



Enrolment Forms

NAME OF ENROLLING STUDENT

OFFICE USE ONLY



Castlemaine
SECONDARY COLLEGE

Enrolment STUDENT DETAILS

Please
complete

Please read the **Welcome to CSC** booklet which contains general information and our Castlemaine Secondary College (CSC) policies. We need you to read, understand and accept these policies before completing these enrolment forms.

DETAILS OF THE STUDENT

TITLE — Miss, Ms, Mrs, Mr	SURNAME	GIVEN NAME/S
PREFERRED NAME — This will be used on all correspondence		*SEX — Female / Male
DATE OF BIRTH — DD / MM / YY	STUDENT EMAIL ADDRESS	
STUDENT MOBILE NUMBER	HOME TELEPHONE NUMBER (Indicate if this is a silent number) OR FAX NUMBER	
PRIMARY FAMILY HOME ADDRESS OR PO BOX + TOWN + POSTCODE		
LIST ANY OTHER FAMILY MEMBERS ATTENDING CSC		

OFFICE USE ONLY

Year Level	Home Group	Timetabling Group	House	Campus
CSC GENERATED STUDENT EMAIL ADDRESS				
Student's name and birth date proof sighted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Enrolment date:	
Immunisation certificate received?	<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted		
Is there a medical alert for the student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Details provided	
Disability ID number?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

OFFICE USE ONLY

STUDENT ENROLMENT

COMPUTER GENERATED STUDENT ID

*This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PRIMARY FAMILY DETAILS

Please
complete

The Student's **Primary Family** is the family or parent / guardian the student mostly lives with.
If parents live at different addresses please also complete the separate Alternative Family form.

ADULT A — Primary Carer

FULL LEGAL SURNAME	GIVEN NAMES
TITLE – MISS, MS, MRS, MR etc	*SEX — F / M
OCCUPATION	
EMPLOYER	
COUNTRY OF BIRTH	
*LANGUAGE MOST OFTEN SPOKEN AT HOME	
ADDITIONAL LANGUAGE/S SPOKEN	
PREFERRED LANGUAGE FOR NOTICES	

Is an interpreter required? No Yes

*What is the highest year of school Adult A has completed?
For adults who have never attended school, mark 'Year 9 or below'.

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or below

*What is the highest qualification the Adult A has completed?

- Bachelor Degree or above
 Advanced Diploma or Diploma
 Certificate I to IV (including Trade Certificate)
 No non-school qualification

* What is the occupation group of Adult A?
Occupation groups are defined on page 14.

If the adult 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 their last occupation to select from the attached occupation group list. If the adult has not been in paid work for the last 12 months, enter 'N'.

Are you interested in being involved in group participation activities?
For example excursions, School Council. Yes No

ADULT B (living at the same address as Adult A)

FULL LEGAL SURNAME	GIVEN NAMES
TITLE – MISS, MS, MRS, MR etc	*SEX — F / M
OCCUPATION	
EMPLOYER	
COUNTRY OF BIRTH	
*LANGUAGE MOST OFTEN SPOKEN AT HOME	
ADDITIONAL LANGUAGE/S SPOKEN	
PREFERRED LANGUAGE FOR NOTICES	

Is an interpreter required? No Yes

*What is the highest year of school Adult B has completed?
For adults who have never attended school, mark 'Year 9 or below'.

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or below

*What is the highest qualification the Adult B has completed?

- Bachelor Degree or above
 Advanced Diploma or Diploma
 Certificate I to IV (including Trade Certificate)
 No non-school qualification

* What is the occupation group of Adult B?
Occupation groups are defined on page 14.

If the adult 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 their last occupation to select from the attached occupation group list. If the adult has not been in paid work for the last 12 months, enter 'N'.

Are you interested in being involved in group participation activities?
For example excursions, School Council. Yes No

*This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PRIMARY FAMILY CONTACT DETAILS

Please complete

PRIMARY FAMILY CONTACT DETAILS

ADULT A — Primary Carer

ADULT B

BUSINESS HOURS

Contactable at work? No Yes
Usually home during business hours No Yes

BUSINESS HOURS

Contactable at work? No Yes
Usually home during business hours No Yes

WORK TELEPHONE

WORK TELEPHONE

AFTER HOURS

Usually home after business hours? No Yes

AFTER HOURS

Usually home after business hours? No Yes

HOME TELEPHONE

HOME TELEPHONE

MOBILE

MOBILE

TEXT NOTIFICATIONS

CSC uses SMS (Short Messaging Service or 'texts' to inform parents about events and student absences. It is highly recommended that you opt in to receive these messages.

