

# Application for new student

# **Enrolment Form**

# NEGS

Uralla Road, Armidale NSW 2350

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www.negs.nsw.edu.au



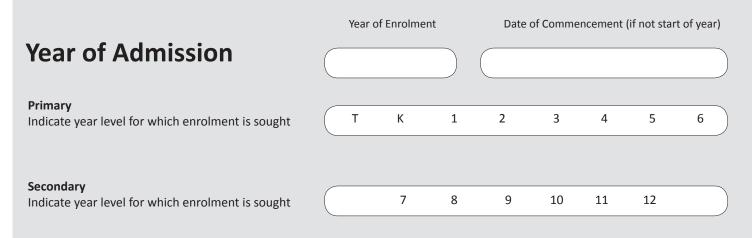
# Welcome to NEGS

An application for enrolment of your child at NEGS means that you are committed to support the philosophy and values of the school and are willing to cooperate in their implementation.

#### Complete all sections and submit to:

The Enrolments Registrar NEGS 13 - 83 Uralla Road, Armidale NSW 2350

- Please use one form per student.
- Supporting documents are to be included.
- Required documents are listed at the end of this form.



## How did you learn about NEGS?

#### HOW DID YOU LEARN ABOUT NEGS?

Family / Friends
Other NEGS parents
NEGS Website
Independent Schools' expo
Advertising (Print)
Advertising (Radio)
Advertising (Other)
Live locally
Other

#### WHAT PROMPTED YOU TO ENROL YOUR CHILD AT NEGS?

- Reputation of the School
- Christian education
- Continuing the family tradition
- Academic excellence
- Entry open to all
- Size of School
- Equestrian
- Music

- Agriculture
- Other \_

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# Personal Information

Legal Surname							
Legal Given Name(s)	First:			Second:			
Preferred Name							
Date of Birth	DD/MM/YYYY			Sex	Male	Fe	male
Schools Attended	Name of Schools				State	Year Levels	Years of Attendance
If applicant has previously attended school <b>Please attach last</b> <b>two school reports</b>						Attended	(eg: 2014 - 2017)
Student's Religion/ Denomination	If none, write "No Rel	igion"					
Is the student of Aboriginal or Torres Strait Islander origin	No Yes	, Aboriginal	Yes, Torres Stra	it Islander )	Yes, Ab	original & T	örres Strait Islander
In which country was the student born?	Australia Other (specify)						Year of arrival
Does the student speak a language other than English at home?	No, English Only	Yes,	other (please specify				
Primary Residential Address	No. or RMB		Prope	rty Name			
This is the student's principal place of residence during term.	Street Suburb/Town			State			
Note: Do not use PO Box numbers	Postcode		Telephone				Silent? Y/N
numbers	Family email						
Student lives with (tick all that apply)	:						
Both Parents Moth	her Father	Step Pa	arent Grand	lparent(s)		gal Guardia	n Caregiver
If student does not live with both	parents, please ind	icate family situ	uation:				
Parents separated	Parents	divorced	Mothe	er/Father de	eceased		Single
Other (please specify)							

<b>Š</b> NEGS Student's Personal Det	ails Page 5			
With whom does the School communicate with regarding day to day matters?				
Both Parents     Mother     Father     Guardia	an			
Who receives copies of school reports?				
Both Parents     Mother     Father     Guardia	an			
Are there any Court Orders/Parenting Plans which are relevant to this student?	No			
IF THE CURRENT COURT ORDERS/PARENTING PLAN IS NOT PROVIDED THE SCHOOL WILL ASSUME BOTH PAI	RENTS HAVE EQUAL PARENTAL ACCESS.			
IF YES, PLEASE PROVIDE COPIES OF DOCUMENTATION:				
Academic Information With regard to the student's academic progress, please detail strengths (e.g. subjects/skills/talents) Please detail known areas that require assistance (e.g. subjects/skills/delays/conditions)	Attach Photo Here			
Does the student have any specific needs which may impact on their education and/or participation in the programs and opportunities provided by the school?	Yes No			
If yes, does their current school receive additional funding?	Yes No			
Please describe the special education needs, including Psychological Test results (please supply all relevant documentation)				



## Medical / Emergency Information

	Condition 1	
Medical, physical, psychological information relevant to the	Treatment/Assistance 1	
school (e.g. medical conditions, medications, food	Condition 2	
and environmental allergies etc.)	Treatment/Assistance 2	
	Condition 3	
	Treatment/Assistance 3	

#### Sibling(s) not attending NEGS

Enter details of student's siblings who are <b>not</b> attending NEGS.	Name	Date of Birth	
	Name (	Date of Birth	

For additional siblings please attach separate details.

