



Application for Enrolment

Name of Young Person					
Date of Birth					
Current Year Level		Proposed Year of Commencement	20 ____	Proposed Year Level	
Date of Application					

Please submit this Application Form along with all supporting documentation to The Sycamore School in person to Reception, via post or email. Failure to fully disclose information can result in processing delays.

Location: Back of TAFE Campus, 29 Windemere Road, Alexandra Hills, QLD.

Post: PO Box 5699, Alexandra Hills, QLD, 4161

Email: enrolments@sycamore.qld.edu.au

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

Enrolment Policy, Procedures, Terms and Conditions

The Sycamore School supports young people with Autism Spectrum Disorder, 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 to *The Sycamore School in person to Reception, via post or email* accompanied by:

- Payment of non-refundable \$100 enrolment application fee must be paid
- Birth Certificate for your child (*If born outside Australia, a copy of your child's birth certificate, passport photo page, VISA, and/or Certificate of Australian Citizenship*)
- Proof of Residential Address (e.g. copy of rates notice, rental agreement, etc)
- Autism Spectrum Disorder Diagnosis Paperwork.
*The ASD diagnosis paperwork must reference **DSM-5 or ICD-10** and be from a registered **Paediatrician, Psychiatrist, Neurologist or Psychologist** with a practice endorsement in clinical, educational and developmental, or neuropsychology. The diagnosis can either be completed on an EAP C1 Form or provided to the school in the form of a Letter/Report format. An EAP C1 Form can be provided to you upon request by emailing enrolments@sycamore.qld.edu.au. If providing a Letter/Report, it must reference DSM-5 or ICD-10, have a date, signature, the specialist's full name, AHPRA Medical Board Registration Number (MED00) and contact details.*
- Diagnosis paperwork for any of other diagnosis' (other than ASD)
- Most Recent School / Early Childhood Report Card
- Copies of any Cognitive Testing, *Specialist, Allied Health or Guidance Reports* (e.g. Paediatrician, Neurologist, Psychiatrist, Speech Therapy, Occupational Therapy, Intervention Reports, any other Therapy reports)
- Copies of any current Behaviour Support Plans and Individual Education Plans
- Proof of EAP Verification (*under the Queensland State Government's Education Adjustment Program*)
In the form of an AIMS report from a Queensland State School or an ISQ Verification Letter from an Independent School setting. EAP Documentation must include Level of Adjustment and due dates for C1 and C2.
- Copies of any Family Court or other relevant court orders
- Immunisation History Statement or Exemption Documentation.

The school defines the following eligibility for admission:

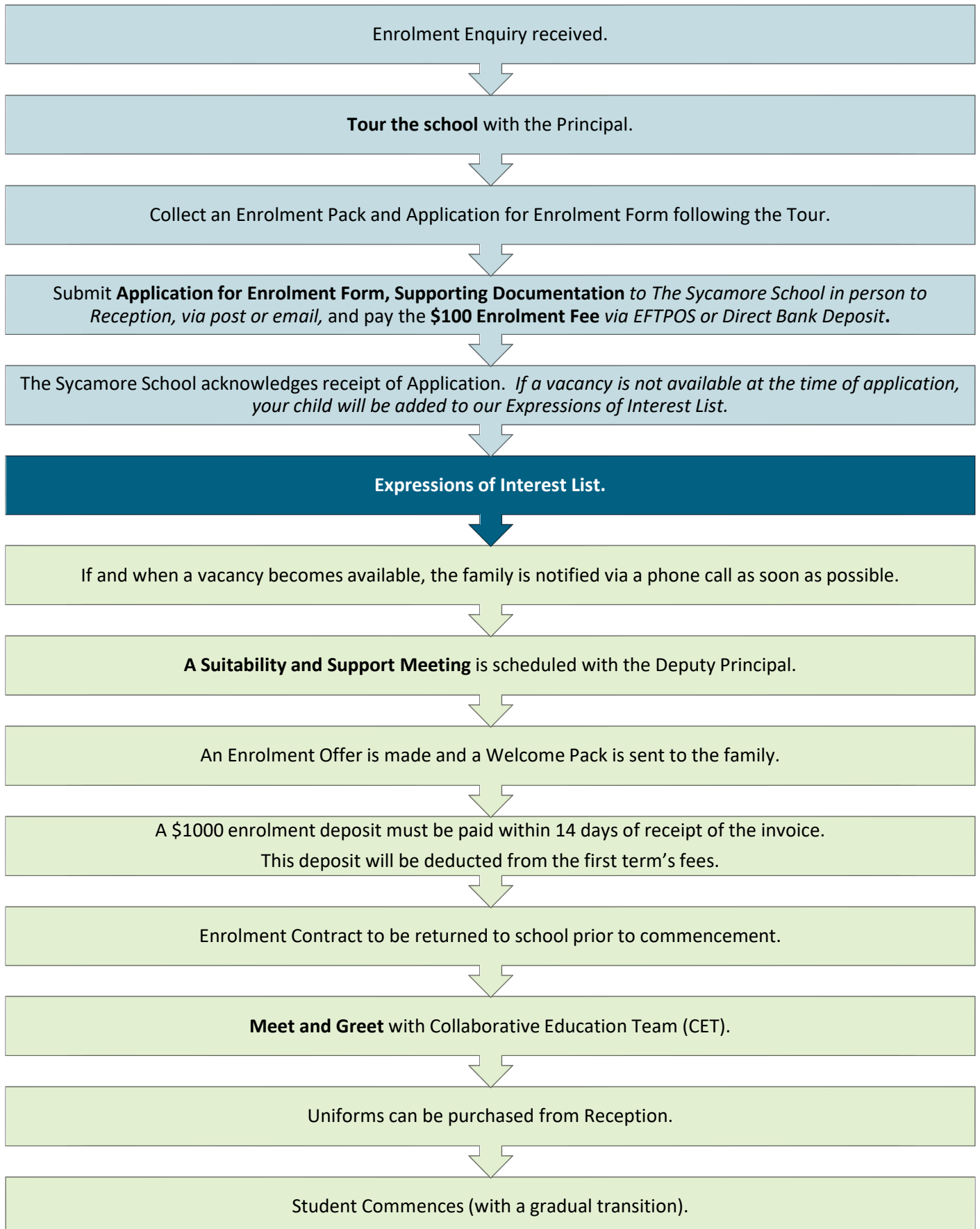
- Young people must reside within the catchment. A limited number of places may be offered to Young Persons outside the catchment
- Young people must turn 5 years old by 30th June for enrolment into the Preparatory year
- Young people must be Australian Citizens or hold the appropriate Visa
- Young people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

Enrolment Process

1. The Application for Enrolment and supporting documentation must be submitted to The Sycamore School in person to Reception, via post to PO Box 5699, Alexandra Hills or via email to enrolments@sycamore.qld.edu.au
2. A non-refundable \$100 enrolment application fee must be paid at The Sycamore School office or via Bank Transfer. Bank details are on the following page.
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. Parents/guardians will be advised of their application outcome in writing via email.

If a vacancy is not available at the time of application, your child will be added to our enrolment expressions of interest list. Families on our expressions of interest list will be contacted if and when a vacancy arises.

Please note that the school does not employ nurses or medical staff and as such, are not equipped to take Young Persons with complex medical needs. The Sycamore School has a duty of care to its staff and young people and may deny enrolment on the basis that offering enrolment may impact on the safety of other young people and staff.



Paying Fees, and Withdrawing a Young Person

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 a \$1000 Enrolment Deposit within 14 days of receipt of the invoice.
2. Fortnightly, termly and annual payment options are available. Termly and annual payments can be made via Direct Debit, BPay, EFTPOS or Cash. Fortnightly payments are processed via Direct Debit only.
3. If a young person 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 one term's notice in writing before a student is withdrawn. Parents will be required to keep payments up to date until the agreed finishing date.
5. It is your responsibility to contact the School Business Manager's office if you are unable to make a payment by the due date. The Business Manager will negotiate with families any unresolved overdue accounts.
6. No student will be allowed to enter a new term at the School while fees for the previous term are unpaid, unless an alternative arrangement is agreed upon in writing through negotiations with the Business Manager.

