Contents

Criteria for selection and Legislation
Conditions of Enrolment
Parent/Guardian Information Record
Signatory for JCS Issued Forms
Parent Questionnaire
Pick-Up Consent Register
Medical Permission Form
Medical Register
Student Medical Register
Media Release Form
Camp and Excursion Agreement Form
Camp and Excursion Consent Form
Transport on Camps
Consent to leave Grounds Form
Criteria for selection

The Jon Carnegie School is a non-denominational school, open to all students, however, the offer of enrolment is at the discretion of the Founder who will consider each case on its merits in light of the enrolment policy criteria and taking into account any special circumstances.

Legislation

The selection process adheres to the rules and regulations as set out in the following Acts:

- The Sex Discrimination Act (Commonwealth) 1975.
- The Information Privacy Act 2000.
Conditions of Enrolment

1. Students will only be selected to attend JCS if both they, and their Parent/Guardian, agree in writing to the terms under which we operate.

2. Enrolment at JCS requires students to be enrolled at The Distance Education Centre of Victoria. JCS will require you to complete forms to assist this process and may request to contact your child’s relevant medical professionals.

3. Students may only enrol at JCS following negotiation and written consent from their school origin, where applicable.

4. Students may be asked to leave JCS at any given time during the year without redress. This is highly unlikely, however JCS reserves the right.

5. If Students are asked to leave JCS during the course of the year, the current term fees are non-refundable.

6. JCS is a non-denominational organisation, and accepts all faiths.

7. Students will attend all extracurricular activities at JCS. This is not negotiable.

8. It is essential that JCS be informed of any change of address or alteration of personal details for both students and parent/guardians.

9. Where students are under care, JCS will only liaise with one designated authority in regards to students. This person is to be nominated on the following forms.

10. Students must have relevant vaccinations.
Privacy laws

Prior to entry to the JCS/DECV program, students and parents are required to sign a commercial waiver giving JCS the right to use video and internet related footage and stills for commercial use of any kind. Further information is available online at www.ce.edu.au

Please be aware that information provided in this form is private and confidential.

Audio/Video

JCS is equipped with both audio and visual security equipment which may be functioning at any time in any legally appropriate area within the school and its surrounds. By signing this form you are acknowledging that both your child’s and your image and/or voice may be recorded at any time in relation to all interchanges which may take place within or around the school environment. These recordings are used for but not limited to security and verification purposes and if at any time you do not wish a recording to take place you are required to provide a previous written request to ensure we can meet your privacy requirements.
Parent/guardian Information Record

**Student Surname:** _____________________________  
**Student Given Names:** ____________________________

**Date of Birth:** ___/___/___  
**Country of Birth:** _____________________________  
**Residential status (Please Circle):** Permanent / Temporary

**Address:** ____________________________________  
**Suburb:** _____________________________  
**Post code:** ________

**Mobile:** _____________________________________  
**Home Phone:** ____________________________

**Email:** ______________________________________  
**With whom does the student live:**____________________

**Medicare No:** ______________________________  
**Expiry:** __________________    (Please attach photocopy)

**Name of Mother:** ____________________________  
**Date of Birth:** ___/___/___

**Address:** ____________________________________  
**Suburb:** _____________________________  
**Post code:** ________

**Occupation:** ______________________________________

**Business Name:** ____________________________

**Business Address:** ________________________________  
**Suburb:** _____________________________  
**Post code:** ________

**Highest level of education:** ______________________________________________________________________

**Country of birth:** ____________________________

**Home Phone:**  ___________________________________  
**Business Phone:** ____________________________

**Mobile:** __________________________________________  
**Fax:** ____________________________________

**Email:** ___________________________________________

**Name of Father:** _____________________________________  
**Date of Birth:** ___/___/___

**Address:** ____________________________________  
**Suburb:** _____________________________  
**Post code:** ________

**Occupation:** ______________________________________

**Business Name:** ____________________________

**Business Address:** ________________________________  
**Suburb:** _____________________________  
**Post code:** ________

**Highest level of education:** ______________________________________________________________________

**Country of birth:** ____________________________

**Home Phone:**  ___________________________________  
**Business Phone:** ____________________________

**Mobile:** __________________________________________  
**Fax:** ____________________________________

**Email:** ___________________________________________
Name of Carer/Guardian: ___________________________

Occupation: ____________________________________

Business Name: ___________________________________

Business Address: _____________________________ Suburb _____________________ Post code ________

Home Phone: _______________________________

Business Phone: ______________________________

Mobile: ____________________________________

Email: _____________________________________

Fax: _______________________________________

Name, age and date of birth of Siblings: _______________________________________________________
                                                                                                  ___________________________________
                                                                                                  ___________________________________

Name Last School Attended: _____________________________________________________________

