

10 Blain Street
Alice Springs
NT 0870

Principal:
Cate Garwood



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ABN 65 060 686 305

A Member of the Northern Territory Christian Schools Association, Darwin, NT.

ENROLMENT APPLICATION FORM

Please complete and return to the Principal at the College.

Information about the Student			
1. Student's Legal Name			
Legal Surname or Family Name			
Legal First Given Name		Legal Second Given Name	
Preferred Given Name			
2. Student's email address			
3. Student's Gender			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
4. Date of Birth			
Day	Month	Year	
5. Place of Birth			
6. In which country was the student born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other - Please specify: _____			
7. Residential Status			
<input type="checkbox"/> Australian Citizen (Proceed to <i>Nationality</i>) <input type="checkbox"/> Resident <input type="checkbox"/> Overseas Date of Arrival: _____ <input type="checkbox"/> Copy of Visa attached Nationality _____			
8. Student's Indigenous Status			
Is the Student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander			
9. Does the student speak a language other than English at home? (If more than one language, please indicate the one spoken most)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please Specify _____			
10. Year Level in which the student is enrolling			
Primary School			
Trans	1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	5	6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle School			
	7	8	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsure			
11. Year Starting at Araluen Christian College:			
2013	2014	2015	2016
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2017	2018	2019	2020
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2021			
<input type="checkbox"/>			
12. Previous School / Preschool:			
Name of previous school / pre-school: _____			
If only pre-school, how many years did he/she attend: _____			
Please supply with this application:			
- Previous two full semester reports (not interim reports); and			
- Copies, from previous school, of most recent Benchmark levels achieved.			
13. Other Family Members currently enrolled or enrolling at the College			
(Please include all other young children and when they may be enrolling in Transition)			
	Surname	Given Name	DOB
14. Student's Home Phone Number:			
Student's Mobile Phone Number:			

15. Are there any special family circumstances? eg. Single parent, dual custody, guardianship, foster care, access restrictions	<input type="checkbox"/> Yes - Supporting legal documents are required by the college. Documents attached - <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
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Student's Medical Details

16. Doctor's Name		
17. Doctor's Phone Number		
18. Medical Conditions (Please advise if your child receives daily medication)	eg. medical / physical / allergy	
19. What are your child's strengths at school and in general?		
20. Does your child have areas where he/she needs extra encouragement at school and in general?		
21. Does your child have, or has he/she had in the past, any 'special needs' requiring support (medical, social, educational)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe below)	
	<p style="font-size: small;">Failure to disclose important information needed by the school to make an accurate assessment of your child's particular needs may result in the withdrawal of his/her enrolment place. If any of the information is confidential, please indicate accordingly eg. "Confidential -for discussion with the Principal".</p>	
22. Medic Alert Required?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please supply details of alert	
23. Immunisation Record (Please note: A copy of the student's immunisation record is to be supplied with this application.)	MMR (Measles, Mumps, Rubella) MEN (Meningococcal) Tetanus Pertussis (Whooping cough) Diphtheria Polio (OPV) Hepatitis B (HEB) Hib (Haemophilus Influenza Type B) BCG (TB)	<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 <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
24. Consent to Medical Attention	<p>In the event of illness or injury to my child, requiring urgent medical treatment, I consent to medical and/or hospital attention being sought.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="font-size: small;">(If ambulance travel is required, the cost is covered by the College Ambulance Cover.) Parents/emergency contact will be contacted immediately in such an event.</p> <p>If prescription / other medication is sent to school with the student, a note giving details of dosage and permission for College staff to administer medication must accompany the student.</p> <p>Do you consent to your child being checked for head lice?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="font-size: small;">Head lice may cause health problems. It is school council policy that when head lice become a problem in the school, children be checked and parents/guardians notified and required to treat children if needed.</p> <p>Permission to administer Paracetamol (Panadol)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