Agree to receive SMS (text) notifications? No Yes

Agree to receive SMS (text) notifications? No Yes

PREFERRED METHOD OF COMMUNICATION

Please choose one only — or none.

Email Phone Mail Fax

Information that cannot be sent by phone will be emailed.

EMAIL ADDRESS

FAX NUMBER

PREFERRED METHOD OF COMMUNICATION

Please choose one only — or none.

Email Phone Mail Fax

Information that cannot be sent by phone will be emailed.

EMAIL ADDRESS

FAX NUMBER

MAILING ADDRESS

Write 'as above' if the same as the home address.

NUMBER & STREET OR PO BOX

TOWN

STATE & POSTCODE

MAILING ADDRESS

Write 'as above' if the same as the home address.

NUMBER & STREET OR PO BOX

TOWN

STATE & POSTCODE



PRIMARY FAMILY DOCTOR DETAILS

NAME OF DOCTOR		INDIVIDUAL OR GROUP PRACTICE
ADDRESS OR PO BOX		
TELEPHONE	FAX	
Current ambulance subscription? <input type="checkbox"/> No <input type="checkbox"/> Yes	MEMBERSHIP NUMBER	
Medicare number		

PRIMARY FAMILY EMERGENCY CONTACTS — These should be different from the Primary Family contacts

NAME	RELATIONSHIP eg - Neighbour, Relative, Friend	TELEPHONE	LANGUAGE SPOKEN

PRIMARY FAMILY BILLING ADDRESS

ADDRESS OR PO BOX — Write 'as above' if the same as the home address

BILLING EMAIL	FAX
---------------	-----

Send correspondence to Adult A Adult B Other

PRIMARY FAMILY — OTHER DETAILS

Relationship of Adult A and Adult B to student:

Adult A Parent Step-parent Adoptive parent Foster parent Host family Relative Friend Self Other

Adult B Parent Step-parent Adoptive parent Foster parent Host family Relative Friend Self Other

Student lives with primary family*: Always Mostly Balanced Occasionally Never

Send correspondence addressed to: Adult A Adult B Both adults Neither

*NOTE: IF the student also lives at another address please complete the Alternative Family form for details about the alternative living arrangements.

DEMOGRAPHIC DETAILS, LIVING ARRANGEMENTS, TRAVEL

Please
complete

*In which country was the student born? Australia Other

DATE OF ARRIVAL OR DATE OF RETURN TO AUSTRALIA

RESIDENTIAL STATUS — permanent or temporary

Basis of Australian residency Eligible for Australian passport Holds Australian passport Holds permanent residency visa

VISA SUB CLASS

VISA EXPIRY DATE — DD/MM/YY

VISA STATISTICAL CODE — required for some sub-classes

INTERNATIONAL STUDENT ID — not required for exchange students

LANGUAGES

Does the student speak English? Yes No

*DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME — please indicate the one spoken most often

*Is the student of Aboriginal or Torres Strait Islander origin? No Aboriginal Torres Strait Islander Both

LIVING ARRANGEMENTS OF THE STUDENT

At home with TWO parents / guardians Homeless youth Independent
 At home with ONE parent / guardian State arranged Out of Home Care — # See note

Out of Home Care — Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

TRAVEL TO CSC

Beginning of journey to CSC — Map Type: Melway VicRoads Country Fire Authority Other

MAP NUMBER

X REFERENCE

Y REFERENCE

What will be the student's usual mode of travel to Castlemaine Secondary College?

