



Western Australia Enrolment Application Pack

CHANGING LIVES ONE AT A TIME



12 Winton Road
Joondalup, WA 6027
Phone: (08) 9403 8200 Fax: (08) 9403 8299
PO Box 301, Joondalup DC WA 6919
Email: admin@alta-1.wa.edu.au
Website: www.alta-1.com.au

Application for Enrolment

STUDENT DETAILS

Surname: _____ USI Number: _____

Given Name/s: _____ Preferred Name: _____

Gender: (As per Birth Certificate): M F Date of Birth: _____

Country of Birth: _____ Nationality: _____
(Please provide a copy of Visa and Birth Certificate if born outside of Australia)

Main Language spoken: _____ Main Language spoken at home: _____

- 1. Aboriginal but not Torres Strait Islander descent
- 2. Torres Strait Islander but not Aboriginal descent
- 3. Both Aboriginal and Torres Strait Islander descent
- 4. Neither Aboriginal nor Torres Strait Islander descent

Immunisation history available? (Please provide a copy of Immunisations) Yes No

Present or Previous School: _____

Year level previously completed and when: _____
(Please provide a copy of two previous school reports)

Home address: _____
(while enrolled in the program)

Contact Number: _____ Email: _____

PHOTO AUTHORISATION

Authorisation is needed to use students' photographs in different publications. In the event a photo of your child is published, only the first name will be used to ensure confidentiality.

Please place a tick in the boxes below indicating what areas you are happy to have your child's photograph/s used in, including videos and power point presentations. Newsletters will not only be issued to students, but also placed on the website.

Newsletters Publications Website Class Publications

Media Publications/Promotional displays both inside and outside the school

CONTACT DETAILS OF RESPONSIBLE PARENT/GUARDIAN

Title: _____ Given Name (in full): _____

Relationship to the Student: _____

Home Address: _____

Postal Address: _____
(‘As Above’ if the same)

Contact Number: _____ Email: _____

FAMILY DETAILS

Mother

Title: _____

Full Name: _____

Home Address: _____

_____ P/Code: _____

Occupation: _____

Contact number: _____

Father

Title: _____

Full Name: _____

Home Address: _____

_____ P/Code: _____

Occupation: _____

Contact number: _____

Marital Status: (Please tick the appropriate box)

Married/De facto

Separated

Single

Divorced

Widowed

CUSTODY/GUARDIANSHIP DETAILS

Student resides: **Permanently with** _____ Student resides: **Occasionally with**

Custody Details/Access restrictions? YES NO

Please include a copy of any Court Orders.

Alternative Family Information:

If you wish for another person to contact the school regarding your child, please advise below.

YES NO

Name and contact number of alternative person/s: _____

EMERGENCY CONTACT (3)

(Other than Parent/Guardian who will be contacted first)

Name _____

Phone (Hm) _____

Mobile _____

Relationship to student: _____

EMERGENCY CONTACT (4)

(Other than Parent/Guardian who will be contacted first)

Name _____

Phone (Hm) _____

Mobile _____

Relationship to student: _____

The following information is required by the Australian Government to determine the level of funding the College is allocated

Parent/Guardian 1: Country of Birth _____ Main Language spoken at home _____

What is the highest year of primary or secondary school completed? (Please tick the appropriate box)

1. Year 9 or equivalent or below 2. Year 10 or equivalent
 3. Year 11 or equivalent 4. Year 12 or equivalent

What is the level of the highest qualification completed? (Please tick the appropriate box)

5. Certificate I to IV (incl. trade certificate) 6. Advanced Diploma/Diploma
 7. Bachelor degree or above 8. No non-school qualification

Occupation group (Please tick the appropriate box)

1. Senior management and qualified professionals
 2. Other business managers, arts/media/sport, associated professionals
 3. Tradesmen/women, clerks, skilled office, sales, service
 4. Machine operators, hospitality, assistants, labourer, etc.
 8. Not in paid work in last 12 months
 9. Not stated or unknown

Parent/Guardian 2: Country of Birth _____ Main Language spoken at home _____

What is the highest year of primary or secondary school completed? (Please tick the appropriate box)

1. Year 9 or equivalent or below 2. Year 10 or equivalent
 3. Year 11 or equivalent 4. Year 12 or equivalent

What is the level of the highest qualification completed? (Please tick the appropriate box)