Fee Payment Timeline

<p>1. Enrolment Application Fee</p>	<ul style="list-style-type: none"> - \$100 (non-refundable) - Due on submission of the Application for Enrolment Form - Payable via EFTPOS (at the School Reception Desk) <u>or</u> via Bank Transfer to: <ul style="list-style-type: none"> Account Name: ASD Learning Ltd. BSB: 064012 Account Number: 10301140 Reference: Child's First Name Surname
<p>2. Enrolment Deposit</p>	<ul style="list-style-type: none"> - \$1000 (will be deducted from the first term's fees). - Due after Enrolment Offer has been made. - Required to secure and activate enrolment. - Due within 14 days of receipt of the invoice. - This deposit will be deducted from the first term's fees. - Invoice will be sent via email and identify payment options.
<p>3. Tuition Fees</p>	<ul style="list-style-type: none"> - Fortnightly, termly and annual payment options are available. - Termly and annual payments can be made via Direct Debit, BPay, EFTPOS or Cash. - Fortnightly payments are processed via Direct Debit only. - Statements will be sent to families via email.

Tuition Fees for 2021

	Fortnightly	Termly	Annual
	21 payments on Wednesdays starting 3 February 2021	4 payments by first Wednesday of each term	1 payment by 26 February 2021
Junior School	\$ 380.96	\$2 000.00	\$7 720.00
High School	\$ 395.24	\$2 075.00	\$8 009.50

In order to keep additional billing for families down to a minimum we have endeavoured to make this fee as all-inclusive as possible. Our fees are all inclusive and no additional levies are payable during the year for excursions, incursions or any additional needs that arise within a class.

There may be a small tuition fee increase from next year and we will advise you of the new amount as soon as possible. If the school increases the fees for a term by more than 10% of the fees payable for the preceding term, you may terminate this enrolment contract by notice in writing to us given within fourteen (14) days of the date on which we notify you of the increase.

Financial Hardship

The Sycamore School has a Fee Assistance Program available to families who are experiencing short term financial difficulties in complying with the fee payment 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. For further information, please contact the Principal.

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 school's 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 and procedures.
5. I/We have read, understand, and agree to the Terms and Conditions of the Enrolment Policy.

Signature of Parent/Guardian/Carer #1

Please Print Name

Date

Signature of Parent/Guardian/Carer #2

Please Print Name

Date

Young Person's Details

GENERAL DETAILS			
Family Name / Surname:			
Given Name/s:			
Preferred Name:			
Date of Birth (DD/MM/YYYY):	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate	
Current Year Level / Grade:			
Proposed Year of Entry:	Proposed Year Level / Grade:		

RESIDENCY*			
Country of Birth:			
<input type="checkbox"/> Australian Citizen <input type="checkbox"/> International Student <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident			
If born outside Australia , please attach a copy of your child's birth certificate, passport photo page, visa, and/or Certificate of Australian Citizenship. <i>If born overseas, please state current Residency Status:</i>			
Visa Information (if applicable):			
Date of arrival to Australia:	VISA Type:		
VISA Number:	Date VISA Granted:		
Passport Number:	Passport Expiry:		
<input type="checkbox"/> I give permission for The Sycamore School to access VISA status information while my child is enrolled at the school.			

INDIGENOUS BACKGROUND*	
<input type="checkbox"/> Neither Aboriginal or Torres Strait Islander <input type="checkbox"/> Aboriginal only	<input type="checkbox"/> Torres Strait Islander only <input type="checkbox"/> Both Aboriginal and Torres Strait Islander

LANGUAGES			
Is English your child's first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child speak another language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify which other language/s:			

SIBLINGS DETAILS					
<i>Names of other Children in the Family</i>	<i>Male/ Female</i>	<i>Date of Birth</i>	<i>Current School</i>	<i>Year Level (if applicable)</i>	<i>Is this sibling potentially a future Young Person at TSS?</i>
					<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