Walking Cycling Bus Public bus Train Taxi Driven Self-driven

CAR REGISTRATION

Distance from the student's primary address to CSC in km

*This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PREVIOUS SCHOOLING, CONDITIONAL ENROLMENT

Please
complete

PREVIOUS SCHOOLING

DATE OF FIRST ENROLMENT IN AN AUSTRALIAN SCHOOL

NAME OF PREVIOUS SCHOOL

YEARS OF PREVIOUS EDUCATION

LANGUAGE OF PREVIOUS EDUCATION

Does the student have a Victorian Student Number? No Yes, unknown Yes

YEARS OF INTERRUPTION TO EDUCATION

Is the student repeating a year? No Yes

Will the student be attending CSC full time? Yes No. If no, please provide details

NAME OF OTHER SCHOOL

FRACTION OF TIME ATTENDANCE

Enrolled? Yes No

NAME OF OTHER SCHOOL

FRACTION OF TIME ATTENDANCE

Enrolled? Yes No

CONDITIONAL ENROLMENT

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. For more information please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information: www.education.vic.gov.au/management/governance/referenceguide

ENROLMENT CONDITIONS

OFFICE USE ONLY

Has the documentation been provided and retained on CSC records? No Yes

Have the conditions been met to complete the enrolment? No Yes

Please
complete

ACCESS & ACTIVITY RESTRICTIONS

Is the student at risk? No Yes

Is there an Access Alert? No Yes. If yes, provide a current copy of the document to CSC

Access type: Parenting order Parenting plan Intervention order Protection order
 Informal Carer Stat Dec DHHS Authorisation Witness Protection Program Other

DESCRIBE ANY ACCESS RESTRICTION

Is there an Activity Alert? No Yes

DESCRIBE ACTIVITY ALERT

OFFICE USE ONLY

Current custody document placed on student file? No Yes

FIRST AID & MEDICAL EMERGENCIES

In the event of illness or injury to the student whilst at CSC, on an excursion, or travelling to or from CSC, I authorise the Principal or teacher-in-charge of the student where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner; and / or
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

NAME OF PARENT / GUARDIAN

SIGNATURE

DATE

STUDENT MEDICAL DETAILS

Please
complete

MEDICAL CONDITIONS

Does the student have impairments to: Hearing No Yes Speech No Yes
Vision No Yes Mobility No Yes

Do you give permission for the student to receive immunisation injections at CSC? Yes No

PARENT NAME	SIGNATURE
-------------	-----------

Does the student suffer from asthma? No Yes. **If yes, it is ESSENTIAL you fill in the Asthma Action Plan on pages 11-12.**

ASTHMA MEDICAL CONDITION — Only answer if the student suffers from asthma

Does the student suffer any of the following:

- Cough
- Difficulty breathing
- Wheeze
- Symptoms after exertion
- Tight chest

If student displays any of those symptoms:

- Inform Doctor No Yes
- Inform Emergency Contact No Yes
- Administer medication No Yes
- Other medical action No Yes — specify

Has an Asthma Action Plan been provided to CSC? Yes No — I will complete the Asthma Action Plan on pages 11-12

Does the student take asthma medication? No Yes

NAME OF MEDICATION	IS IT TAKEN REGULARLY (preventative) OR IN RESPONSE TO SYMPTOMS?
--------------------	---

HOW FREQUENTLY IS IT TAKEN?	USUAL DOSAGE?
-----------------------------	---------------

Medication is usually administered by: Student Nurse teacher Other

Medication is stored: With student With nurse Fridge in staff room Other

DOSAGE TIME	REMINDER NEEDED — YES OR NO	POISON RATING
-------------	-----------------------------	---------------

OTHER MEDICAL CONDITIONS

Does the student have any other medical conditions? No Yes

If student displays any of those symptoms:

- Inform Doctor No Yes
- Inform Emergency Contact No Yes
- Administer medication No Yes
- Other medical action No Yes — specify

PLEASE DESCRIBE, ALONG WITH THE SYMPTOMS

Does the student take medication? No Yes

NAME OF MEDICATION	IS IT TAKEN REGULARLY (preventative) OR IN RESPONSE TO SYMPTOMS?
--------------------	---

HOW FREQUENTLY IS IT TAKEN?	USUAL DOSAGE?
-----------------------------	---------------

Medication is usually administered by: Student Nurse Teacher Other

Medication is stored: With student With nurse Fridge in staff room Other

DOSAGE TIME	REMINDER NEEDED — YES OR NO	POISON RATING
-------------	-----------------------------	---------------

Please
complete

DOCTOR OF THE STUDENT

The following details should only be provided if this student has a Doctor and/or Medicare number different to the Primary Family.