#### Sibling(s) and other relatives attending, or who have attended, NEGS.

	Name	
Enter details of student's siblings and other relatives	Relationship	Year Level or Alumni Year
attending NEGS.	Maiden Name	
	Name	
For additional siblings or relatives please attach separate details.	Relationship	Year Level or Alumni Year
	Maiden Name	



# Mother/Legal Guardian Details

Mother/Legal Guardian (Parent or female with	Title Given Name(s)
parental responsibility)	Family Name
(	Preferred correspondence address
(	Postcode
Note: If the Mother/Legal Guardian's partner is not the Father or Legal	Residential address, if different from above
Guardian, please complete details for them in Caregiver/Step Parent 1	Postcode
(	Email
(	Home Phone Business Phone
(	Mobile Country of Birth
Does the Mother/Legal Guardian speak a language other than English at home?	No, English only Yes, other (please specify)
Mother/Legal Guardian religion	If none, write "No Religion"
Employment De	tails
Employer	
Occupation (	
Category/Classification	1 Senior management in large business organisation, government administration and defence, and qualified professional
The following employment and education details are required for Australian	2 Other business manager, arts/media/sportsperson and associate professional
Government MCEETYA 'National Reporting on	3 Tradesperson, clerk and skilled office, sales and service staff
Student Outcomes'.	<ul> <li>4 Machine operator, hospitality staff, assistant, labourer and related worker</li> <li>5 Not in paid work in the last 12 months</li> <li>Not stated or unknown</li> </ul>
Education Detail	S
What is the highest year of schooling to Mother/Guardian has completed?	the Year 12 or equivalent Year 11 or equivalent
(Tick one only) For persons who have never attended school, tick <i>Year 9 or equivalent, or be</i>	
What is the level of the highest qualification the	Bachelor degree or above Advanced Diploma/Diploma
Mother/Guardian has completed? (Tick one only)	Certificate I to IV (including trade certificate)

ATTACHMENT REMINDER: If applicable, please attach copies of any family law, Personal Protection Order or other relevant court orders which restrict access to the student.



# Father/Legal Guardian Details

Father/Legal Guardian (Parent or male with	Fitle Given Name(s)						
narental responsibility)	Family Name						
F	Preferred correspondence address						
	Postcode						
-	Residential address, if different from above						
not the Mother or Legal Guardian, please complete details for them in	Postcode						
Caregiver/Step Parent 1	Email						
F	Home Phone Business Phone						
	Mobile Country of Birth						
Does the Father/Legal Guardian speak a M language other than English at home?	No, English only Yes, other (please specify)						
Father/Legal Guardian religion	If none, write "No Religion"						
Employment Deta	ails						
Employer							
Occupation							
Category/Classification 1	Senior management in large business organisation, government administration and defence, and qualified professional						
	2 Other business manager, arts/media/sportsperson and associate professional						
required for Australian Government MCEETYA <sup>3</sup> 'National Reporting on	Tradesperson, clerk and skilled office, sales and service staff						
Student Outcomes'. Refer							
information.	Not in paid work in the last 12 months Not stated or unknown						
<b>Education Details</b>							
What is the highest year of schooling the Father/Guardian has completed?	e Vear 12 or equivalent Vear 11 or equivalent						
(Tick one only) For persons who have never attended school, tick Year 9 or equivalent, or below	Year 10 or equivalent Year 9 or equivalent, or below						
What is the level of the highest qualification the	Bachelor degree or above Advanced Diploma/Diploma						
Father/Guardian has completed? (Tick one only)	Certificate I to IV ON non-school qualification (including trade certificate)						

ATTACHMENT REMINDER: If applicable, please attach copies of any family law, Personal Protection Order or other relevant court orders which restrict access to the student.