25. Educational Needs	<p>Does your child have a known disability? eg. intellectual, physical, hearing, vision or emotional?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please furnish the following details:</p> <p>Name of disability: _____</p> <p>Diagnosed by: _____</p> <p>Date of diagnosis: _____</p> <p>Report for the College: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
26. Support	<p>Please tick here if this section is not applicable <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> Does your child receive support from the following or others eg. tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist, access assistants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Which services are involved? eg. Crippled Children Association (CCA), Intellectual Disability Services Council (IDSC), Down Syndrome Society, Autism Association, Family and Youth Services, Cora Barclay, hospital-based child development units, community health services, or private practitioners. _____ <input type="checkbox"/> Will this support continue in this school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will these agencies provide financial or consultancy support in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are the reports from these agencies available to the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Curriculum Issues	<p>Please tick here if this section is not applicable <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> What support did your child receive in his/her previous setting? _____ Please supply all documentation. <input type="checkbox"/> What support did your child receive for behaviour, learning or emotional issues? _____ <input type="checkbox"/> Does your child require particular supervision or management? <ul style="list-style-type: none"> • To and from school? <input type="checkbox"/> Yes <input type="checkbox"/> No • Moving between classrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No • For participation in sport? <input type="checkbox"/> Yes <input type="checkbox"/> No • In the classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No • In the schoolyard? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will your child require particular arrangements to participate in sports, camps, excursions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> What are the patterns of school attendance? _____ <input type="checkbox"/> What are the Occupational Health, Safety and Welfare, and Duty of Care issues for your child and others? _____ a. Involvement in special programs and associated reports: eg. Special Education Units, Reading Recovery, Literacy Support, Gifted and Talented Program. b. First Steps Continuum (for Northern Territory, South Australia, Western Australia, and Victorian students). c. Copies of Case Conferences held with Student Services.
28. Vision	<ul style="list-style-type: none"> <input type="checkbox"/> Have your child's eyes been tested by an appropriate eye specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did the eye test indicate that your child needs to: <input type="checkbox"/> Wear glasses <input type="checkbox"/> Have vision aids <input type="checkbox"/> Have scribes, tutors, etc. <input type="checkbox"/> Is there any written information regarding past history and other information that would assist the school? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please supply this information and any reports.

29.	Hearing	<ul style="list-style-type: none"> ○ Has your child had a hearing test by an appropriate hearing specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ Did the hearing test indicate that your child needs any of the following in the classroom? <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Acoustic considerations <input type="checkbox"/> Scribes, tutors, etc. Is there is any written information regarding past history and other information that would assist the school? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please supply this information and any reports. 																														
30.	Health	<ul style="list-style-type: none"> ○ Are there any other health issues that the school should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If yes, specify the health issue? _____ ○ Has your child had a recent visit to the doctor regarding the above health issue? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ Name of Doctor: _____ Date of consultation: _____ ○ Does your child require: <input type="checkbox"/> Health Care Plan <input type="checkbox"/> Emergency Action Plan ○ Is your child on any regular prescribed medication for: <input type="checkbox"/> Epilepsy <input type="checkbox"/> ADD <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies Other _____ ○ Name of medication: _____ ○ Is your child entitled to receive a Child Disability Allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No 																														
31.	Mobility	<p>Please tick if this section is not applicable <input type="checkbox"/></p> <ul style="list-style-type: none"> ○ If this section is applicable, who will transport your child to school? _____ ○ Are there any issues that need to be addressed by the school? _____ <ul style="list-style-type: none"> • Access to the classrooms e.g. ramps <input type="checkbox"/> Yes <input type="checkbox"/> No • Access to the playground <input type="checkbox"/> Yes <input type="checkbox"/> No • Access to toilet facilities <input type="checkbox"/> Yes <input type="checkbox"/> No • Access to general school facilities, eg. library <input type="checkbox"/> Yes <input type="checkbox"/> No 																														
32.	Communication	<p>Please tick if this section is not applicable <input type="checkbox"/></p> <p>If this section is applicable, is your child from an ESL (English as a Second Language) background? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> ○ If yes, please name the background: _____ ○ Is your child from an indigenous background? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If yes, please name the group: _____ ○ Can your child communicate effectively? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ Can your child communicate basic desires, eg. toilet, drink? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If your child needs any assistance to enhance communication, please tick the appropriate box: <input type="checkbox"/> Sign Language <input type="checkbox"/> Message Boards <input type="checkbox"/> Makaton <input type="checkbox"/> Other (please specify) _____ 																														
33.	Independence	<ul style="list-style-type: none"> ○ Can your child manage personal care needs independently, eg. toilet, dressing, eating? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If No, what does the child require assistance with? _____ _____ _____ 																														
34.	Emergency Contacts	<p>The first and second parent or guardian stated on page 7 will be the school's first and second priority contacts. You may wish to provide other names below:</p> <table border="1" data-bbox="566 1724 1508 2016"> <thead> <tr> <th>Contact Name</th> <th>Relationship to Student</th> <th>Work Phone No.</th> <th>Home Phone No.</th> <th>Mobile Phone No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Contact Name	Relationship to Student	Work Phone No.	Home Phone No.	Mobile Phone No.																									
Contact Name	Relationship to Student	Work Phone No.	Home Phone No.	Mobile Phone No.																												

