

# ENROLMENT APPLICATION



## Recent Photograph of Applicant

(ONLY APPLICABLE  
IF OVER 2 YEARS  
OF AGE AT TIME OF  
APPLICATION)

**Thank you for your interest in Arden Anglican School. This application form along with the Enrolment Application Fee is used to secure a position on the School's waiting list.**

Please read in conjunction with Enrolment Information, Conditions of Enrolment and Fee Schedule.

For the purpose of this document "Parent" means the persons identified (a) on the Student's birth certificate as Mother/Father; (b) as legal guardian appointed by a court; or (c) has the legal authority to care for the personal interests of the Student; or, where the Student has only one parent, that Parent.

Please use BLOCK LETTERS

## STUDENT DETAILS

FIRST NAME

OTHER NAME/S

LAST NAME

PREFERRED NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER

DESIRED YEAR OF ENTRY (i.e. 2023)

DESIRED TERM AND GRADE OF ENTRY (i.e. TERM 1, KINDERGARTEN)

CURRENT GRADE LEVEL

CURRENT PRE-SCHOOL/SCHOOL

NESA STUDENT NO. (STUDENTS APPLYING FOR YEAR 10, 11 OR 12 ENTRY)

Nationality

Australian

Other

PLEASE SPECIFY

Aboriginal or Torres Strait Islander background?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Country of birth

Australia

Other

PLEASE SPECIFY COUNTRY

LANGUAGE(S) OTHER THAN ENGLISH SPOKEN AT HOME

RELIGIOUS DENOMINATION

## OFFICE USE ONLY

APPLICATION RECEIVED	APPLICATION FEE RECEIVED	PARENT CODE	STUDENT CODE	CHQ/CC/EFT/CASH
SCANNED	BIRTH CERT/VISA	IHS	REPORTS	SIGNATURES



# ARDEN

## PARENT CONTACT DETAILS

### Parent (1)

TITLE		
<input type="text"/>		
FIRST NAME		
<input type="text"/>		
PREFERRED NAME		
<input type="text"/>		
LAST NAME		
<input type="text"/>		
ADDRESS 1		
<input type="text"/>		
ADDRESS 2		
<input type="text"/>		
SUBURB	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE		
<input type="text"/>		
WORK PHONE		
<input type="text"/>		
MOBILE		
<input type="text"/>		
EMAIL		
<input type="text"/>		
POSTAL ADDRESS (IF DIFFERENT)		
<input type="text"/>		
SUBURB	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Parent (2)

TITLE		
<input type="text"/>		
FIRST NAME		
<input type="text"/>		
PREFERRED NAME		
<input type="text"/>		
LAST NAME		
<input type="text"/>		
ADDRESS 1		
<input type="text"/>		
ADDRESS 2		
<input type="text"/>		
SUBURB	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE		
<input type="text"/>		
WORK PHONE		
<input type="text"/>		
MOBILE		
<input type="text"/>		
EMAIL		
<input type="text"/>		
POSTAL ADDRESS (IF DIFFERENT)		
<input type="text"/>		
SUBURB	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>



## SIBLINGS

Please complete if the student has any brothers or sisters currently or previously enrolled at Arden.

### Sibling 1

FIRST NAME

LAST NAME

CLASS/YEAR GROUP

DATE OF BIRTH (DD/MM/YYYY)

### Sibling 2

FIRST NAME

LAST NAME

CLASS/YEAR GROUP

DATE OF BIRTH (DD/MM/YYYY)

### Sibling 3

FIRST NAME

LAST NAME

CLASS/YEAR GROUP

DATE OF BIRTH (DD/MM/YYYY)

### Sibling 4

FIRST NAME

LAST NAME

CLASS/YEAR GROUP

DATE OF BIRTH (DD/MM/YYYY)

## ALUMNI

Please complete if a relative, other than a sibling of the student, is currently attending or has previously attended Arden.

LAST NAME

INITIALS

YEAR/S ATTENDED eg. 1980-1993

RELATIONSHIP



## SPECIAL CIRCUMSTANCES

Please provide details of any special circumstances about the student that Arden should know prior to enrolment (eg, living apart from parent, subject of a Court order, etc).

## ADDITIONAL LEARNING AND SUPPORT NEEDS, INCLUDING DISABILITY

Arden recognises that adjustments may be required for students with additional learning and support needs, including disability, so that they can participate in the life of the School. Arden is committed to working with parents to identify the adjustments that may be needed to meet the student's needs.

In support of this commitment, please assist the School by providing honest and transparent information, as requested.

Please indicate the impairment/disability in which the student requires support for learning.