# **Student's Family Details**

### Other Caregiver/Step Parent 1 Details

Details of other adult Caregiver who regularly provides care for the student, including:

- Caregiver who provides separate residential support, or
- Caregiver who lives with Father/Legal Guardian

### Other Caregiver/Step Parent 2 Details

Details of other adult Caregiver who regularly provides care for the student, including:

- Caregiver who provides separate residential support, or
- Caregiver who lives with Mother/Legal Guardian

Caregiver/ ( Step Parent 1	Title	Caregiver/ ( Step Parent 2	Title	
Step Farent 1	Given Names		Given Names	
	Family Name	) (	Family Name	
	Address	) (	Address	
( ( ( ( (				
	Postcode		Postcode	
	Phone		Phone	
	Mobile		) (	Mobile
	Email		Email	
	Country of Birth	) (	Country of Birth	

**Employment Details** 

### **Employment Details**

Employer	Employer	
Occupation	Occupation	

ATTACHMENT REMINDER: If applicable, please attach copies of any family law, Personal Protection Order or other relevant court orders which restrict access to the student.

## Billing Address (email)

Complete this section if billing email address is different from correspondence/residential email address

$\left( \right)$	Name	
(	Email	
(	Relationship to Student	$\leq$

## **Emergency Contacts**

#### Emergency Contact 1

Please nominate a person other than parent/guardian/caregiver who may be contacted in the event of an emergency.

Name		
Telephone	Mobile	
Business Phone	Relationship to student	

#### Emergency Contact 2

Please nominate a person other than parent/guardian/caregiver who may be contacted in the event of an emergency.

$\left( \right)$	Name	
$\left( \right)$	Telephone	Mobile
	Business Phone	Relationship to student

PLEASE NOTE: Parents will be the FIRST contact in the case of an emergency. The people you nominate here will only be contacted if neither parent/guardian/caregiver can not be reached.

## Welfare Information

PLEASE NOTE: The following information is required to assist the School in assessing and managing the enrolment of students who may pose a risk of harm to themselves, other students and/or staff.

Does the applicant have a special need? If Yes, please identify what type:	Yes	Νο
	Intellectual	Autism/Aspergers Vision Dyslexia
	Acquired Brain Injury	Mental Health Disorder Behavioural Disorder Language Disorder
	Physical	Social/Emotional Hearing Irlen's
	ADD/ADHD	Learning Difficulty Non-verbal Learning Disorder
	Other	
If the applicant has one of the above special needs, how does it impact on them as a learner?		

## Welfare Information

	ation				
Has a specialist ever assessed th developmental, learning or behavior	ne applicant for physica avioural characteristics	I, Yes ?	$\bigcirc$	No	
If Yes, please specify:					
		Guidance Officer	Occupation	nal Therapist	Paediatrician
	$\sim$	) Child Psychologist	Speech The		Developmental Optometrist
	C	) Psychiatrist	Other	erapisc	
Do you have a report from the a	bove specialist? IF YES,	PLEASE ATTACH WITH	I YOUR APPLICATIO	N. Yes	No
Has the applicant ever received ONGOING ASSISTANCE FOR THE CHIL PSYCHOLOGIST OR OTHER SUITABLY T	D AND/OR TEACHER PROV	DED BY A SPECIALIST	TEACHER,	Yes	No
Has the applicant ever been give IF YES, PLEASE SUPPLY THE DIAGNOS		pecialist or paedia	trician?	Yes	No
PLEASE ATTACH A SPECIALIST REPORT OR LEARNING SUPPORT PLAN/S (IF APPLICABLE)					
					For how many years? Ongoing?
Has the applicant participated in	n enrichment programs	such as "Gifted ar	nd Talented"?	Yes	No
If yes, please specify:					
Does the applicant take medicat	tion on a regular basis?			Yes	No
If yes, please specify:					

# **Contact Details and Welfare**

No

## Students with additional learning and support needs, including disability

Is there anything that you do or modify at home that may help us at school to meet the student's educational needs? () Yes