35.	Child's Health Care Details	<ul style="list-style-type: none"> ○ Medicare Number: _____ Expiry Date: _____ ○ NT Health Care Number: _____ Expiry Date: _____ ○ Ambulance Subscriber Number: _____ ○ Hospital Reference Number: _____ ○ Private Health Insurance: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify the name of Private Health Insurance: _____ <li style="padding-left: 40px;">Type of cover: _____ Card Number: _____
36.	Consent for publication of photographs and student work	<p>From time to time, photographs or videotapes of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in class activities or could be published by the College in school magazines, newsletters, displays, journals, professional development materials for teachers, or on the College and/or NT Christian Schools web site. In addition, work is also published from time to time.</p> <p>Publications: I give consent for my child's photos/images/videos taken during College activities to be published by the College and NT Christian Schools, school magazines, newsletters, displays, journals, professional development materials for teachers. In addition, I consent to my child's work being published from time to time in these publications.</p> <p>Parents/guardian to sign</p> <p>Signature Signature</p> <p>Websites: I give consent for my child's photos/images/videos taken during College activities to be published on the College and/or NT Christian Schools web site. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites.</p> <p>Parents/guardian to sign</p> <p>Signature Signature</p>
37.	Aboriginal/Torres Strait Islander Students	Parental Permission is given for tutorial assistance as per funding guidelines. <input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Excursion Permission Travel off campus is often required for curriculum based activities, College sports and access to facilities within Alice Springs.	Permission is granted to Araluen Christian College staff to take my child out of the school grounds to attend an activity or excursion which has been organised by the school. I understand that the school will notify me via the school newsletter when each activity occurs. I give my consent for this permission to be effective for each school year that the child attends Araluen Christian College. Consent to attend off campus activities: <input type="checkbox"/> Yes <input type="checkbox"/> No
39.	In what ways do you see your child benefiting in attending Araluen Christian College? <hr/> <hr/> <hr/>	
40.	Parent Information Handbook	I consent to my name, address, phone number, and my child's name and year level being published in the Parent Information Handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION

This information refers to parents residing at the same address as the student.