5. Certificate I to IV (incl. trade certificate) 6. Advanced Diploma/Diploma
 7. Bachelor degree or above 8. No non-school qualification

Occupation group (Please tick the appropriate box)

1. Senior management and qualified professionals
 2. Other business managers, arts/media/sport, associated professionals
 3. Tradesmen/women, clerks, skilled office, sales, service
 4. Machine operators, hospitality, assistants, labourer, etc.
 8. Not in paid work in last 12 months
 9. Not stated or unknown

Alta-1 Confidential Student Enrolment Information

PRIVACY INFORMATION COLLECTION NOTICE

1. The school collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at Alta-1. The primary purpose of collecting this information is to enable Alta-1 to provide schooling for your son/daughter/the student.
2. Some of the information we collect is to satisfy Alta-1's legal obligations, particularly to enable Alta-1 to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health [and Child Protection] * laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners, and people providing services to the school, including specialist visiting teachers, [sports] coaches and volunteers.
6. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your son/daughter/student.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines [and on our Website].
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Pupils may also seek access to personal information about them. 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 school's duty of care to the pupil, or where pupils have provided information in confidence.
9. From time to time the school may engage in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the school's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and school directory. If you do not agree to this, you must advise us now.
11. If you provide the school 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 school and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.

STUDENT MEDICAL INFORMATION

Student Name (in full): _____

Has the student ever been diagnosed with any of the following? *(Tick if applicable)*

Please note that the answers to these questions won't determine whether the student is accepted into Alta-1, however it will help to give staff a better understanding and equip us to care for the student appropriately.

<input type="checkbox"/> Autism Spectrum Disorder (ASD)	
Details:	
<input type="checkbox"/> Deaf and Hard of Hearing	<input type="checkbox"/> Vision Impairment
Details:	<input type="checkbox"/> Dyslexia (physiological, needing correction by coloured lens or overlays) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability
<i>IQ score below 69 and deficits in adaptive behaviour, such as self-care, independence, safety, etc.</i>	Details:
Medical/Health Condition	Speech and Language Impairment
<input type="checkbox"/> Diabetes <input type="checkbox"/> Arthritis <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis (Beestings/food) <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Disorder <input type="checkbox"/> Other: _____ *Please attach Management plan/s	<input type="checkbox"/> Dyslexia (Spelling, Comprehension and Reading Difficulty) <input type="checkbox"/> Dysgraphia (Writing) <input type="checkbox"/> Dyscalculia (Mathematics and numeracy) <input type="checkbox"/> Dyspraxia (Verbal and/or motor co-ordination) <input type="checkbox"/> Language or speech disorder (E.g. stutter) <input type="checkbox"/> Other: _____
Mental/Behavioral Disorder	
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Drug/alcohol issues/addiction <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Bipolar Disorder (previously known as manic depression) <input type="checkbox"/> Motor Disorders such as tics, Tourette's etc. <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trauma and post-traumatic stress (PTSD) <input type="checkbox"/> Schizophrenia or other psychotic disorders <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) <input type="checkbox"/> Oppositional Defiant or Conduct Disorder <input type="checkbox"/> Oppositional Defiant or Conduct Disorder
OTHER	
Please provide information relating to any diagnosis not listed above or any Health Issue that may impact your child's performance (i.e. Significant illness or conditions / previous surgery / head or brain injury).	

Risk to harm self: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Details:
Risk to harm others: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Details:
Substance use (e.g. Drugs, Alcohol)
Details:

Name of the medication your child is currently taking, and the dosage requirements:
(e.g. Penicillin 10mg, every 4 hours)

Administration of medication:

A "Medication Request" application must be completed for all students requiring medication (prescription and non-prescription) during school hours with the exception of antibiotics and short-term medication. This must include written instructions from the parent/guardian and delivered to the site teacher. Note however: Alta-1 College staff will never take responsibility for the administration of any medication by injection.

Doctor's Name / Medical Group: _____

Address: _____

Phone no: _____

Medicare No: _____ **Individual Number:** _____ **Valid To:** _____

Do you have St. John Ambulance Cover / Insurance? Yes No

IN AN EMERGENCY, AN AMBULANCE WILL BE CALLED AT THE PARENT'S EXPENSE.
(Where possible, parents /guardians will be contacted before emergency transport is called)

- Please attach professional reports that confirm any diagnosis stated on previous page
- Please attach Management Plan for any Medical Conditions

Parent/ Guardian Permission Form

Dear Parent/Guardian,

Your child may be eligible for additional funding from the Western Australian State Government to assist him/her to access the curriculum. Special Education Supplementary Per Capita Grant applications are managed by AISWA (Association of Independent Schools in Western Australia). The school will make an application to AISWA, however, all applications are required to be supported with documentation. In accordance with the Privacy Act, we request your permission to forward any relevant documentation about your child that may assist us in gaining funding approval.