NAME OF DOCTOR	INDIVIDUAL OR GROUP PRACTICE
ADDRESS OR PO BOX	
TELEPHONE	FAX
Student Medicare number	

EMERGENCY CONTACTS

This section should ONLY be filled out if THIS student has emergency contacts other than the Prime Family Emergency Contacts.

NAME	RELATIONSHIP eg - Neighbour, Relative, Friend	TELEPHONE	LANGUAGE SPOKEN

THANK YOU

Thank you for taking the time to provide the relevant details. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol the student at CSC.

I certify that the information contained within this form is correct.

NAME OF PARENT / GUARDIAN
SIGNATURE
DATE

Asthma Action Plan

BEFORE COMPLETING THIS ACTION PLAN

Asthma Australia recommends that parents / GPs download the latest Asthma Action Plan form as they are updated regularly.

www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans

Please complete this form in consultation with the student's doctor.

We are collecting information on your child's asthma so we can better manage your child's asthma while they are in our care. All staff that care for your child will have access to this information. The information you provide will only be distributed to staff to provide appropriate asthma management. CSC will only disclose this information to others with your consent if it is to be used elsewhere. Please contact CSC if you need to update this plan or you have any questions about asthma management at CSC.

If no Asthma Action Plan is provided staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy.

PHOTO
(optional)

FULL NAME		AGE & DATE OF BIRTH	
MENTOR GROUP		SEX	
NAME OF EMERGENCY CONTACT		RELATIONSHIP	
MOBILE	WORK	HOME	OTHER
DOCTOR'S NAME		PHONE	
Current ambulance subscription? <input type="checkbox"/> No <input type="checkbox"/> Yes		MEMBERSHIP NUMBER	

USUAL ASTHMA ACTION PLAN

Is the student on regular preventer medication at home? No Yes

Usual signs of asthma

- Wheeze
- Tightness in chest
- Coughing
- Difficulty breathing
- Difficulty speaking
- Other — please describe

Worsening signs of asthma

- Wheeze
- Tightness in chest
- Coughing
- Difficulty breathing
- Difficulty speaking
- Other — please describe

What triggers the asthma?

- Exercise
- Colds / Viruses
- Pollens
- Dust
- Other Triggers — please describe

<input type="checkbox"/> Wheeze	<input type="checkbox"/> Wheeze	<input type="checkbox"/> Exercise
<input type="checkbox"/> Tightness in chest	<input type="checkbox"/> Tightness in chest	<input type="checkbox"/> Colds / Viruses
<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Pollens
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Dust
<input type="checkbox"/> Difficulty speaking	<input type="checkbox"/> Difficulty speaking	<input type="checkbox"/> Other Triggers — please describe
<input type="checkbox"/> Other — please describe	<input type="checkbox"/> Other — please describe	

MEDICATION AT CSC

Does the student need help taking their medication?

- No Yes If so, how?

Medication requirements: relievers, preventers, symptom controllers, combination medication and medication before exercise.

Name of Medication	Method (puffer, spacer, turbuhaler)	When and how much?
<input type="text"/>	<input type="text"/>	<input type="text"/>

Asthma Action Plan

Please
complete

PLEASE TICK PREFERRED ASTHMA FIRST AID PLAN

Victorian Schools Asthma Policy for First Aid

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay, shake a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) and give them four separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take breaths from the spacer after each puff.
3. Wait four minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further four minutes, call an ambulance immediately and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.
5. If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

Student's Asthma First Aid Plan (if different from above)

AGREEMENT

- Please notify me if the student regularly has asthma symptoms at CSC;
- Please notify me if the student has received asthma first aid;
- In the event of an asthma attack, I agree to the student receiving the treatment described above;
- I authorise CSC staff to assist the student with taking asthma medication should they require help;
- I will notify you in writing if there are any changes to these instructions; and
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

NAME OF PARENT / GUARDIAN	NAME OF STUDENT
SIGNATURE	SIGNATURE
DATE	DATE

FURTHER INFORMATION ABOUT ASTHMA

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly Schools Program and asthma management in general please contact The Asthma Foundation of Victoria

The Asthma Foundation

03 9326 7088

www.asthma.org.au

Curriculum Options — Year 7 and 8

Please
complete

We value and extend students' personal interests.

