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APPLICATION FOR ENROLMENT

I. CONTACT INFORMATION

Child's Name _____

Date of Birth _____

Current School *(if applicable)* _____ Current Year Level _____

Year and Term of desired entry _____ Year Level of Entry _____

Intended Length of Stay at Preshil _____

Parent/Guardian 1 Name *(Ms, Mrs, Mr, Dr, Prof)* _____

Address _____

Telephone *(home)* _____ *(business)* _____

(mobile) _____

Email _____

Occupation _____

Signature (Required) _____

Parent/Guardian 2 Name *(Ms, Mrs, Mr, Dr, Prof)* _____

Address _____

Telephone *(home)* _____ *(business)* _____

(mobile) _____

Email _____

Occupation _____

Signature (Required) _____

Is there a sibling currently or previously enrolled at Preshil?

Was either parent a student of Preshil?

Do you have any friends who are currently or will be attending Preshil?

2. STUDENT PROFILE

Has your child ever been assessed by a health specialist or educational professional such as psychologist, occupational therapist, audiologist, speech pathologist?

Yes

No

If yes, please specify specialist and reason for assessment (attach reports including WISC or WIAT)

Has your child ever received learning support assistance or Early Intervention?

Yes

No

If yes, please specify

Does your child have health/medical needs that require ongoing treatment?

Yes

No

If yes, healthcare plans may be required. Please attach report/relevant information

Does your child have any social and/or emotional difficulties that may affect their involvement in the school program?

Yes

No

If yes, please describe

Has your child qualified for assistance from an integration aide or special visiting teacher?

Yes

No

If yes, please provide details

Has your child ever been suspended or expelled from school?

Yes

No

If yes, please provide details

3. APPLICANT PROFILE

In making an application for entry to Preshil for your child, we ask that you write an applicant profile. This profile will be retained in the student record and viewable by our teaching staff. If any element of your applicant profile is not to be shared with our teaching staff, please indicate clearly.

Please address the following points:

- Details of family members and arrangements
- Chronology of your child's previous childcare, kindergarten and school experience, where applicable
- Details of the nature of your child's relationships with peers and adults
- Your child's interests, strengths and hobbies
- Any significant illnesses or a stay in hospital
- Any significant experiences such as a break/change in home relationships
- In what way your family is committed to the school's philosophy and why Preshil would suit your child
- What are you specifically seeking for your child at Preshil
- Where a diagnosis has been made that may impact on the child's involvement in the school program or indicate the need for a care program, either socially, physically or academically, information is to be provided from relevant health professionals
- Any other information which you think is important for Preshil to know which may be relevant to your child's participation in class or school life
- For Kindergarten applicants please provide:
 - detail on general health; including when developmental milestones were achieved and if any special needs have been identified
 - a copy of your child's Immunisation History Statement from the Australian Immunisation Register in line with the 'No Jab, No Play' legislation
- For Primary and Secondary School applicants, please provide:
 - copies of your child's most recent school reports
 - details regarding attitudes to learning, progress in learning, creative and intellectual interests and their relationships with school peers and teachers

Your child's applicant profile, former school reports, information regarding specific learning related issues and samples of student work will be retained in your child's file and viewable by our teachers and student support staff. This information will assist our student support staff to create any required learning plan and to inform our staff of what reasonable adjustments might be required to accommodate specific learning related issues.

4. AUTHORITY AND CONSENT

1. We understand that whilst this application is a pre-condition to enrolment at Preshil, it is not a guarantee that an offer of enrolment will be made. The school reserves the right to accept or reject any application for enrolment.
2. We understand that admission to Preshil is at the sole and absolute discretion of the Principal.
3. We understand that in most cases, admission is conditional upon interview with the family. Interviews are normally scheduled following a tour of the school, receipt of a completed Application for Enrolment form and accompanying documentation. The scheduling of an interview does not guarantee a place being offered at Preshil.
4. We agree that as part of the consideration of the application, consent to make contact with our child's current supporting professionals e.g. psychologist or speech pathologist will be sought. The information asked will not be confidential in nature, rather Preshil will seek information on strategies which might be recommended for the child and which might be employed by teaching staff to help support and increase a sense of wellbeing for the child. This information will be retained in the student record and viewable by teaching staff.
5. We agree that as part of the application process Preshil may seek information of a confidential nature from us. Any reports that are provided from supporting professionals (including but not limited to educational psychologists, occupational therapists, or speech pathologists) will be retained in the student record and viewable by teaching and student support staff.
6. We acknowledge that full and frank disclosure is required throughout the application and enrolment process to allow the school to make an informed decision regarding the child's educational and wellbeing needs. If all relevant information regarding the identified needs of the child has not been disclosed and the school cannot properly provide for the needs of the child, the enrolment will be reviewed and may not continue.
7. In making an application to Preshil, we give consent to contact our child's current classroom teacher (Primary School applicants) or Year Level Coordinator (Secondary School applicants). Information gathered will be retained in the student record and viewable by teaching staff.

- Staff Member's Name & Position: _____
- Staff Member's Phone Number: _____
- Signed to consent to contact being made: _____ Dated: ____ / ____ / _____

Student Name _____

Signature of Parent/Guardian	_____	Name	_____
Signature of Parent/Guardian	_____	Name	_____
Date	_____		

5. CHECKLIST

Before submitting your application and to ensure that your application can be processed, please check that you have included all the requested information. A checklist has been provided below for your convenience. Please note that this application will not be considered complete until all the applicable information included on the checklist has been received.

- All information required on the front page of this application has been provided
- This application has been completed, signed and dated
- The applicant profile has been completed addressing all of the required information specified on page 3 of this application form
- A copy of the applicant's most recent school report is attached if applying for entry into the Primary or Secondary School
- A copy of the applicant's up to date Immunisation History Statement if applying for entry to the Kindergarten
- Copies of documentation and assessments from supporting professionals, including audiologist, speech pathologist, psychologist, occupational therapist, paediatrician
- Educational assessments including WISC and WIAT results have been attached
- Payment, or receipt for payment, of the \$121 application fee has been included.

6. FEE PAYMENT

- All fees and charges made by Preshil shall be payable by the person(s) named as responsible for the payment of fees within 14 days of the date which the account bears and in a case where more than one person is named as responsible for payment of fees, liability for fees and charges shall be joint and several.
- No student will be allowed to enter a new term while any part of the fees and charges remains unpaid unless the parent/s or guardian/s can establish circumstances and the school expressly agrees, in writing, to vary this requirement. Any such agreement will not act as a waiver in respect of school fees or charges outstanding as at the time the agreement was reached.
- Families with more than one child enrolled are eligible for a discount of the Tuition Fee of 10%, 25% and 50% respectively for the second, third and fourth child.
- If it is necessary for the purposes of considering this application, Preshil may request financial information from the persons who will be responsible for payment of fees.

PAYMENT METHODS

In Person: Payments by cash, cheque or credit card may be made in person at the Arlington Office, 395 Barkers Road, Kew OR at the Blackhall Kalimna Office, 12 – 26 Sackville Street, Kew

By Mail: Cheques to: Preshil, The Margaret Lyttle Memorial School, 395 Barkers Road, Kew, VIC 3101

By Phone: Credit card payments may be made by calling 9817 6135

Direct Deposit: Payments can be made via direct deposit to

Bank:	Commonwealth Bank
Account Name:	Preshil – The Margaret Lyttle Memorial School
BSB:	063 000
Account Number:	1317 6739
Reference:	Surname