- |                               |                        |
|-------------------------------|------------------------|
| difficulties in learning      | behaviour disorder     |
| vision impairment             | language disorder      |
| hearing impairment            | mental health disorder |
| autism                        | ADHD                   |
| physical disability           | acquired brain injury  |
| intellectual disability       |                        |
| other, please provide details |                        |

Please indicate the adjustments that may be required to allow the student to participate at School.

- changes to learning programs/teaching strategies
- communication eg, speaking/listening
- modification to equipment, furniture, learning spaces, etc
- test/examination support
- support of personal care needs eg, hygiene, meals, etc
- social support to engage safely with others
- other, please provide details

## HEALTH CONDITIONS

It is essential that you inform the School if the student has any medical conditions, including known allergies. Additionally if the student has been diagnosed with a condition which may require an emergency response (ie, diabetes, epilepsy, asthma and/or anaphylaxis), please provide a copy of the student's current Action Plan.

You should also keep the School informed of any newly diagnosed, or changes to existing, condition/s. This is important information for the student's safe participation in the life of the School.

## STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT

Arden has a responsibility to assess and manage any risk of harm to its staff and students. This application allows you to provide information that will facilitate the smooth transition of the student into the Arden community. This may include preparing a behavior management plan or other appropriate strategies. Any information you provide in this section will be treated with sensitivity as we help ensure the safety of this student, other students and staff.

If there is anything in the student's schooling history or circumstance which might pose a risk of any type to this student, other students, or staff at Arden (eg history of violent behaviour, suspended/expelled from another school etc); please provide details.



## PARENT DECLARATION

I/We

- Apply to have the Student considered for enrolment at Arden Anglican School.
- Have read the information contained in this Enrolment Application in conjunction with the Enrolment Information, Conditions of Enrolment and Fee Schedule.
- Confirm that the information in this Enrolment Application is accurate and complete and that any supporting documentation provided has not been altered in any way.
- Agree to keep the School informed of any change to the Student's personal, physical and/or psychological circumstances in so far as it directly relates to their enrolment at Arden.
- Understand that failure to accurately complete this form and provide all relevant information, as requested, may result in the School's inability to accommodate the student's needs and affect their enrolment.
- Understand that the Application Fee is non-refundable.

NAME OF PARENT (1)

SIGNATURE OF PARENT (1)

DATE

NAME OF PARENT (2)

SIGNATURE OF PARENT (2)

DATE

AN ANGLICAN SCHOOL  
FOR GIRLS AND BOYS

PRE-SCHOOL AND  
JUNIOR CAMPUS  
39-43 Wongala Crescent  
Beecroft NSW 2119  
T. 02 9484 1146  
F. 02 9980 6449

SECONDARY  
CAMPUS  
6B Essex Street  
Epping NSW 2121  
T. 02 9869 2644  
F. 02 9869 2655

PO Box 23  
Beecroft NSW 2119  
www.arden.nsw.edu.au  
ABN. 22 851 187 489

## ENROLMENT APPLICATION CHECKLIST

In addition to the completed Enrolment Application form, I/We enclose copies of the following:

Birth Certificate

Current permanent residency visa, if applicable.  
NOTE: Arden is not registered, nor able, to accept applications from international students or those with a temporary residency visa.

Student's last two school reports (if applicable)

Student's latest NAPLAN results (if applicable)

Support plans or relevant documentation relating to the student's current additional learning and support needs (if applicable)

Medicare Immunisation History Statement

Your application will not be processed unless all of the above and any other requested documentation has been received by the Registrar and payment of the Application Fee has been made.

If submitting documents electronically, all documents MUST be supplied in PDF format. No other format will be accepted.

Please note should the application proceed the School reserves the right to request updated information two years prior to the expected commencement date and again 3-6 months prior to the confirmed commencement date, in support of a continued collaborative approach between the School and parents to ensure positive outcomes for each student.

## APPLICATION FEE PAYMENT INFORMATION

\$300 per student (non-refundable) payable online at:

[www.arden.nsw.edu.au](http://www.arden.nsw.edu.au)

Bank transfer, Visa, Master Card, American Express are accepted via the School's online payment portal. All credit card payments attract a surcharge. Go to Quick Links at the top of our website and click Payments. Select Application and Confirmation Fees.

**Thank you for considering Arden.**

Completed Enrolment Applications can be submitted by email to [enrolments@arden.nsw.edu.au](mailto:enrolments@arden.nsw.edu.au)

or mailed to:

Registrar  
Arden Anglican School  
PO Box 23  
Beecroft NSW 2119

Our Registrar will send you a letter acknowledging receipt of the Application and payment of the Application Fee and remain in contact with you as the enrolment process proceeds.



# ARDEN