREEMENT CONFIRMATION

By signing this Enrolment Application Form, I/We confirm the following:

(Please tick each box below to indicate your acceptance)

- I/We have read and fully understand and accept the Enrolment Agreement of St George College, and have received and understand the Schedule of School Fees
- I/We hereby declare that the information and record(s) submitted with and contained within this document are true and correct to the best of my/our knowledge. Should any information found to be incorrect or false, I/We understand that this application may be revoked

> PART 7B PARENT/GUARDIAN 1

Signature :

Name (print) :

Date signed : / / (dd/mm/yyyy)

> PART 7C PARENT/GUARDIAN 2

Signature :

Name (print) :

Date signed : / / (dd/mm/yyyy)

> PART 7D CHECKLIST

BEFORE returning this form to St George College, please ensure you have completed and enclosed the following:

- Paid the non-refundable \$110 Application Fee (please contact the school for Credit Card/Eftpos payment, or pay in person at the Senior School)
- Filled in all relevant information and signed this Application Form
- Enclosed Pre-School or detailed School Reports (if your child is transferring from another School)
- Enclosed any relevant Medical Reports, Psychological Reports or Educational Assessments
- Attached a photocopy of your child's Birth Certificate
- Attached a photocopy of your child's Baptismal Certificate
- (If not an Australian Resident)** Attached a photocopy of your child's Passport

Please send your completed Application Form & attachments to:

The Registrar
 St George College
 PO Box 29
 TORRENSVILLE PLAZA SA 5031

St George College admits students of any race, national and ethnic origin to all the rights, privileges, programmes and activities generally accorded or made available to the students at the College. It does not discriminate on the basis of race, national and ethnic origin in administration of its educational policies, admission policies, scholarship programmes and athletic and other College administered programmes.



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OFFICE USE ONLY

| | | |
|---|---|---|
| Application Received : / / | Application Fee Paid : <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Paid : / / |
| Application Fee Receipt Number : | | |
| <input type="checkbox"/> Birth Certificate Received | <input type="checkbox"/> Baptismal Certificate Received | <input type="checkbox"/> Medical Action Plans / Special Needs Learning Plans Received |
| Transfer Form Signed : / / | Transfer Form Sent : / / | Transfer Form Returned / / |
| Interview : / / | Acceptance : <input type="checkbox"/> Yes <input type="checkbox"/> No / / | Orientation : / / |
| Registration No : | Student ID Key : | Family ID Key : |
| Maze Updated : / / | | |
| Principal Authorisation : | | Date signed : / / |