Date of last attendance: ____________________ Year level ______________________

Address: _____________________________ Suburb _____________________ Post code ________

Phone: ___________________________ Principal: _________________________________

Was the school receiving Funding for your child: YES/NO (please circle)

Do we have the permission to contact previous school: YES/NO (please circle)

Year level ________

Reason for leaving: ________________________________________________________________
                                                                                                  ___________________________________
                                                                                                  ___________________________________
                                                                                                  ___________________________________
                                                                                                  ___________________________________
As part of JCS, policy we require one legal guardian to sign all forms for your child. In cases where there are two guardians (mother/father, foster carer/parent, or guardian/parent), we require that both guardians decide on, and stipulate the guardian who will sign all forms issued by JCS in relation to your child.

The guardian named immediately below

_______________________________________ (Please print name of guardian who will sign all documents)

has my full and unrestricted permission to sign all forms on behalf of

_______________________________________ (full name of student) regarding JCS related activities.

Signature of signing Parent/Guardian: ___________________________________

Name of Parent/Guardian: ______________________________________________  Date: ___________________

Please note that all JCS correspondence will be directed to the authorised signatory listed above. We ask that the chosen parent/guardian pass on information to the non-signing parent/guardian.
Parent Questionnaire

Are there any current custodial issues in relation to your child?

Does your child have permanent residency? If not please provide visa details.

Are there any specific medical issues we need to be aware of in relation to your child?

Are there any diagnosed or suspected learning difficulties we need to be aware of in relation to your child? Please attach relevant documentation.

Has your child been diagnosed with ASD/Aspergers?

Does your child have any allergies or food requirements (on camps)? If so, what are they.

Does your child have a medical diagnosis of anaphalaxis? If so please attach an emergency medical plan from your child’s doctor.

Does your child have asthma? If so please attach an emergency medical plan from your child’s doctor.

What vaccinations has your child had? Please provide relevant record.

Is your child at risk or are there any access restrictions/court issues?

Please rate your child’s swimming ability (1 = poor, 10 = Extremely competent)?
Dear Parents / Guardians,

In the interest of your child’s safety, we would appreciate you providing a list of people who are authorised to pick up your child from school. This list will be kept under your child’s file in reception at JCS. Please contact Kate Bevan if this list needs to be changed or updated during the year. If at any stage you arrange for your child to be picked up by anyone contact JCS reception and let Kate know in advance.

(Please provide at least one)

Name: _________________________________________________
Relationship to: _________________________________________
Contact number:  ______________________________________

Name: _________________________________________________
Relationship to: _________________________________________
Contact number:  ______________________________________

Name: _________________________________________________
Relationship to: _________________________________________
Contact number:  ______________________________________

Name of Parent/Guardian: __________________________________
Date: ___________________

Signature of signing Parent/Guardian: ____________________

Name of Parent/Guardian: ________________________________ Date: _______________
Medical Permission Form

I ______________________________________________________ (Full Name of Signing Guardian)

Consent for my child ____________________________________ (Full Name of Student)

To take participate in all JCS activities.

In the event of an emergency, I agree to my child being administered all medical assistance by JCS staff, medical staff and / or their agents.

I also agree to my child being transported by ambulance and any emergency medical procedures, which may be deemed necessary, including blood transfusion, anaesthesia and surgery, to be carried out by qualified medical practitioners.

I understand that all costs incurred both indirectly and directly by such emergency procedures are my responsibility.

Signature of signing Parent/Guardian: ________________________________

Name of Parent/Guardian: ________________________________ Date: ________________
Please detail any professionals who treat your child ie. Psychiatrists, Psychologists, Counsellors etc.

Name of Treating Professional _________________________________________________________________
Discipline __________________________________________________
Contact phone _____________________________________________
Contact Email ______________________________________________

Name of Treating Professional _________________________________________________________________
Discipline __________________________________________________
Contact phone _____________________________________________
Contact Email ______________________________________________

Name of Treating Professional _________________________________________________________________
Discipline __________________________________________________
Contact phone _____________________________________________
Contact Email ______________________________________________
Medication Register

Notification and request by Parent/Guardian for the administration of medication during school hours

To be completed by Signing Parent/Guardian

I request that my child ______________________________________________ (Full Name of Students) be allowed to take medication at school according to instructions from:

Full name of prescribing Doctor: ______________________________________
Address: ____________________________________ Suburb _________________________ Post code ________
Business Phone: _____________________________

I hereby give permission to the principal to obtain relevant information from the prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the principal of any changes involving the administration of the medicine. I agree to indemnify the school and related parties on the terms of the attached Deed of indemnity.

