



## Application for Enrolment

<b>Name of Student</b>					
<b>Date of Birth</b>		<b>Year Level</b>		<b>Year of Entry</b>	

Please complete all sections.

The Sycamore School requires that parents/carers fully and accurately disclose information. Failure to provide complete and accurate information may affect the student's enrolment.

## ENROLMENT POLICY, PROCEDURES, TERMS & CONDITIONS

The Sycamore School supports Primary School aged students with Autism, who do not have access to adequate supports in other schools. The learning ability and capacity to move into less specialised settings is considered greatly during the enrolment process.

### Making an Application

To make an application of enrolment, a complete enrolment form must be submitted accompanied by:

- a. Payment of non-refundable \$100 enrolment application fee must be paid.
- b. Copy of the student's birth certificate or extract
- c. If born outside Australia, provide a copy of current passport photo page
- d. Proof of place of residence (eg: rates notice, rental agreement)
- e. Copy of diagnosis confirmation of Autism Spectrum Disorder, and any other diagnosed conditions.
- f. Last school or early childhood report.
- g. Any other reports from allied health professionals (eg: speech therapists, occupational therapists) if available.

The school defines the following eligibility for admission:

- Students must reside within the catchment. A limited number of places may be offered to students outside the catchment.
- Students must turn 5 years old by 30<sup>th</sup> June for enrolment into the Preparatory year.
- Students must be Australian Citizens or hold the appropriate Visa.
- Students must have a primary Diagnosis of Autism Spectrum Disorder.
- The Principal approves the student's enrolment at The Sycamore School.

Please note that the school does not employ nurses or medical staff and as such, are not equipped to take students with complex medical needs.

### Students with Challenging and Complex Behaviours

People with Autism can engage in challenging behaviour for a variety of reasons. Challenging behaviours include injury to others, self-harm, or inappropriate behaviours. Students who exhibit these behaviours require intense, focused, and high impact behavioural intervention.

The Sycamore School has a duty of care to its staff and students, and may deny enrolment on the basis that offering enrolment may impact on the safety of other students and staff.

### Enrolment Process

1. The Application for Enrolment and supporting documentation must be submitted to The Sycamore School reception or via email to [admin@thesycamoreschool.qld.edu.au](mailto:admin@thesycamoreschool.qld.edu.au)
2. A non-refundable \$100 enrolment application fee must be paid at The Sycamore School office or via Bank Transfer to: **Account Name:** ASD Learning Ltd., **BSB:** 064012, **Account Number:** 10301140. ***The student's name must be used as the payment reference, or the application fee may not be matched to the enrolment, resulting in the cessation of the enrolment process for that student.***
3. The Sycamore School will then send a confirmation email acknowledging the completed application or requesting further information.
4. The Sycamore School Enrolment Panel will assess all applications.
5. All parents/guardians will be advised of their application outcome in writing via email.

## Paying fees, and withdrawing a student

1. If an offer of enrolment is made, parents are asked to amend any details on the enrolment form that may have changed AND pay the **Term tuition fee of \$1,875 within 14 days**. A formal enrolment confirmation will be provided on receipt of the funds.
2. **MONTHLY PAYMENTS** for tuition fees are available through Australian Scholarships Group, and information regarding this facility is available on The Sycamore School website.
3. If a student does not commence at the school following their enrolment confirmation, they forfeit the term tuition fee paid.
4. Once a student has commenced, The Sycamore School requires **10 school weeks' notice** in writing before a student is withdrawn. Parents will be required to keep payments up to date until the agreed finishing date.

<b>FEE PAYMENT TIMELINE</b>	
Enrolment Application Fee \$100 (non-refundable)	
- Due on submission of the enrolment form	
Term Tuition Fee \$1,875	
- Required to secure and activate enrolment	
- Due within 14 days of receipt of enrolment offer	
- Monthly Payments available	
Payable via EFTPOS (at the School Office)	
<b>or</b> via Bank Transfer to:	
<b>Account Name:</b>	ASD Learning Ltd.
<b>BSB:</b>	064012
<b>Account Number:</b>	10301140
<b>Reference:</b>	Student First Name Surname

### Fees for 2018

	1st Child		2nd Child		3rd Child		4th and subsequent	
	Annual	Term	Annual	Term	Annual	Term	Annual	Term
Fees	\$7,500	\$1,875	\$7,000	\$1,750	\$6,500	\$1,625	No Charge	

In order to keep additional billing for families down to a minimum we have endeavoured to make this fee as all-inclusive as possible.

