



# SAINT SPYRIDON COLLEGE

## APPLICATION FOR ENROLMENT

Student Name:	Commencing Year:	Year Level:
---------------	---------------------	-------------

Please send your completed form & attachments to Saint Spyridon College via:

Email: [office@saintspyridon.sa.edu.au](mailto:office@saintspyridon.sa.edu.au)

**Post or in person:**  
Saint Spyridon College  
52 Oxford Terrace  
UNLEY SA 5000

**Saint Spyridon College**  
*EMBRACE LEARNING, FIND WISDOM*

Reception – Year 6  
(08) 8272 1655  
[www.saintspyridon.sa.edu.au](http://www.saintspyridon.sa.edu.au)

Principal: Reverend Father Daniel Bradshaw

## Section 1: Student Information

### Personal Details

Family Name:		Given Name(s):	
Middle Name(s):		Preferred Name:	
Gender (please circle): M / F	Date of Birth: DD / MM / YYYY	Please attach a copy of Birth Certificate	
Enrolment Commencement Date:	Term:	Year Level:	

### Background

Country of Birth:	If born overseas, date of arrival in Australia: DD / MM / YYYY		
Are you an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Visa sub-class:	Passport number:	Please attach a copy of current visa and passport	
First Enrolled in a school in Australia:	Aboriginal or Torres Strait Islander (please circle): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify:		
Religion:	Present Parish of Worship:		
Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parish:	Date:	Please attach a copy of Baptismal Certificate

### Other Children in the Family

Name:	M / F	D.O.B.	School Attending:	Year Level:

### Medical Details

Doctor's Name:		Clinic:	
Doctor's Contact Number:			
Dentist Name:		Clinic:	
Dentist's Contact Number:			
We have Ambulance Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Hospital:	
We have Private Health Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provider:	Provider Number:
We have a Medicare Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	Expiry Date: / /

Please indicate whether your child suffers from any of the following conditions:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Dietary Needs	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Special Needs
<input type="checkbox"/> Asthma	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Digestive Concerns	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Stomach Aches
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Travel Sickness

Other:

Details (if applicable):	If you selected <b>yes</b> to any of the above, please outline any necessary details and provide copies of any reports / medical action plans / treatment plans or medication details.
--------------------------	--

### Additional Considerations

Does your child have any special achievement talents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Is your child gifted in a particular subject or topic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Does your child require any special provisions to be made by the school? (e.g. medication, disabled access etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

## Section 2: Schooling History

### Current school, pre-school, kindergarten or childcare

Name of institution:	From / /	To: / /
----------------------	----------	---------

### Previous schools, pre-school, kindergarten or childcare

1.	From / /	To: / /
2.	From / /	To: / /
3.	From / /	To: / /
4.	From / /	To: / /

I give permission for Saint Spyridon College to contact previous schools/preschools/kindergarten and/or childcare facilities regarding my child's progress.

Please attach a copy of the student's latest school / kindergarten report and/or reference from previous schools

### Past Schooling

Has your child ever been suspended or expelled from any previous schools?  Yes  No

If YES, please explain:

---



---



---



---

How is your child currently managing at school / kindergarten?

Academically:     Very good     Good     Average     Poorly     Very poorly

Socially:         Very good     Good     Average     Poorly     Very poorly

## Section 3: Family Information

Parent / Caregiver 1				Parent / Caregiver 1			
Title: (e.g. Mrs/Ms/Dr)				Title: (e.g. Mrs/Ms/Dr)			
First Name(s):				First Name(s):			
Surname:				Surname:			
Preferred Name (if applicable):				Preferred Name (if applicable):			
Relationship to student:		Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to student:		Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Caregiver 1 will automatically receive student reports and are the primary contact person.				Do you require an additional student report? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent/Caregiver 1 is the primary person authorised to drop off and pick up the student to and from school.				Do you wish to be added as an authorised person to drop off and pick up the student to and from school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Residential Address:				Residential Address:			
Suburb:		State:	Post Code:	Suburb:		State:	Post Code:
Postal Address (if different from residential):				Postal Address (if different from residential):			
Suburb:		State:	Post Code:	Suburb:		State:	Post Code:
Phone (H):		Phone (W):		Phone (H):		Phone (W):	
Mobile:				Mobile:			
Email:				Email:			
Usual Occupation:				Usual Occupation:			
Employer:				Employer:			
Marital Status:		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Sole Parent <input type="checkbox"/> Other		Marital Status:		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Sole Parent <input type="checkbox"/> Other	
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NOT, date of arrival in Australia:				If NOT, date of arrival in Australia:			
Please attach a copy of your Visa to this form.				Please attach a copy of your Visa to this form.			
Nationality:		Country of Birth:		Nationality:		Country of Birth:	
Language spoken:		Date of Birth: (optional)		Language spoken:		Date of Birth: (optional)	
<b>Access</b>							
Is there an access restriction in place? <input type="checkbox"/> Yes <input type="checkbox"/> No				Please attach any legal documentation or Court Orders regarding family arrangements pertaining to the student (if applicable).			
Is there a custody order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Parent with custody:							