Autism Specific Profile

ASD DIAGNOSIS			
Has your young person been diagnosed with Autism Spectrum Disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Diagnosis		Name of Diagnosing Practitioner	
Diagnosing Practitioner's Contact Number			
Diagnosing Practitioner's Email Address:			
<input type="checkbox"/> I have attached a copy of my young person's Autism Spectrum Disorder diagnosis paperwork. <i>The ASD diagnosis paperwork must reference DSM-5 or ICD-10 and be from a registered Paediatrician, Psychiatrist, Neurologist or Psychologist with a practice endorsement in clinical, educational and developmental, or neuropsychology. The diagnosis can either be completed on an EAP C1 Form or provided to the school in the form of a Letter/Report format. An EAP C1 Form can be provided to you upon request by emailing enrolments@sycamore.qld.edu.au. If providing a Letter/Report, it must reference DSM-5 or ICD-10, have a date, signature, the specialist's full name, AHPRA Medical Board Registration Number (MED00) and contact details.</i>			
OTHER DIAGNOSIS'			
Does your young person have any other additional diagnosis (other than ASD)? e.g. ADHD, Mental Health diagnosis, Sensory Processing Disorder, etc			
<input type="checkbox"/> I have attached a copy of my young person's confirmation of diagnosis paperwork for their other diagnosis'			
IQ TESTING			
Has your young person'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?	
<input type="checkbox"/> I have attached a copy of my young person's IQ test results.			
CURRENT / PREVIOUS EDUCATIONAL SETTING			
Current School / Early Childhood Setting:			
Dates Enrolled from:		Current Year Level/Grade/Room:	
Name of Educator / Teacher:			
Email Address of Educator / Teacher:			
<input type="checkbox"/> I have attached a copy of my young person's most recent Report Card or similar.			
Does your young person have a current behaviour support plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If yes, I have attached a copy.	
Does your young person have a current Individual Education Plan (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If yes, I have attached a copy.	
Is your young person currently verified under the Queensland State Government's Education Adjustment Program (EAP)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		<input type="checkbox"/> If yes, I have attached proof of EAP Verification (in the form of an AIMS report from a Queensland State School or an ISQ Verification Letter from an Independent School setting.) <i>EAP Documentation must include Level of Adjustment and due dates for C1 and C2.</i>	
Number of suspensions:		Number of expulsions:	
Has your young person been included in NCCD data collection at their previous school/current school setting?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		<input type="checkbox"/> If yes, please provide documented evidence from the school about the adjustments that have been put in place to support your young person to attend school.	

WHAT CHILDCARE AND SCHOOL SERVICES/SUPPORTS (if any) has your child has received? <i>Please tick all boxes that apply.</i>					
	1-2 years of age	3-5 years of age	6-8 years of age	9-12 years of age	12 years and older
Mainstream childcare	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Mainstream school	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
A support class in mainstream school	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Autism specific school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>please write details here:</i>					

WHAT TYPES OF INTERVENTION SERVICES (if any) has your child has received? <i>Please tick all boxes that apply.</i>					
	1-2 years of age	3-5 years of age	6-8 years of age	9-12 years of age	12 years and older
Occasional centre-based early intervention program	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Occasional home-based early intervention program	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Private speech therapy sessions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Private occupational therapy sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private tutoring sessions for schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>please write details here:</i>					

PROFESSIONAL REPORTS
<p><input type="checkbox"/> <i>Please attach any relevant reports (e.g. Paediatrician, Neurologist, Psychiatrist, Speech Therapy, Occupational Therapy, Intervention Reports, Cognitive Testing, Specialist, Allied Health or Reports from Guidance Officers any other relevant reports)</i></p> <p>Reports provided should be relevant, current, and not older than 3 years. Reports should include specific details about the nature of the diagnosis and examples of how the disability affects the child's verbal and non-verbal communication, social interactions, and the young person's abilities to learn.</p>

TELL US ABOUT YOUR CHILD

What are your child's greatest strengths and qualities?

--

What things does your child really like? People, places, things, activities, food/drink?

--

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.

For example: 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.	