### Annual Enrolment Review

Our overall aim at the Sycamore School is to enable children with autism to participate and thrive in inclusive education. We will be working closely with children, families, and potential receiving schools with the ultimate goal of successful transition of our students to a mainstream school. This process involves an annual review to assess:

- Whether the student is accessing the most beneficial educational program
- Whether the student is continuing to benefit from an Autism specific learning environment
- To ensure that students with higher needs who would benefit from the program, have the opportunity to do so
- To promote inclusion and support students moving into mainstream education

### Your Agreement with The Sycamore School

1. I/We hereby apply to enrol my/our child at The Sycamore School. I/We undertake to support the ethos of the school, its rules, regulations, policies, procedures, and future implementations by the schools Board of Directors.
2. I/We understand that the initial and ongoing enrolment of my/our child at The Sycamore School is conditional on providing honest disclosure of information relevant to the on-going education of my child.
3. I/We accept that the Principal reserves the right to cancel my/our child's enrolment at The Sycamore School, for breach of rules and regulations or for the non-payment of fees.
4. I/We have fully read and understood the school's policies.
5. I/We have read, understand, and agree to the Terms and Conditions of the Enrolment Policy

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please PRINT name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please PRINT name

\_\_\_\_\_  
Date

### CHECKLIST

**Please ensure you have included the following documentation with this form. Failure to fully disclose information can result in cancellation of enrolment.**

Enrolment Application Fee Paid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of Birth Certificate or extract if born in Australia and copy of Passport/Visa/Certificate of Australian Citizenship if born overseas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of confirmation of Autism Spectrum Disorder diagnosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copies of latest school / early childhood report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical / Specialist / Allied Health Reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Residential Address	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copies of Court Orders (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Education Adjustment Program (EAP) Consent Form 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immunisation Statement or Exemption Documentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## STUDENT DETAILS

GENERAL DETAILS					
Family Name					
Given Name/s			Preferred Name		
Current Year Level		Proposed Year of Entry		Proposed Year Level	
Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Date of Birth (DD/MM/YYYY)			Country of Birth		
<p><b>If born outside Australia</b>, you must provide a copy of the student's birth certificate, passport photo page, visa, and/or Certificate of Australian Citizenship. <i>If born overseas, please state current Residency Status:</i></p> <p> <input type="checkbox"/> Permanent Resident  <input type="checkbox"/> Temporary Resident  <input type="checkbox"/> Australian Citizen  <input type="checkbox"/> International Student                 </p>					
Visa Information (if applicable): Date of arrival to Australia: _____ Visa type: _____ Visa Number: _____ Date Granted: _____ Visa Expiry: _____ Passport Number: _____ Passport Expiry: _____					
Indigenous Status					
Is the student of Aboriginal or Torres Strait Islander origin? Aboriginal only <input type="checkbox"/> Torres Strait Island, but not Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/>					
Does the student speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify					
SIBLINGS DETAILS					
Names of other Children in the Family	Male/ Female	Date of Birth	Current School	Year Level <small>(if applicable)</small>	Is this sibling potentially a future student at TSS?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
STUDENT PROFILE					
Has your child been diagnosed with Autism Spectrum Disorder?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Diagnosis					
Diagnosing Practitioner					
Practitioner's Contact Number					
Medications					
What (if any) additional diagnosis does your child have? EG: ADHD, Mental Health diagnosis, Sensory Processing Disorder, etc					
Date of Diagnosis					
Diagnosing Practitioner					

Practitioner's Contact Number				
Has your child's IQ been tested?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
When was it tested?				
Who was it tested by?				
What is the noted IQ?				
<b>Please attach the following:</b>				
<input type="checkbox"/> Birth Certificate for your child				
<input type="checkbox"/> Proof of place of residence EG: rates notice, rental agreement, etc.				
<input type="checkbox"/> Copies of diagnosis confirmation from each diagnosing practitioner, for each diagnosis				
<input type="checkbox"/> Last School / Early Childhood Report				
<input type="checkbox"/> Copies of any cognitive testing reports, guidance reports, or reports from allied health professionals (speech, OT, psych, etc.)				
<b>CURRENT EDUCATIONAL INFORMATION</b>				
Current School / Early Childhood Setting				
Dates Enrolled from				
Grade / Room Level				
Contact details of Educator				
Does your child have any current behaviour support plans?				
Number of suspensions				
Number of expulsions				
<b>What childcare and school services/supports has your child has received? Please tick all boxes that apply.</b>				
	<b>1-2 years</b>	<b>3-5 years</b>	<b>6-8 years</b>	<b>9-12years</b>
Mainstream childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion support at childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mainstream school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aide support in mainstream school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at support class in mainstream school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism specific school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>What types of intervention services has your child has received? Please tick all boxes that apply.</b>				
	<b>1-2 years</b>	<b>3-5 years</b>	<b>6-8 years</b>	<b>9-12years</b>
Occasional centre-based early intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive centre-based early intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional home-based early intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive home-based early intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private speech pathology sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private psychology sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private occupational therapy sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private tutoring sessions for school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PARENT / GUARDIAN 1 - GENERAL INFORMATION