Our integrated and themed approach for Year 7 encourages our students to learn how to learn, develops their ability to learn collaboratively, increases their capacity to undertake long-term project-based learning and allows them to express their passions within the wider community. Each class actively welcomes and involves parents, mentors and members of the community in supporting student learning.

We offer Year 7 curriculum options to provide an opportunity for students with particular interests to be a part of a team of likeminded students. All students undertake common subjects to ensure that a strong foundation of knowledge is gained in Years 7 and 8. Every Year 7 class choice places an emphasis on ensuring students develop, improve and extend their skills in English and Mathematics. All students learn within the framework of AusVELS curriculum.

NAME OF STUDENT	SEX
ADDRESS	
PRIMARY SCHOOL	DATE OF BIRTH

CURRICULUM OPTION — Please order 1 to 4

<input type="checkbox"/> Art	<input type="checkbox"/> Music	<input type="checkbox"/> Research & Design	<input type="checkbox"/> Sport
------------------------------	--------------------------------	--	--------------------------------

LANGUAGE PREFERENCE — If you have a preference please order 1 to 2 or tick either

<input type="checkbox"/> Indonesian	<input type="checkbox"/> French	<input type="checkbox"/> Either
-------------------------------------	---------------------------------	---------------------------------

Prior language study

LANGUAGE STUDIED	FOR HOW MANY YEARS
SCHOOL	
SIGNATURE OF PARENT / GUARDIAN	

OCCUPATION GROUPS

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A

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); or
- Air/sea transport (aircraft/ship's captain, officer, pilot, flight officer, flying instructor, air traffic controller).

Group B

Other business managers, arts/media/sports persons and associate professionals:

Owner or 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 or Service 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, sports coach, trainer, sports official);

Associate professionals — generally have diploma or 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 or project manager); or
- Defence forces senior non-commissioned officer.

Group C

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 and women are included in this group.

Clerks (bookkeeper, bank or post office clerk, statistical, actuarial clerk, accounting, claims, audit clerk, payroll clerk, recording, registry, filing clerk, betting clerk, stores, inventory clerk, purchasing 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); or
- 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 D

Machine operators, hospitality staff, assistants, labourers and related:

Drivers, plant, production, processing machinery and 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, 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;
- Agriculture, horticulture, forestry, fishing, mining (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging, seafarer/fishing hand); or
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).

Instrument Tuition

Only students who have preferred the Music Elective on their Year 7 & 8 Class Selection form need to enrol for Instrument Tuition.

FULL NAME	DATE OF BIRTH
YEAR LEVEL	GENDER
PARENT / GUARDIAN EMAIL ADDRESS	
PREFERRED CONTACT NUMBER	STUDENT'S MOBILE NUMBER

Do you have prior learning with an instrument? If so, which, and for how long?

Or, are you beginning a new instrument? Yes No

Can you read music? Yes No

INSTRUMENTS

Violin	French Horn	Double Bass	Percussion
Trombone	Tuba	Trumpet	Guitar
Viola	Cello	Flute	Piano
Clarinet	Euphonium	Alto/Tenor Saxophone	Bass Guitar

1ST PREFERENCE	2ND PREFERENCE	3RD PREFERENCE
----------------	----------------	----------------

FEES

Term fees must be paid in full prior to lessons commencing and are based on students receiving no less than eight lessons per term.

Students who have chosen the Music Elective will be given first preference of lessons. These students will have their first term fees charged to their accounts prior to CSC commencing for the first term.

In the interest of fairness, instrumental tuition will not be continued if students are not regularly attending lessons and ensemble rehearsals. Terms fees will not be refunded.

Individual	\$130.00 per term
Pairs	\$90.00 per term
Groups (3-4)	\$75.00 per term
Instrument Hire	\$100.00 per year

INSTRUMENT HIRE

If you would like to hire an instrument please indicate which one.