## Section 4: Emergency Contact Information

<b>Emergency Contact 1 (other than parent/caregivers)</b>		
Full Name:		
Relationship to student:	Mobile Number:	
Address:	This emergency contact person is authorised to drop off / pick up student to and from school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Contact 2 (other than parent/caregiver)</b>		
Full Name:		
Relationship to student:	Mobile Number:	
Address:	This emergency contact person is authorised to drop off / pick up student to and from school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Contact 3 (other than parent/caregiver)</b>		
Full Name:		
Relationship to student:	Mobile Number:	
Address:	This emergency contact person is authorised to drop off / pick up student to and from school: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section 5: Other Information

<b>Volunteering</b>	
Would you be willing to help as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	In order to volunteer, you must have a valid Working With Children Check. Please attach with this enrolment form if you have one, or if not, ask the school for further details.
If YES, in what areas would you be interested in helping? (please tick)	
<input type="checkbox"/> Classroom support <input type="checkbox"/> Accompanying Excursions <input type="checkbox"/> Playgroup <input type="checkbox"/> Fundraisers <input type="checkbox"/> Other (Specify):	
<b>School Feedback</b>	
How did you hear about Saint Spyridon College? (please tick)	
<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Church/Parish <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other <div style="text-align: right;">Specify:</div>	
Please tell us why you are choosing Saint Spyridon College for your child's education.	
<hr/> <hr/> <hr/>	

## Section 6: Permissions

### Media Release

Do you give permission for your child's photographs/images/videos taken during College activities to be published in Saint Spyridon College publications, promotional activities and on the College website and/or social media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Do you give permission for your child's work samples to be published in Saint Spyridon College publications, promotional activities and on the College website and/or social media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**(Please note: in most circumstances, the images/videos will not include any personal information regarding the student's identity. Photos will become the property of the College and may be used after the student has left or graduated.)**

### Medical Needs

Do you give permission for a member of school staff to apply First Aid to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Do you give permission for a member of school staff to call an ambulance for your child in case of a medical emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Do you give permission for a member of school staff to administer to your child 'RELIEVER' (blue, bronchodilator) medication from the first aid kit, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Do you give permission for a member of school staff to administer to your child 'EPIPEN' medication from the first aid kit, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Do you give permission for your child's hair to be checked for head lice as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**(Please note: all members of staff at Saint Spyridon College have undertaken recent First Aid and CPR training.)**

### Travelling Offsite

Do you give permission for your child to go on local excursions? (Families will be informed when there is a local excursion but permission will not need to be signed on each occasion.) A local excursion is an walking excursion within a 3 km radius of the school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Do you give permission for your child to go walking to the Unley Library, Village Green, Sturt Oval, State Swim and other local areas (i.e. shopping area, nearby park and other locally significant sites to access and use these facilities as part of the school program) with adequate supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Do you give permission for a member of school staff to drive your child in his/her car to the Unley Out of School Hours Care (OSHC) after school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**(Please note: separate permission will be sought for excursions that require a bus to travel to.)**

<b>Parent/Caregiver 1</b>	Signature:	Date:
Name:		
<b>Parent/Caregiver 1</b>	Signature:	Date:
Name:		

## Section 7: Enrolment Agreement

### General

**By signing this application form, you are agreeing to the following statements, should the student be enrolled at Saint Spyridon College.**