PERSONAL DETAILS	
Title (Mr, Mrs, Ms, Miss, Dr)	
FAMILY NAME	
GIVEN NAME	
RELATIONSHIP TO CHILD	
DOES THE CHILD RESIDE WITH YOU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH (DD/MM/YYYY)	
COUNTRY OF BIRTH	
AUSTRALIAN CITIZEN	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT <i>If yes, please advise which heritage</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <i>If yes, please identify which language</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENTIAL ADDRESS	
POST CODE	
POSTAL ADDRESS (IF DIFFERENT)	
POST CODE	
HOME PHONE	
WORK PHONE	
MOBILE PHONE	
EMAIL	
*EDUCATION AND OCCUPATION DETAILS	
WHAT IS THE HIGHEST LEVEL OF SCHOOLING YOU HAVE COMPLETED? (If you have never attended school, mark 'Year 9 or equivalent or below').	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
WHAT IS THE HIGHEST LEVEL OF QUALIFICATION YOU HAVE COMPLETED?	<input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No post-school qualification
OCCUPATION GROUP Please select a profession which best describes your current occupation from the following list. An expanded list is detailed on Page 9 for reference.  If you are <b>not</b> currently in paid work, but have worked in the last 12 months, or have retired in the last 12 months, please use your last occupation.	<input type="checkbox"/> Group 1 (Senior Management) <input type="checkbox"/> Group 2 (Other Business Managers) <input type="checkbox"/> Group 3 (Tradesmen/Women) <input type="checkbox"/> Group 4 (Machine Operators)  <input type="checkbox"/> If you have not worked in the past 12 months, please select this box.

\*Please note – The collection of this information is a requirement of the Federal Government reporting.

## PARENT / GUARDIAN 2 - GENERAL INFORMATION

PERSONAL DETAILS	
Title (Mr, Mrs, Ms, Miss, Dr)	
FAMILY NAME	
GIVEN NAME	
RELATIONSHIP TO CHILD	
DOES THE CHILD RESIDE WITH YOU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH (DD/MM/YYYY)	
COUNTRY OF BIRTH	
AUSTRALIAN CITIZEN	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT <i>If yes, please advise which heritage</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <i>If yes, please identify which language</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENTIAL ADDRESS	
POST CODE	
POSTAL ADDRESS (IF DIFFERENT)	
POST CODE	
HOME PHONE	
WORK PHONE	
MOBILE PHONE	
EMAIL	
*EDUCATION AND OCCUPATION DETAILS	
WHAT IS THE HIGHEST LEVEL OF SCHOOLING YOU HAVE COMPLETED? (If you have never attended school, mark 'Year 9 or equivalent or below').	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
WHAT IS THE HIGHEST LEVEL OF QUALIFICATION YOU HAVE COMPLETED?	<input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No post-school qualification
OCCUPATION GROUP Please select a profession which best describes your current occupation from the following list. An expanded list is detailed on Page 9 for reference.  If you are <b>not</b> currently in paid work, but have worked in the last 12 months, or have retired in the last 12 months, please use your last occupation.	<input type="checkbox"/> Group 1 (Senior Management) <input type="checkbox"/> Group 2 (Other Business Managers) <input type="checkbox"/> Group 3 (Tradesmen/Women) <input type="checkbox"/> Group 4 (Machine Operators)  <input type="checkbox"/> If you have not worked in the past 12 months, please select this box.