Medical Information

IMMUNISATIONS	
Are your child's immunisations up to date?	<input type="checkbox"/> Yes - <i>provide an Immunisation History Statement</i> <input type="checkbox"/> No - <i>provide exemption documentation.</i>
<input type="checkbox"/> <i>I have attached a copy of my child's Immunisation Statement or 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 <i>If yes, please complete the following:</i>	
What is the nature of the condition?	
<input type="checkbox"/> Allergies/Bee Stings/Peanuts <input type="checkbox"/> Convulsions/seizures <input type="checkbox"/> Vision or hearing problems	<input type="checkbox"/> Diabetes <input type="checkbox"/> Medication <input type="checkbox"/> Other:
What are the symptoms (if applicable)?	
How could it affect the Young Person?	
What treatment is required?	
Is the condition critical? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide further details.</i>	
Does your child take Regular Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please advise name of medication and how often required.</i>	
If this medication is required during school hours, please see Administration to collect an Administration of Medication Form .	
Does your child have any dietary restrictions or food intolerances?	

Parent/Guardian/Carer #1

PERSONAL DETAILS			
Title (Mr, Mrs, Ms, Miss, Dr)		Family Name / Surname:	
Given name:		Preferred name:	
Relationship to young person:		Does the young person 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please advise which heritage you are from:</i>	<input type="checkbox"/> Aboriginal only <input type="checkbox"/> Torres Strait Island, but not Aboriginal <input type="checkbox"/> Both Torres Strait Island and Aboriginal Decent		
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do Speak Another Language at Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please identify which other language/s:</i>			

CONTACT DETAILS			
Residential Address:			Post Code:
<input type="checkbox"/> I have attached proof of residential address (e.g copy of rates notice, rental agreement, etc).			
Postal Address (If Different)			Post Code:
Home Phone:		Work Phone:	
Mobile Phone:			
Email for Correspondence:			

EDUCATION AND OCCUPATION DETAILS	
<i>* The collection of this information is a compulsory requirement of State and Federal Government reporting. This information helps to inform our school's funding and additional support requirements.</i>	
WHAT IS THE HIGHEST LEVEL OF SCHOOLING YOU HAVE COMPLETED?*	<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* <i>Please select a profession which best describes your current occupation from the following list. An expanded list is detailed on Page 12 for reference.</i> <i>If you are not currently in paid work, but have worked in the last 12 months, or have retired in the last 12 months, please choose the group relevant to your last paid occupation.</i>	<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"/> I have not worked in the past 12 months
Current Occupation	
Current Employer	

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, famr 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)

Parent/Guardian/Carer #2

PERSONAL DETAILS			
Title (Mr, Mrs, Ms, Miss, Dr)		Family Name / Surname:	
Given name:		Preferred name:	
Relationship to young person:		Does the young person 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please advise which heritage you are from:</i>	<input type="checkbox"/> Aboriginal only <input type="checkbox"/> Torres Strait Island, but not Aboriginal <input type="checkbox"/> Both Torres Strait Island and Aboriginal Decent		
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do Speak Another Language at Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please identify which other language/s:</i>			

CONTACT DETAILS			
Residential Address:			Post Code:
<input type="checkbox"/> I have attached proof of residential address (e.g copy of rates notice, rental agreement, etc).			
Postal Address (If Different)			Post Code:
Home Phone:		Work Phone:	
Mobile Phone:			
Email for Correspondence:			

EDUCATION AND OCCUPATION DETAILS	
<i>* The collection of this information is a compulsory requirement of State and Federal Government reporting. This information helps to inform our school's funding and additional support requirements.</i>	
WHAT IS THE HIGHEST LEVEL OF SCHOOLING YOU HAVE COMPLETED?*	<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* <i>Please select a profession which best describes your current occupation from the following list. An expanded list is detailed on Page 12 for reference.</i> <i>If you are not currently in paid work, but have worked in the last 12 months, or have retired in the last 12 months, please choose the group relevant to your last paid occupation.</i>	<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"/> I have not worked in the past 12 months
Current Occupation	
Current Employer	

Emergency Contacts – other than parents

In events where the parents are not contactable, please provide details of emergency contacts:

People listed on the emergency contacts listing also have authority to drop off/collect young people from school.