1	,		
	16		
	IT VAS	niease	specify
١	ii yes,	picuse	Specify

Please indicate any learning adjustments that may be required to the student to participate at school (complete only if applicable)

$\bigcirc$	changes to learning programs and/or teaching strategies
$\bigcirc$	communication, e.g. speaking and/or listening
$\bigcirc$	modification to equipment, furniture, learning spaces and/or learning materials
$\bigcirc$	support for personal care needs, e.g. hygiene, mealtimes and/or health care needs
$\bigcirc$	social support to engage safely with children and teachers
$\bigcirc$	other, please specify

## Recommendation

Only complete if the applicant has previously attended school. Please provide the name and contact details of a person from the applicant's most recent school who can provide a personal recommendation for the applicant. NEGS will contact this person as part of the enrolment process.

FULL Name	FAMILY NAME		GIVEN NAM	ME(S)		
Title		Occu	pation			
Address	SUBURB			POSTCOD	DE	
Telephone	НОМЕ		WORK			
Mobile						
Email						
Has any school ev If yes, please specify:	-	e applicant leave the school?		Yes	No	
Has the applicant If yes, please specify:	ever been suspende	ed from any school?		Yes	No	
following any dise	thdrawn the applica ciplinary incident?	nt from any school		Yes	No	
If yes, please specify:						
		be involved with illegal substa	nces?	Yes	No	
If yes, please specify:						



#### Personal Information

The personal information collected on this form is for purposes directly related to your child's education including processing this application. Any information provided to NEGS will be used, disclosed and stored in accordance with the School's Privacy Policy.

Certain information is required by NEGS to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's school. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the School.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the school or meeting your child's educational needs.

Students will need to take educational tests to assist in guiding teachers and staff in planning for their individual needs.

Names and addresses may be disclosed to the NEGS P&F for the purpose of communication with families.

Further information about the collection of information while your child is enrolled at NEGS, and how we protect your privacy, is available on the School's website.

#### **Online services**

NEGS provides students with access to the Internet and a customised school account.

When accessing some online services your child's data, including but not limited to, your child's name and works may be shared with and stored in a location outside of the NEGS environment.

I give permission

I do not give permission

for my child to have access to online services provided by the School. This permission remains effective until I advise the school otherwise.

#### Additional copies for families

Please advise if additional copies of the following are required

Accounts	$\bigcirc$	Yes	$\bigcirc$	No
School reports	$\bigcirc$	Yes	$\bigcirc$	No
School information (newsletters, publications, events etc.)	$\bigcirc$	Yes	$\bigcirc$	No

### Second Address

 Name

 Address



## Your consent and declaration

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the student listed on the enrolment form.

I consent to the school seeking information from previous schools, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the student named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this application, to provide the school with information about any condition that has been identified in this application. This may include any other aspects of the student's health that may impact on the condition or on the health and safety of this student or other students at school or on staff at the school.

#### Declaration of accuracy

I have read the information on this page concerning the collection of personal information, student email access and publishing student information.

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

Where I have given personal information about other people I have done so with their authorisation.

I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of parent/carer

Print name:

Date:

Signature of second parent/carer

Print name:

Date:

# Permissions

Medical Treatment	If a student needs urgent hospital or medical treatment of any nature and the School is unable to contact the parent, guardian or caregiver after making reasonable efforts, I authorise the School to give authority for such treatment. I agree to reimburse the School for costs and expenses incurred by the School on behalf of my child, arising directly or indirectly out of such treatment.	Yes	No*
Publishing Images	I give permission for the School to publish, exhibit, post or copy any		
	<ul> <li>image (whether still or moving), photograph, video or film of:</li> <li>my child;</li> <li>my child's performance;</li> <li>my child's work</li> </ul>		
	for student educational purposes and for the promotional or marketing use of the School.	Yes	No
	I acknowledge that such consent is given on the understanding that use by the School will be without any acknowledgement, payment, renumeration or compensation to me or my child.		
	The School undertakes that it will not use the material referred to above other than for the purposes specified and for the education of students.		
	If you wish to withdraw your consent at any time, then please contact the School via enrolments@negs.nsw.edu.au		
Mother/Legal Guardian A	Father/Legal Guardian B		Ň
Signature	Signature		