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## PARENTAL OCCUPATION GROUPS

### Group 1 - Senior Management in large business organisation, government administration and defence, and qualified professionals

**Senior executive/manager/department head** in industry, commerce, media or other large organisation  
**Public service manager** (section head or above), regional director, health/education/police/fire services administrator  
**Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)  
**Defence forces** commissioned officer  
**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat, and advise on problems; and teach others  
**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional  
**Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)  
**Air/sea Transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

### Group 2- Other business managers, arts/media/sportspersons and associate professionals

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business  
**Specialist manager** (finance/engineering/production/personnel/industrial relations/sales/marketing)  
**Financial Services Manager** (bank branch manager, finance/investment/insurance broker, credit/loans officer)  
**Retail sales/services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)  
**Arts/media/sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)  
**Associate Professionals generally** have diploma/technical qualifications and support managers and professionals.  
**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional  
**Business/Administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, officer/project manager)  
**Defence forces** senior non-commissioned officer

### Group 3 – Tradesmen/women, clerks and skilled office, sales and service staff

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. *All tradesmen/women are included in this group*  
**Clerks** (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bind clerk, customs agent, customer services clerk, admissions clerk)  
**Skilled office, sales and service staff**  
**Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)  
**Sales** (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)  
**Service** (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### Group 4 – Machine operators, hospitality staff, assistants, labourers and related workers

**Drivers, mobile plant, production/processing machinery and other machinery operators**  
**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)  
**Office assistants, sales assistants and other assistants**  
**Office** (typist, word processing/data entry/business machine operator, receptionist, office assistant)  
**Sales** (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, chaier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)  
**Assistant/aide** (trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)  
**Labourers and related workers**  
**Defence Forces** ranks below senior NCO not included above  
**Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, green keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)  
**Other worker** (labourer, factory hand, store man, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

## AUTISM SPECIFIC STUDENT INFORMATION

<b>TELL US ABOUT YOUR CHILD</b>
What do you like most about your child?
What things does your child really like? People, places, things, activities, food/drink?
1.
2.
3.
List 3 things your child is challenged by the most.
1.
2.
3.
List 3 things that challenge YOU the most about your child.
1.
2.
3.
Tell us in 5 points, what a challenging day looks like for your child. EG: What behaviours do they exhibit, how do they react to their surroundings, and the people around them.
1.
2.
3.
4.
5.

What are your top 3 priorities for your child?
1.
2.
3.
Does your child have any dietary restrictions or food intolerances?

**EMERGENCY CONTACT DETAILS**

In case of emergency please provide details of contacts in order of contact:

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone and/or mobile number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone and/or mobile number: \_\_\_\_\_

**RELATIONSHIPS**

The following information is helpful to avoid confusion or embarrassment:

<i>Please complete if relevant</i>	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased
With whom does the student normally reside?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only	<input type="checkbox"/> Shared/Other Arrangement
Communication regarding day-to-day matters is with whom?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only	<input type="checkbox"/> Guardian
Copies of the College reports should be sent to whom?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only	<input type="checkbox"/> Guardian

Family Court or other relevant court order?

*If yes, please attached a copy of the Order or provide it to the school.*

**Other Relevant Information (if applicable)**

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**SCHOOL REPORTS TO BE SENT TO**

Please complete only if addresses are different from home address and/or multiple addresses are required (eg. Separated families billing addresses or where there are alternate requirements for information purposes);

<p><b>Main Correspondence Address</b></p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Email: _____</p>	<p><b>Second Correspondence Address</b></p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Email: _____</p>
<p><b>First Billing Address</b> <i>(insert 'as above' if appropriate)</i></p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Email: _____</p>	<p><b>Second Billing Address</b> <i>(insert 'as above' if appropriate)</i></p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Email: _____</p>

**MEDICAL CONDITION(S)**

Are your child's immunisation up to date?	
<input type="checkbox"/> Yes <i>If yes, please provide ACIR Immunisation History Statement</i>	<input type="checkbox"/> No <i>If no, please provide exemption documentation.</i>
Is your child's Tetanus Immunisation up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any medical condition or health problems other than ASD that might affect him/her: <input type="checkbox"/> Yes <input type="checkbox"/> No - If your child has a medical condition please complete the following:	
What is the nature of the condition?	
<input type="checkbox"/> Allergies/Bee Stings/Peanuts	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> Medication
<input type="checkbox"/> Vision or hearing problems	<input type="checkbox"/> Other:
What are the symptoms (if applicable)?	
How could it affect the Student?	
What treatment is required?	
Is the condition critical? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please provide further details	

**ACCOUNT RESPONSIBILITY AGREEMENT**

Payment of School fees is an important School Community responsibility and Parents/Guardians/Carers are reminded that School Fees are charged on a full year basis on the condition that the student has a position in the school for that year. The tuition account debt is held jointly and individually by the person(s) who sign the Application for Enrolment and the Account Responsibility Agreement.