Name:	
Relationship to Young Person:	
Residential Address:	
Telephone Number:	

Name:	
Relationship to Young Person:	
Residential Address:	
Telephone Number:	

Relationships

<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 Young Person normally reside?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <i>please provide further information below about times and days.</i>	<input type="checkbox"/> Shared/Other Arrangement, <i>please provide further information below about times and days.</i>
Communication regarding day-to-day matters is with whom?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <i>please provide further information below about times and days.</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Copies of the school 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 <input type="checkbox"/> Other:

Further information, if required:

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COURT ORDERS

Are there any Family Court or other relevant court orders in place that effect the young person?

If yes, please provide further information below and attach a copy of the order.

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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 young person 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 young person 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 young person 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's enrolment will not be finalised until the account Responsibility Agreement is signed, dated and returned to the school.

Young Person's Name: _____ Date of Birth: _____

SCHOOL TUITION FEES INVOICES and STATEMENTS to be addressed to		
1	Full Name	
	Relationship to Young Person	
	Email Address	

2	Full Name	
	Relationship to Young Person	
	Email Address	

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*

Signature of Person Responsible for Paying Tuition Fees

Please Print Name

Date

Signature of Parent/Guardian/Carer #1

Please Print Name

Date

Signature of Parent/Guardian/Carer #2

Please Print Name

Date

Photography and Media Consent

Young Person's Name: _____ Date of Birth: _____

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

- photographs
- video presentations
- art/craft/visual displays
- school archives and database records
- Newsletter publications
- in Celebration of Achievement reports
- local media presentations/displays
- on the World Wide Web
- on the ClassDojo App

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/We give my/our permission for the above-mentioned child's photos and videos to be used:	
• For internal video presentations and displays within the school building	<input type="checkbox"/> Yes <input type="checkbox"/> No
• On the school's ClassDojo App	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In Celebration of Achievement Folios (CAF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In the school Newsletter	<input type="checkbox"/> Yes <input type="checkbox"/> No
• For public video presentations and displays	<input type="checkbox"/> Yes <input type="checkbox"/> No
• On the school's Social Media Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
• On the school's website	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In Promotional and Advertising Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
• For Media publicity	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to all of the above, I/We understand that this material may be used for the purposes of advertising, promotion, media publicity, publication, in whole or in part and consent to photos and videos being used in promotional advertising for the school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/We give my/our permission for the school to release our child's name:	
• In internal video presentations and displays within the School building	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In public video presentations and displays	<input type="checkbox"/> Yes <input type="checkbox"/> No
• To the media or the appointed media photographer	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In the school Newsletter	<input type="checkbox"/> Yes <input type="checkbox"/> No
• On the school's ClassDojo App	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Should my/our circumstances change, and I/we wish to revoke this permission I/we will notify the school in writing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____ <i>Signature of Parent/Guardian/Carer #1</i>	_____ <i>Please Print Name</i>	_____ <i>Date</i>
_____ <i>Signature of Parent/Guardian/Carer #2</i>	_____ <i>Please Print Name</i>	_____ <i>Date</i>

Application Checklist

Please ensure you have included the following documentation with this form.
Failure to fully disclose information can result in processing delays.

Payment of non-refundable \$100 enrolment application fee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Birth Certificate for young person (<i>If born outside Australia, a copy of your child's birth certificate, passport photo page, VISA, and/or Certificate of Australian Citizenship</i>).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Diagnosis Letters from each diagnosing practitioner, for each diagnosis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Most Recent School / Early Childhood Report Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any Cognitive Testing, Specialist, Allied Health or Guidance Reports (e.g. Paediatrician, Neurologist, Psychiatrist, Speech Therapy, Occupational Therapy, Intervention Reports, any other Therapy reports)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Proof of Residential Address (eg. copy of rates notice, rental agreement, etc).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any Family Court or other relevant court orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Immunisation Statement or Exemption Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any Current Behaviour Support Plans and Individual Education Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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Email: enrolments@sycamore.qld.edu.au