1. I/We accept that s/he will be educated in the Orthodox faith within a Christian educational environment, and that prayer times are incorporated into the daily routine and compulsory for all students.
2. I/We will abide by school policies as amended from time to time.
3. I/We accept that support of school staff and cooperation concerning school activities is essential.
4. I/We will support the College's aims and Christian ethos.
5. I/We accept that the College reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the College.
6. I/We accept the standards the College sets regarding the school uniform and personal presentation. I/We will support and encourage my/our child to take pride in the school uniform and ensure that they are always sent to school neatly and correctly dressed.
7. I/We accept the standards the College sets regarding behaviour and student conduct and accept and agree to uphold the College's authority and right to administer appropriate behaviour management in accordance with the policies of the College.
8. I/We will support extra-curricular activities such as camps, excursions, sports carnivals, music lessons etc. If a student is unable to participate for medical reasons, a written letter must be sent to Saint Spyridon College excusing the child from the activity.
9. I/We understand that should medical action, hospital care or attention be required for the student, all costs incurred will be the responsibility of the parent.
10. I/We understand that essential student data is stored on a cloud-based server to facilitate timely staff access.
11. I/We accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the College (except where exemptions/remissions have been sought and granted).
12. I/We accept that that we are responsible for any damage a student incurs to buildings, furniture and equipment, caused through a deliberate act, carelessness or neglect.
13. I/We give consent for the College to contact any other school which my child has previously attended for the purpose of ascertaining my/our fee-paying record.
14. 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 responsibility.
15. I/We accept that students may not leave the College grounds without permission from the appropriate College authorities or written permission from parents.
16. I/We understand that Saint Spyridon College is not required to automatically accept an enrolment application. Should your child not be accepted, the College is not required to disclose the basis for the decision made. All information will remain confidential to all parties.

### Privacy / Release of Information

17. The College respects the privacy of personal and sensitive information regarding your family. The College collects personal information, including sensitive information about the student and parent(s) or guardian(s) before and during 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 child. For more details, a copy of the College's privacy policy is enclosed
18. In situations where parents are separated, it is the policy of the College to release school reports to mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interviews upon request. However, the College will abide by any court orders which prevent the release of such information.
19. Some of the information the College collects is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.



20. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.
21. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, local parish, medical practitioners and people providing services to the College including specialist visiting Consultants, sports coaches and volunteers.
22. In the event of default of payment of fees, the College may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
23. The College from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
24. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.
25. 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 newsletter, our website and our official social media page.
26. Parents or guardians may seek access to personal information collected about them and their child by contacting the College. 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.
27. 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. We will not disclose your personal information to third parties for their own fundraising purposes without your consent.
28. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish and that the College does not disclose the information to third parties.

## Cancellation of Enrolment

29. I/We understand that at the discretion of the Principal and College Board of Governors, the College reserves the right to suspend a student temporarily or permanently for behaviour management purposes, for any breach of College Policy. Payment of the current Term's fees will not be refunded.
30. I/We accept that I/we may cancel a student's enrolment but must give the College one Term's notice in writing. In default of such notice, a full Term's fees will be charged.

I/We acknowledge and accept all of the above terms and conditions (clauses 1-30) and I/We have read the Saint Spyridon College Privacy Policy. I/We declare that all of the information provided in this application is, to the best of my/our knowledge, true and correct.

**Parent/Caregiver 1**

Name:

Signature:

Date:

**Parent/Caregiver 2**

Name:

Signature:

Date:

In due course, applicants will be contacted regarding their application for enrolment. If applicants accept an offer of enrolment, the terms and conditions detailed in this Application for Enrolment are incorporated in the Enrolment Contract.



## Section 8: Checklist

Please use the following checklist to make sure you have included all the necessary documentation with your enrolment application. Then return this form with your documentation to Saint Spyridon College.

Checklist items that are in bold are compulsory for all enrolment applications. Others may depend on circumstance. Leave blank if the item is not applicable.

### Section 1: Student Information

I have included a copy of my child's:

- Birth Certificate**
- Baptismal Certificate
- Medical reports / action plans / treatment plans / medication details

### Section 2: Schooling History

I have included a copy of my child's:

- Latest school / kindergarten report OR reference from previous school(s)**

### Section 3: Family Information

I have included a copy of:

- VISA – Parent/caregiver 1
- VISA – Parent/caregiver 2
- Court Orders and/or other legal documentation

### Section 5: Other Information

I have included a copy of my/our:

- Working With Children Check(s) (issued by the Department of Human Services)

#### OFFICE USE ONLY

Proof of name and date of birth received	/ /	Type of document	
Staff member's name		Signature	/ /
Enrolment form received	/ /	Enrolment fee paid	YES NO / /
Entered in the system by	/ /	Entered in the filing cabinet by	/ /