## **Enrolment Interview**

You will be invited to discuss this application at an interview, at which time the School and family will have the opportunity to discuss specific behavioural, pastoral and/or welfare issues. Please assist the School manage your interview by informing the school's Enrolments Officer of any special interview requirements such as:

Access provisions (please specify)

)	

Other (please specify)

#### **Equity Statement**

The School is proud of its open enrolment policy, which means that there is no entrance examination in order to gain admission. This approach enables us to build a School community which benefits from the interactions of a group with varying interests and abilities as represented in the wider community.

## Anglican Philosophy, Values and Aims

Application for enrolment of your child at NEGS means that you are committed to support the philosophy and values of the School and are willing to cooperate in their implementation.

### **NEGS Values Philosophy and Mission Statement**

#### Our values

Responsibility – being accountable for one's own actions. Resolving differences in constructive ways. Contributing to society and to civic life. Taking care of the environment.

Excellence – striving to be the best while knowing we can always be better next time. Aiming to achieve beyond what is simply expected.

Integrity – we act in accordance with principles of moral and ethical conduct and ensure consistency between our words and deeds. We have a relentless commitment to uphold that which is right and to be just in all dealings with other people.

#### Our philosophy

To educate confident and passionate young women in a Christian and rural environment empowering them to make a difference to the world around them.

Your child is expected to adhere to the School's standards for:

- behaviour, dress and discipline,
- application to course work and study,
- participation in school activities.

Your cooperation is essential to assist your child attain these goals. Parents are encouraged to participate in the total life of the school including: Parent/Teacher interviews, school/community activities, Parents' and Friends' Association, etc.

#### **Mission Statement**

NEGS aims to develop accomplished, educated individuals with active, passionate and creative minds.

Respect and compassion for others and the courage to act on their beliefs are developed within a Christian Environment.

#### **Christian Foundation**

The primary role of the Chaplaincy program at NEGS is to provide pastoral care and general religious instruction to both staff and students and the wider community including parents and citizens and the Old Girls' network. This includes the presentation of Chapel services that are both contemporary and traditional in style and classes which seek to engage students' interests and address their spiritual and social concerns.

## Declarations required for Enrolment and Acceptance of a place

Each person signing below declares that:

1. I agree that an offer of a place is subject to satisfactory completion of enrolment procedures (including diagnosed conditions and academic details) and I acknowledge that false, misleading or incomplete information on any enrolment materials may entitle the School to cancel my child's enrolment.

2. I acknowledge that I have received, read and accept the School's Privacy Policy, Schedule of Fees and Charges and the current Prospectus of the School informing me of the aims of the School and detailing its activities, fees and charges. The scale of fees and monies payable is fixed by the NEGS Board of Directors.

3. Tuition Fees will be invoiced prior to the start of each term. Fees are payable at the commencement of each term. A discount is available where fees are paid one (1) year in advance. Fees not paid by the due date will attract an interest charge. [Please contact the Finance Department if you anticipate any delay in payment.] If it is necessary for the School to institute legal action for recovery of outstanding fees or additional expenses I agree that I will be liable for all costs so incurred by the School.

4. I agree to be jointly and severally responsible for the payment of all fees and charges incurred while my child is enrolled, including any expenses incurred by the School as a result of late or non-payment, or as determined by a relevant legal authority. When more than one child in a family is in attendance at the school, a reduction in the tuition fee for the second and subsequent children may apply, the reduction to be determined by the Board from time to time. Each family is encouraged to contribute annually to the NEGS Foundation Building Trust.

5. I acknowledge that no remission of fees, either in part or whole will be made should my child be absent from school through illness or injury. Private insurance cover can be obtained to cover this type of misfortune. However, for absences in excess of five (5) weeks duration a review of fees may be granted at the discretion of the Principal. In general, fees are payable whilst a position at the School is held.

6. I agree to the responsibilities and expectations in the aforementioned "School philosophy and values" and apply for enrolment of my child subject to these conditions.