If your child has previously attended an Independent School in Western Australian and Special Education Supplementary Per Capita funding was applied for at this school, your child's previous funding application details (including funding level allocated and supporting documentation) may be held by AISWA (Association of Independent Schools of Western Australia – includes all non-government, non-Catholic schools). In this event, according to the Privacy Act, AISWA needs your permission for the funding details and documentation to be transferred to your child's new school.

Please complete the attached form and return it to the Learning Support Coordinator (or equivalent role or Principal) as soon as possible.

Thank you for your cooperation in this important process.

Special Note:

Parent/Guardian - Please do not return the form directly to AISWA.

School - It is preferred that this document (both pages) be uploaded as part of the application.

Part A: Permission form for ALL STUDENTS

* 'All Students' for whom you are applying for Special Education Supplementary Per Capita Grant funding. This allows the School to transfer documents to AISWA.

I _____ give my permission for _____
 (Parent/Guardian Name) (School Name)
 to forward any documents related to _____ to AISWA
 (Child's name)

(Association of Independent Schools of Western Australia) that may assist in gaining Special Education Supplementary Per Capita Grant funding.

 Parent/Guardian Signature

 Date

Part B: Permission form for Transfer Students.

* For students who have previously been enrolled in/attended another Independent School in Western Australia and where a student profile was created for them on the AISWA database. This allows AISWA to give access to the student profile/ funding level to the receiving school.

The receiving school must email the signed Part B to ie@ais.wa.edu.au to allow the student to be transferred into the receiving school's student database.

***Please note:** 'YES' must be ticked and the name of the previous school(s) must be listed.

If your child has previously attended an Independent School in Western Australia (includes all non-government, non-Catholic schools), are you aware that the school applied for Special Education Supplementary Per Capita Grant funding?

*Includes a previous school applying for funding even if it was not approved. If unsure, please list all previous schools.

YES

NO

If you answered YES, what was the name of this school(s)?

I _____ give my permission for AISWA (Association
 (Parent/Guardian Name)
 of Independent Schools of Western Australia) to transfer to _____
 (Name of receiving school)

any funding level/ application information allocated to _____
 (Student's Name and Date of Birth)

from their previous AISWA School and in doing so, I agree to the transfer of all documents held by AISWA as evidence of my child's disability which may assist in gaining additional Special Education Supplementary Per Capita Grant funding.

 Parent/Guardian Signature

 Date



STUDENT SUPPORT SERVICES

Consent to see Alta-1 College Psychologist/Counsellor/Affiliated Clinical Psychologist

I, _____, (Name of Parent/Guardian) hereby give

permission to Alta-1 College for my child, _____
(Name of Student), to be seen by the Alta-1 College Psychologist, Counsellor and/or Affiliated
Clinical Psychologist. By signing this consent form, I have read and agree to the following:

- I understand that these services will incur no additional costs to myself.
- I understand that my child is under no obligation to see the clinical psychologist, Alta-1 psychologist or counsellor and once services have begun, my child may terminate these services at any stage without negative repercussions.
- The services provided include psychological assessments for screening of student wellbeing; diagnostic assessments to apply for special needs funding; ongoing therapeutic support as and when requested by parents/guardians or Alta-1 staff.
- I understand that due to legal and ethical requirements to keep accurate records, the clinical psychologist, Alta-1 psychologist or counsellor may use various methods such as audio recording and written notes.
- Any and all records of the consultations are confidential and remain the property of Alta-1 College, except in the following circumstances:
 - The material is subpoenaed by court; or
 - Failure to disclose certain information would place the student or another person at serious and imminent risk; or
 - Prior approval has been obtained from the student to discuss certain information with another person or provide a report to another professional or agency.
- I undertake responsibility to ensure my child attends booked appointments and to cancel appointments with sufficient notice when my child is unable to attend.
- I understand that my child's personal information will be kept private and will be used solely for purposes of contact with the clinical psychologist, Alta-1 psychologist or counsellor.
- I understand that these services are only available while my child is registered as a student of Alta-1 College and will thus cease once my child is no longer enrolled at Alta-1 College.