It is a requirement that the Account Responsibility Agreement and Application for Enrolment must be signed by the same person(s). If the forms are not signed by the same person(s) enrolment to The Sycamore School may be delayed. It is the person(s) who sign the Account Responsibility Agreement for Enrolment who have a responsibility to meet the financial obligations and liabilities for the education of the children in their care. Should any of the Parents/Guardians/Carers differ, the School will require clarification which may delay the enrolment.

Where school fees are in arrears, the students will not be permitted on any non-curriculum excursions, trips or camps for which an additional charge is levied. Furthermore, unless prior arrangements have been made with the School, a student will not be able to enrol in a new term while the previous terms fees remain outstanding. The Board and Principal shall exercise their discretion in these instances.

Failure to pay school fees, without prior arrangement with the School, will result in the School referring the matter for debt recovery action. The School shall retain an independent debt collector, at the parents' cost, to recover outstanding fees. Monies recovered will be applied firstly to accrued interest charges, administrative charges and then outstanding school fees.

The debt recovery process is conducted by an independent party and, as such, all communication shall occur between the agency and the family. The school will be unable to intervene in this process or act on the family's behalf other than to provide supporting documentation to the agency. The matter will only be returned to the school once all outstanding amounts, including penalty charges and debt collection costs, have been settled.

**Your child/ren's enrolment will not be finalised until the account Responsibility Agreement is signed, dated and returned to the school.**

**Student Name** \_\_\_\_\_ **Entry Yr Level (eg.Prep 2018)** \_\_\_\_\_

Father/Guardian/Caregiver	Mother/Guardian/Caregiver
Name_____	Name_____
Address_____	Address_____
City_____P/C_____	City_____P/C_____
Sign_____Date_____	Sign_____Date_____

I/We hereby agree to pay all outstanding costs incurred in the collection of the account including those costs associated with debt recovery should the account fall overdue and be placed in the hands of a debt collection agency.

I/We have read and understood my/our obligations with respect to account responsibility  
*\*Failure for both Parent(s)/Guardian(s)/Carer(s) to sign this form may delay the enrolment process as we ascertain your particular circumstances*

**FINANCIAL HARDSHIP**

**Concessions**

The Sycamore School is willing to assist families who are experiencing short term difficulties in complying with the Fee Policy due to extraordinary circumstances. To assist families with their financial commitment to the School, strategies are in place which are fair and equitable for the entire Sycamore community. Families who have difficulty in meeting their financial liability to the School are encouraged to initially contact the principal. The outcome may not always be a remission of fees, but may include extended payment terms or a partial moratorium on payments for a negotiated period, depending on circumstances. All discussions and ensuring arrangements are kept in the strictest confidence.

## MEDIA CONSENT FORM

**Student Name:** \_\_\_\_\_ **Year Level:** \_\_\_\_\_

During your child's enrolment at The Sycamore School they may be photographed or have work displayed in the following ways:

- school class photos
- photographs
- digital photos
- video presentations
- art/craft items
- visual displays
- graphics
- school records
- school database records
- local media presentations/displays
- media presentations/displays
- on the World Wide Web

I/We give my/our permission for the above-mentioned child to take part in these media and arts activities  Yes  No

I understand that this material may be used for the purposes of advertising, promotion, media publicity, publication, in whole or in part.  Yes  No

I authorise The Sycamore School to take and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness ("the material"), either in full or part, in conjunction with any wording or drawings.  Yes  No

I understand that this consent form is not required for and does not apply to internal photography such as class photos and school team photos which may be used in the school magazine and that any objection I have to these internal publications must be specifically made to the school.  Yes  No

I/We give my/our permission for the school to release our child's name to the media or the appointed school photographer.  Yes  No

I/We also understand that at times my child may be the subject of another person's photography, either intentional or unintentional, e.g. group shots, special celebrations, etc. and the school has no control over this aspect of photography.  Yes  No

I understand that I or my child do not have any interest in the copyright to the material nor shall we receive any payment.  Yes  No

Should my/our circumstances change and I/we wish to revoke this permission I/we will notify the school in writing.  Yes  No

**Parent/Caregiver/Guardian 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Parent/Caregiver/Guardian 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

*(if applicable)*





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