Female Parent / Guardian 1		Male Parent / Guardian 2	
1.	Relationship to Student eg. Mother, Stepmother, Single Parent, Custody	1.	Relationship to Student eg. Father, Stepfather, Single Parent, Custody
2.	Title (eg. Mrs, Miss, Ms, Dr)	2.	Title (eg. Mr, Dr)
	Given Names		Given Names
	Surname or Family Name		Surname or Family Name
	Occupation		Occupation
	Nationality		Nationality
	Country of Birth		Country of Birth
3.	Are above named parents/guardians: <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Single Parent with custody		
4.	Does the parent/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify _____		
5.	Employer	5.	Employer
6.	Religion	6.	Religion
7.	Business Phone Number	7.	Business Phone Number
8.	Mobile Phone Number	8.	Mobile Phone Number
9.	Email Address	9.	Email Address
	Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Church Denomination/Affiliation:		
11.	Does your family attend Church regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Which church activities do you participate in?		

For Parent/Guardian not residing at the same address please complete the section 'Alternative Family Details'

Family Address Details

Does the child live at this address: Permanently / Occasionally (please circle)

If the child resides at times with another family, please provide details in Alternative Family section of this form.

13. Residential Address	
Mailing Title eg. Mr and Mrs D Smith	
Street Number and Street Name	
Town	
State and Postcode	
Home Telephone Number	
14. Postal Address (Leave blank if same as Residential Address)	
Street Number and Street Name or Post Office Box	
Town	
State and Postcode	

15. Billing Address (Leave blank if same as Residential Address)	
Billing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	
16. The following information is to be supplied if the Payment of School Fees is shared or from an alternative source. This information will be used in the billing for school fees.	
Billing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	
Telephone	Home :
	Mobile :

Alternate Family Information

Alternate Female Parent / Guardian		Alternate Male Parent / Guardian	
17.	Relationship to Student eg. Mother, Stepmother, Single Parent, Custody	1.	Relationship to Student eg. Father, Stepfather, Single Parent, Custody
18.	Title (eg. Mrs, Miss, Ms, Dr)	2.	Title (eg. Mr, Dr)
	Given Names		Given Names
	Surname or Family Name		Surname or Family Name
	Occupation		Occupation
	Nationality		Nationality
	Country of Birth		Country of Birth
19.	Are abovenamed parents/guardians: <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single		
20.	Does the parent/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify _____	4.	Does the parent/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify _____
21.	Employer	5.	Employer
22.	Religion	6.	Religion
23.	Business Phone Number	7.	Business Phone Number
24.	Mobile Phone Number	8.	Mobile Phone Number
25.	Email Address	9.	Email Address
	Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Church Denomination/Affiliation:		
27.	Does your family attend Church regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28.	Which church activities do you participate in?		

This information is also required if the student resides at times with an alternate family during school terms.

Alternate Family Address

29. Residential Address	
Mailing Title eg. Mr and Mrs D Smith	
Street Number and Street Name	
Town	
State and Postcode	
Home Telephone Number	
30. Postal Address (Leave blank if same as residential address)	
Street Number and Street Name	
Town	
State and Postcode	

Parent / Guardian Background Information

The following information is required by the Australian Government and must be completed. It is used to measure the achievements of students from various backgrounds for national reporting. Individuals are not identified.

31.	What is the highest year of primary or secondary school the parents / guardians have completed? (for persons who have never attended school, mark 'Year 9 or equivalent or below')			
	Mother / Parent 1 / Guardian 1 Mark only one box		Father / Parent 2 / Guardian 2 Mark only one box	
	Year 12 or equivalent	<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>
	Year 9 or equivalent or below	<input type="checkbox"/>	Year 9 or equivalent or below	<input type="checkbox"/>
32.	What is the level of the highest qualification the parents / guardians have completed? (for persons who have never attended school, mark 'Year 9 or equivalent or below')			
	Mother / Parent 1 / Guardian 1 Mark only one box		Father / Parent 2 / Guardian 2 Mark only one box	
	Bachelor degree or above	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>
	Advanced diploma or above	<input type="checkbox"/>	Advanced diploma or above	<input type="checkbox"/>
	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>
	No non-school qualification	<input type="checkbox"/>	No non-school qualification	<input type="checkbox"/>
33.	The following questions refer to the parental occupation group. Please select from the appropriate parental occupation from the list over the page.			
	<ul style="list-style-type: none"> ○ If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. ○ If the person has not been in paid work in the last 12 months, enter 8 in the space below. 			
	What is the occupation group of the Mother / Parent 1 / Guardian 1?		What is the occupation group of the Father / Parent 2 / Guardian 2?	
	Group _____		Group _____	