7. I will make every effort to ensure my child will always act in a way that upholds the School's Code of Conduct and good reputation within the broader community. Should my child behave in a manner that contravenes the Code of Conduct or which brings dishonour to them and the School, their enrolment may be placed in jeopardy. The School may suspend or terminate enrolment at its discretion for failure to comply with the School's policies or other serious breaches of the School's rules and regulations.

8. I agree to the following conditions regarding exclusion from the school:

a) If the Principal, or any other person deputising for the Principal, considers that a student is guilty of a serious breach of the school rules or has otherwise engaged in conduct which is prejudicial to the School, its students or staff, the Principal or Principal's delegate may exclude the student permanently or temporarily at their absolute discretion.

b) If the Board of Directors or the Principal believes that a mutually beneficial relationship of trust and co-operation between a parent and the School has broken down to the extent that it adversely impacts on that relationship, then the School, the Board of Directors or the Principal may require the parent to remove the child from the School.

c) No remission of fees will apply in either case. The School will only exercise its powers under this clause to exclude a student permanently if it has provided the student and the parents, guardians or caregivers of the student with details of the conduct which may result in a decision to exclude the student and provided them with a reasonable opportunity to respond.

9. I accept the right of the School to employ such discipline as it deems necessary for my child and agree to uphold in every way possible the School's authority and right to administer appropriate disciplinary measures in accordance with the policies of the School and in compliance with NSW Board of Studies Education Standards Authority requirements for Registration and Accreditation. I undertake to bring any complaints regarding discipline directly to the School Principal or other person deputising for the Principal.

10. I agree to support the School's outdoor education programme by ensuring my child's attendance. I undertake to provide a medical certificate in explanation of absence from all school camps and mandatory excursions and assessments as appropriate.

11. I agree that my child is responsible for their personal belongings and the School will not be liable for any loss of these belongings. The School will make every effort to prevent loss or damage to the personal property of students, but the School's insurance cannot cover this contingency. Parents are advised to maintain their normal property insurance, having checked that property is covered irrespective of location. Ultimately, all valuables should remain at home.

12. I agree that I will be liable for any loss or damage to books and/or other equipment on loan to my child. Where damage to School property occurs through a student's carelessness or misbehaviour I agree to pay the cost of any necessary repairs or replacement.

13. All boarders will live in the care and control of NEGS in accordance with the care arrangements, procedures and policies as outlined in the Boarding Handbook. In enrolling their daughter as a boarder, parents/guardians recognise NEGS's duty of care for each boarder and that boarding staff are acting "in loco parentis." This responsibility may include the authorisation of transport to and from recreation activities, participation in recreation activities and transport to and from and participation in other boarding school and day school events. It also may include the authorisation of transport to attend school excursions and permission to travel with NEGS staff as deemed appropriate by the School. Duty of Care also extends to NEGS having the ultimate decision in approving or denying leave requests.

### Declarations required for Enrolment and Acceptance of a place continued

This Declaration must be signed by both parents, or caregivers if applicable.

Signature	Signature
Name	Name
Relationship to Student	Relationship to Student
Date	Date

## **Enrolment Checklist**

Please provide copies of the following items with this application. Incomplete documentation will delay the enrolment process. Copy of Birth Certificate (original or certified copy will be required at interview)

) Copy of School Entry/4 year old Immunisation Records or Conscientious Objection Statement

Copies of two recent school reports, ELLA, LANNA or NAPLAN test results (if available)

Copies of personal Numeracy and Literacy Continuum from Dept of Education Schools

Court orders (if applicable)

Specialist reports (if applicable)

## **Application Conditions**

Receipt of this application by NEGS does not guarantee acceptance of a student. The acceptance of the application is dependent upon receipt of all the required supporting documentation and an interview with the Principal or their representative is required before a place can be offered.

Please notify the School of any changes of details so that we can keep in contact with you.

NEGS reserves the right to amend, modify, add or remove from these Declarations of Enrolment such items as required from time to time. The School will undertake to notify parents, guardians and caregivers of such changes in writing while their child remains at the School.









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www.negs.nsw.edu.au