HIRE INSTRUMENT REQUESTED
TOTAL \$ PAYABLE

COMMITMENT AGREEMENT

1. I will make a commitment to practice regularly, attend all lessons and meet the work requirements set by my instrumental teacher.
2. I will be responsible for participating in at least one CSC ensemble as organised by my music teacher.
3. I will be involved in regular performances as part of the instrumental program.
4. I understand that if I am not practicing and attending lessons, my instrumental lessons will be terminated and fees will not be refunded for the balance of that term.
5. I understand that non-payment of my account will mean termination of lessons until payment is made. Missed lessons during non-payment period will not be made up by the teacher.
6. I understand that I will receive a minimum of 8 lessons per term. If my lesson is on a sports day or an excursion or I, or my instrumental teacher is sick, I will not receive another lesson to make up for this missed lesson unless I have not received my minimum 8 lessons per term.
7. I understand that if I am part of a whole day workshop with my instrumental teacher, this is considered my lesson for that week as directed by the music coordinator
8. Parents/carers will arrange travel for after school hours ensembles.

STUDENT SIGNATURE
PARENT / GUARDIAN SIGNATURE



PERMISSION Local excursions

Please
sign

CSC is required to seek approval from parents when excursions are conducted.

Many schools use a local excursion permission form to cover a range of local activities, including sport carnivals, tennis matches and visits to local theatres.

This permission form covers:

1. Activities that are conducted within the boundaries of Mount Alexander Shire;
2. Sport carnivals, fun runs, excursions to local industries, Court House and other local events and locations; and
3. Activities that do not have an adventure component. For example, rock climbing, canoeing etc.

Parent / guardian approval will be required for activities outside the Shire boundary and those that have an adventure component. Separate approval will also be required for excursions involving an overnight stay. Communication will be via the CSC Newsletter and by a notice sent home. Excursions involving a cost to parents will be subject to a notice from the organising staff member.

Castlemaine Secondary College has no accident insurance covering students.

AGREEMENT

I give permission for:

NAME OF STUDENT

to participate in local excursions conducted by CSC. I understand that this approval applies to all local excursions conducted within the boundaries of the Mount Alexander Shire, and for those which do not involve adventure activities.

Where it is impractical to communicate with me I authorise the teacher/s in charge to consent to the student named above receiving medical or surgical treatment as may be deemed necessary.

NAME OF PARENT / GUARDIAN

SIGNATURE

DATE

PHONE NUMBER

ACCEPTANCE Privacy, Imagery + Newsletter

Please
sign

BEFORE YOU SIGN

Please read and make sure you understand the CSC Privacy and Imagery of Students Policy. Your signature will be deemed as acceptance.

PARENT / GUARDIAN

Upon enrolment at CSC, I give permission for images of

NAME OF STUDENT

to be used in Newsletters, CSC Yearbook and other publications.

I understand that on the CSC website there are images of CSC students but students are only identified by their first name or class group. If an individual photograph is required, it will only be published on the CSC website with mine and the student's consent.

When the local press run a story on an individual achievement, my consent will be sought before giving information or photographs for publication. Unless a story features an individual, group photographs are published and students identified by first name and year level only.

NAME

SIGNATURE

DATE

NEWSLETTER

I elect to receive the Newsletter digitally via email.

I understand that this is the primary communication method from CSC. I undertake to read each issue to become informed about activities, events and important announcements from CSC.

EMAIL ADDRESS

ACCEPTANCE Anti-Bullying & Harassment

Please
sign

BEFORE YOU SIGN

Please read and make sure you understand the CSC Anti-Bullying and Harassment Policy. Your signature will be deemed as acceptance.

STUDENT

NAME

SIGNATURE

DATE

PARENT / GUARDIAN

NAME

SIGNATURE

DATE

ACCEPTANCE Technology Usage & Uniform

Please
sign

BEFORE YOU SIGN

Please read and make sure you understand the CSC Technology Usage Policy and the Uniform Policy. Your signature will be deemed as acceptance.

STUDENT

I agree to abide by the conditions of the CSC Technology Usage and Uniform policies.

NAME

SIGNATURE

DATE

PARENT / GUARDIAN

I agree to abide by the conditions of the CSC Technology Usage and Uniform policies.

I agree to allow my student to use the internet at CSC. I have discussed the scenarios, potential problems and responsible use of the internet.

I will contact CSC if there is anything here that I do not understand. If there is a situation which concerns me, I will contact either CSC or ACMA, Australia's internet safety advisory body on 1300 850 115.