List of 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, office/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, bond 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 / refuge / 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, kitchenhand, 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, cashier, 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, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand

Other worker - Labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor

Conditions of Enrolment

1. I/we agree to support the aims of the College and abide by all of its policies.
2. I/we acknowledge that failure to abide by the policies of the College may result in the withdrawal of the enrolment.
3. I/we agree to allow our child to share fully in the life and programs of the College including devotions and extra-curricular activities.
4. I/we acknowledge that the School Council consists entirely of members of the NT Christian Schools.
5. I/we give permission for the College to obtain student records in their entirety (including academic reports, special education reports, and behavioral reports) from the student's previous school/s.
6. I/we accept that the College does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my/our own responsibility.
7. I/we agree that all fees and charges are payable by the specified due date. I/we understand fees are non-refundable for students who take holidays during term time or leave during the term.
8. I/we agree to provide our child with the correct school uniform
9. I/we agree to and will inform the school of the intention to withdraw my/our child(ren) with a full term (10 weeks) notice prior to the departure date.
10. I/we agree that failure to provide 10 weeks notice of departure will result in fees being charged for the following term. I/we agree that in the event of recovery of fees and charges being necessary, I/we agree to pay all costs associated with such recovery i.e.: debt collection fees, small claims court expenses, bank fees etc.
11. I/we agree that our child will behave in a manner consistent with the ethos and values of the College, agreeing to abide by the Code of Conduct, and is guided by all aspects in the Code of Conduct Policy.
12. The council reserves the right to amend, modify, add to or remove from the "Conditions of Enrolment" and such items will be notified to parents in writing, via the school newsletter, while their child remains at the college.
13. I understand and accept that completing this enrolment form and/or attendance at an interview does not guarantee enrolment.

I/we have read and fully understand these terms and conditions or have had legal advice.

SIGNATURES OF PARENT(S) / GUARDIAN(S)	
Female Parent or Guardian _____	Date / / 20__
Male Parent or Guardian _____	Date / / 20__
Signature of Principal or Deputy Principal _____	Date / / 20__

Protecting Your Privacy

PRIVACY NOTICE

1. Araluen Christian College acknowledges its current obligations under the Privacy Amendment Act (Private Sector) 2000, Commonwealth and will review and update its Policy to ensure it remains appropriate to current laws and the College environment.
2. The College collects personal information, including sensitive information about students and parents or guardians before, during and after the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son/daughter within the biblical focus of the College.
3. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
4. Certain laws governing or relating to the operation of the College require that certain information is collected. These include Public Health and Child Protection laws.
5. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide current medical information and medical reports about students from time to time.
6. The College from time to time discloses personal and sensitive information to others for administrative, safety and educational purposes. This includes to other schools, government departments, medical practitioners and people providing services to the College, including, specialist visiting teachers, coaches and volunteers.
7. The College may find it necessary to disclose personal and financial information to organizations such as debt collection agencies to assist in account management
8. If we do not obtain the information referred to above we may not be able to enroll or continue the enrolment of your son/daughter.
9. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in the College newsletters, year book and on our website www.acc.nt.edu.au
10. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Students may also seek access to personal information about themselves. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.
11. As you may know the College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organizations that assist in the college's fundraising activities solely for that purpose. We will not disclose your personal information to other parties for their own marketing purposes without your consent.
12. We may include your contact details in a class list and Parent Handbook. If you do not agree to this please advise us in this enrolment form.