Signature of signing Parent/Guardian: ________________________________

Name of Parent/Guardian: __________________________________________ Date: __________
# Student Medical Register

Please complete the fields as required, writing N/A where not applicable

<table>
<thead>
<tr>
<th>Medication 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment:</td>
<td></td>
</tr>
<tr>
<td>Emergency Contacts:</td>
<td></td>
</tr>
<tr>
<td>Special Procedures or Notes:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication 2:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment:</td>
<td></td>
</tr>
<tr>
<td>Emergency Contacts:</td>
<td></td>
</tr>
<tr>
<td>Special Procedures or Notes:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication 3:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment:</td>
<td></td>
</tr>
<tr>
<td>Emergency Contacts:</td>
<td></td>
</tr>
<tr>
<td>Special Procedures or Notes:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication 4:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment:</td>
<td></td>
</tr>
<tr>
<td>Emergency Contacts:</td>
<td></td>
</tr>
<tr>
<td>Special Procedures or Notes:</td>
<td></td>
</tr>
</tbody>
</table>

Signature of signing Parent/Guardian: ________________________________

Name of Parent/Guardian: ______________________________________ Date: ___________________
I consent for my child ________________________________ (Full Name of Student) to be filmed, photographed and recorded under the conditions outlined below.

I authorize, grant and assign to JCS, the right to film, interview and generally record my child in photographs and on film during their involvement at JCS. I grant permission for JCS to reproduce and edit the recording s or photos for use in all future publicity or programming in any way, which JCS may choose. I release JCS (and others authorized by JCS) from any infringement or violation of my child’s personal or property rights of any sort (including without limitation defamation and breach of confidence) arising from the use of the recording, films and photographs.

I acknowledge that JCS owns and shall own all right s in the recording, films and photographs and I expressly consent to JCS editing the footage as they see fit.

I agree that the rights granted and assigned by me in this release may not be withdrawn or revoked.

I authorise, grant and assign to JCS the right to assign or licence the rights and other benefits granted under this release in whole or in part.

Signature of signing Parent/Guardian: ________________________________

Name of Parent/Guardian: ________________________________ Date: ________________
Camp and Excursion Agreement Form

I agree my child ___________________________ (Full Name of Student) will participate in all JCS activities including camps and excursions. I understand that I will be charged for all camps and activities that are compulsory throughout the year. I also understand that whilst the Carnegie School aims to advise and confirm excursion and camp dates at the commencement of each Term we do not that guarantee these dates. Therefore to risk being charged for a camp or excursion that your child does not attend please do not make plans during Term times.

Unless there is a severe medical condition that affects your child and we are provided with written documentation that it is the opinion of a medical professional that they do not attend camp your child must attend all compulsory camps. Failure to provide this will result in charge for the camp.

Signature of signing Parent/Guardian: ________________________________

Name of Parent/Guardian: ________________________________ Date: ______________
Transport on Camps & Excursions Consent

Throughout the year the students at JCS participate in a variety of activities outside the school grounds. These activities are part of their curriculum which includes excursions as well as camps.

Transport used is either the school bus or a staff private vehicle/s or a combination of both. All vehicles must have comprehensive insurance, be in a roadworthy condition and the driver/s must have a current drivers licence.

Students at time may also use public transport or walk to and from their destination/s.

JCS staff will supervise travel on all modes of transport at all times.

General Transport Permission Form

I give permission for my child _____________________________ to travel to and from activities and camps on the JCS bus, staff vehicles, and hired vehicles with comprehensive insurance, public transport or on foot under the supervision of JCS staff.

Signature of signing Parent/Guardian: _____________________________

Name of Parent/Guardian: _____________________________ Date: ___________________
Consent to leave grounds Form

I agree my child __________________________ (Full Name of Student) is authorised to leave school grounds at recess and lunch times, as specified by the relevant term timetable. It is my understanding that students are expected to be on school grounds at all times during the school day outside of recess and lunch periods. It is the responsibility of the student to sign in and out as they leave and enter the grounds.

Signature of signing Parent/Guardian: ___________________________________

Name of Parent/Guardian: ______________________________________________  Date: ___________________

Checklist

Have you included:

☐ Copy of birth certificate and passport
☐ Copy of student’s most recent report
☐ Copy of any relevant assessments or tests carried out by treating professionals
☐ Vaccination record
☐ Copy of student’s medicare card
☐ Credit Card details
☐ Copy of student Visa if applicable

Master card / Visa (circle)

[ ] Master card
[ ] Visa

Expiry: ___ / ___  Name on Card: ______________________________________________
OFFICE USE ONLY

COMMENCEMENT DATE: ______________________________________________________________

FINISHING DATE: ______________________________________________________________

REASONS FOR LEAVING JCS: __________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

SIGNED: ______________________________________________________________

POSITION: ______________________________________________________________