NAME

SIGNATURE

DATE

APPLICATION FOR TRAVEL



Year		Term		Please ensure all pages are completed and signed
------	--	------	--	---

APPLICANT DETAILS

RESIDENTIAL ADDRESS

Unit #		Street #		Address	
Town/Suburb			State		Postcode
Exact distance (in km) by the shortest practicable route				From home to school	km
				From home to bus stop	km

POSTAL ADDRESS

Unit/Street/PO Box Number		Postal Address	
Town/Suburb		State	Postcode

PARENT/GUARDIAN DETAILS

First Name		Surname		Telephone	
First Name		Surname		Telephone	
Email					
Emergency contacts	1.Name		Relationship		Telephone
	2.Name		Relationship		Telephone

TRAVELLER DETAILS

Student one

First Name		Surname		Date of birth		Travel start date	
School enrolled				Year level at time of travel			

Any medical problems or requirements the driver should be notified of? If yes, please provide details.

Which days do you intend to use this service? (please use X to highlight)

MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>	THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>
-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------

Student two

First Name		Surname		Date of birth		Travel start date	
School enrolled				Year level at time of travel			

Any medical problems or requirements the driver should be notified of? If yes, please provide details.

Which days do you intend to use this service? (please use X to highlight)

MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>	THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>
-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------

Student three

First Name		Surname		Date of birth		Travel start date	
School enrolled				Year level at time of travel			

Any medical problems or requirements the driver should be notified of? If yes, please provide details.

Which days do you intend to use this service? (please use X to highlight)

MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>	THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>
-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------

APPLICATION FOR TRAVEL

OFFICE USE ONLY

Date Form Submitted		Form Signed - Yes/No – if no, return to Parent/Guardian for signature			
Date Form completed		Parent/Guardian signed?		Eligibility assessed - Y/N?	
Waitlisted - Y/N?		Student(s) signed?		Application (s) Approved/Declined	
Have any of these students been granted eligibility on the basis of an exemption? If yes, specify exemption from policy.					
Student one					
Student two					
Student three					
Eligibility Status (Eligible = E, Not Eligible = NE, Exemption Granted = EG or Fare Payer = FP and Fare Amount e.g. FP at \$180 per term)					
Student one					
Student two					
Student three					
Fare Payment required –Y/N?		Has Parent/Guardian been invoiced? Y/N		Date	
Fares collected – Y/N?		Has Parent been notified in writing of travel status?		Date	

BUS SERVICE DETAILS

AM Bus Service (s)			
Bus route allocated		Bus operator	
Interchange details -if req.		Bus operator	
Pick-up bus stop location		Pick up time	
Drop off bus stop location		Drop off time	
Seat number allocated		Bus roll updated	
Comments:			
PM Bus Service (s)			
Bus route allocated		Bus operator	
Interchange details -if req.		Bus operator	
Pick-up bus stop location		Pick up time	
Drop off bus stop location		Drop off time	
Seat number allocated		Bus roll updated	
Comments:			

OFFICE USE ONLY

School Bus Coordinator Name (please print): _____

School Signature – Coordinating Principal / Delegate signature: _____

Date _____

ACCEPTANCE Conditions of Travel

BEFORE YOU SIGN

Please read and make sure you understand the Public Transport Victoria Conditions of Travel. Your signature will be deemed as acceptance.

PARENT / GUARDIAN

I certify that:

1. The details overleaf are true and correct.
2. I will notify the Principal in writing within seven days of any change of address or school.
3. I agree to pay the costs of repairs or damage to the bus, or its replacement if totally destroyed, caused by the vandalism or deliberate act of my student.
4. I consent to release this information to Public Transport Victoria (PTV) to assist with planning for transport services.
5. I accept the authority of the coordinating Principal with regard to student discipline on the bus service.
6. I agree to abide by the Conditions of Travel.
7. I understand that if I or the student do not comply with the Conditions of Travel, it may result in the student not being permitted to travel on the bus service.

NAME
SIGNATURE
DATE

STUDENTS

I accept the authority of the Principal with regard to discipline on the bus service.
I agree to abide by the Conditions of Travel.

NAME	NAME	NAME
SIGNATURE	SIGNATURE	SIGNATURE
DATE	DATE	DATE

PLEASE RETURN YOUR COMPLETED ENROLMENT FORMS

YEAR 6 STUDENTS

Return to your Primary School

OTHER STUDENTS

Castlemaine Secondary College

Blakeley Road

PO Box 57

Castlemaine Vic 3450



Castlemaine
SECONDARY COLLEGE