Parent/Guardian Name: _____ Student Name: _____

Parent/Guardian Signature: _____ Student Signature: _____

Date: _____ Date: _____



STUDENT SUPPORT SERVICES

Authority to Release and Share Information

Student Name: _____ Parent/Guardian Name: _____

Name of specialist:	Area of specialization (e.g. Psychologist, Psychiatrist or Pediatician)	Address and phone number

Parent/Guardian: I hereby authorise the parties above and any other treating specialist, including the school psychologist, to release relevant information concerning my child’s diagnosis and treatment to the Alta-1 Student Support Coordinator or Affiliated Clinical Psychologist.

If currently receiving services from a Psychologist or other professional, I authorise him/her to release relevant information regarding my child’s treatment.

I also give permission for information to be sought and shared between the following parties, as deemed appropriate and necessary, for the care and education of my child. Only information relevant to the immediate treatment or diagnosis will be shared:

- Alta-1 College staff
- Alta-1 College affiliated clinical psychologist
- AISWA clinical psychologist and Inclusive Education staff
- Any other treating health professional (e.g. doctor, psychologist or psychiatrist)

All information will be kept in the strictest confidence and parents/guardians will be consulted prior to any reports being released.

Parent/Guardian Name: _____ Student Name: _____

Parent/Guardian Signature: _____ Student Signature: _____

Date: _____ Date: _____

MEMORANDUM OF AGREEMENT

1. I/we acknowledge that the Alta-1 College program is designed to provide a full-time development and education program under the *School Education Act (1999)* (and any amendment to successor legislation).
2. I/we acknowledge that I/we are jointly and severally liable for all fees and charges stated in each school account relating to the child covered under this application, payable upon receipt of invoice. Arrangements can be made to pay these fees and charges on a weekly basis. I/we agree that if I/we are unable to pay the college tuition fees and charges in full by the time determined that I/we will contact the finance office to make alternative arrangements.
3. I/we acknowledge that the college board may refuse re-entry of the student into Alta-1 College if any fee remains unpaid for a period over 30 days from when it is due and there is no agreement in writing in place with the finance officer to repay the fees by installments.
4. I/we acknowledge the Christian basis of Alta-1 College. I/we understand that while students are never forced to adopt a particular belief and value system, the Alta-1 College program is delivered from a predominantly Christian perspective. I/we consent to my/our student receiving Christian instruction and, if consented to by my/our student, receiving and/or participating in prayer.
5. I/we irrevocably indemnify Alta-1 College and its representatives against all claims in cases of unforeseen personal injury, or loss of any personal property, at any Alta-1 College site or during any approved activity, including camps, excursions and work placements.
6. I/we understand that due to the unique nature of the Alta-1 College Recovery Curriculum, all students will be placed on individualised Documented Plans, written against their chosen educational pathway, within the following contexts:
 - Middle school curriculum will focus on the development of literacy and numeracy skills with Personal Recovery, constructed around thematic units of study;
 - Senior school students can opt for either a Work readiness pathway built around literacy, numeracy, Personal Recovery and VET certificate, or WACE pathway. Courses offered contribute to the achievement of the Western Australian Certificate of Education (WACE), but do not generate an Australian Tertiary Admission Rank (ATAR – university entrance score).
7. I/we consent to Alta-1 College and its employees administering medication or obtaining medical treatment for the student in the event of an emergency or accident.
8. I/we understand that as part of Alta-1 College program there will be times when staff will take groups of students on impromptu excursions. The excursions may contribute to the educational program or be used to assist in creating a sense of connection with the students. Such excursions may be to places such as a fast food restaurant for a treat and a chat, or to sites of more explicit educational value such as a museum. As such, I/we give permission my/our child to participate in such excursions and for staff with the appropriate driver's license to use school (and on rare occasions, private) vehicles to transport my/our child.
9. I/we understand that as part of the Alta-1 College educational program, from time to time staff members will screen movies and DVD's carefully chosen for their contribution to the program which, at times, may carry an M, or on rare occasions an MA rating, for which I/we give my/our permission for my/our child to view.
10. I/we understand that Alta-1 College offers a voluntary Student Therapeutic Services program, as detailed in the Parent Handbook. I/we give permission for my/our child to participate in this program, on the understanding that I/we can withdraw this permission at any time by contacting the Alta-1 College office.
11. I/we understand that from time to time my student may have interaction with Alta-1 College staff members outside of school hours through mentoring, church, youth group or other such events. I understand this interaction is purely voluntary. I also understand in such hours of interaction Alta-1 College staff members may drive my student either in a private or Alta-1 College vehicle, at which times it will be expected that Alta-1 College staff members continue to abide by relevant Alta-1 College policies.
12. I/we accept that if my/our student fails to demonstrate satisfactory progress in the program a panel will meet to discuss our future in the Alta-1 College program, and we agree to accept and not challenge in any way the decision of the panel as to whether we are to be permitted to remain involved in the program, the conditions under which my/our student will be permitted to remain, or whether my/our student is required to cease all involvement in the program.
13. I/we confirm that all information provided regarding my/our child's enrolment is accurate and complete, and all relevant documents have been provided in accordance to the checklist. I/we understand that failure to provide accurate and/or complete information may render this Memorandum of Agreement null and void.
14. I/we have read, understood and agree to abide by the above conditions of this Agreement. I/we consent to all approvals of this application.

Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Signature: _____

Student Signature: _____ Regional Principal Signature: _____
(If over the age of 18 or a legally classified Independent Minor)



Dear Parent/Guardian,

Thank you for entrusting Alta-1 College with the education of your child/dependent.

The funding for Alta-1 College is a shared responsibility between the Commonwealth and State Governments, parents and the College. The commitment and continuing financial contribution of parents/guardians is greatly appreciated and is essential to help fill the gap between the amount of government funding received and the cost of running the college.

I am pleased to advise that the fee increase for 2021 has been set at a modest 1%. The 2021 fees will therefore be set as follows:

- Classroom Education
 - \$2,652 per annum without direct debit
 - \$1,632 per annum with direct debit or one lump sum payment

- Connect ED
 - \$1,632 per annum without direct debit
 - \$816 per annum with direct debit

Parents with Health Care/Pension Cards receive 50% discount on fees including the direct debit rates, but the office needs a copy of your current Health Care/Pension Card; If your Health Care/Pension Card has EXPIRED or any of your details have changed, please contact us to update our records. Newly enrolled students are invoiced/commence direct debit payments upon completion of the transition program.

It is important to note that financial hardship should not prevent any young person from attending Alta-1 College and no young person will be denied an Alta-1 College education because of a family's genuine inability to pay the required school fees. This does not only apply to eligible Health Care / Pension Card holders as all families experiencing financial difficulty are entitled to fee assistance.

Application for fee assistance can be made in writing to:

The Business Manager – Kevin Thomson
Alta-1 College
PO Box 301, Joondalup
DC WA, 6919

Or Email:

schoolfees@alta-1.wa.edu.au

Thank you for your continuing commitment and contribution to Alta-1 College.

Sincerely

David Geldart
Director of Corporate Services

DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay
Alta-1 College Ltd

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN /ARBN _____ "You"

Student/s full name _____ Site: _____

request and authorise Alta-1 College Ltd and User ID: 477449 to arrange, through its own financial institution, a debit to Your nominated account any amount Alta-1 College Ltd, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be Debited

Name/s on account _____

BSB number (Must be 6 Digits) ____ - ____

Account number _____

Weekly Fortnightly Monthly (Please tick appropriate payment frequency)

Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between You and Alta-1 College Ltd as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / _____

Second account signatory

(if required)

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / _____

WA Central Office | 12 Winton Road, Joondalup WA 6027 | PO Box 301, Joondalup DC WA 6919

t: +61 (8) 9403 8200 | f: +61 (8) 9403 8299 | admin@alta-1.wa.edu.au | www.alta-1.com.au

APPLICATION CHECKLIST

Responses

- Every page of the Application pack completed, and Memorandum of Agreement signed by both parent/guardian and student

Required Documents Included

- Copy of proof of identity (Birth Certificate/Passport/Birth extract)
- Copy of Medicare card
- Copy of current Immunization History Statement
(Must be less than 3 months old. Available online from MyGov or Medicare; in person at Centrelink office; by phone 1800 653 809)
- Copy of two previous School Reports

Additional Documents - included if relevant

- Copy of Medical Management Plan for health conditions identified (page 4)
- Copy of Medical/psychological reports and/or diagnoses relevant to enrolment
- Copy of Health Care Card
- Copy of Pension Card
- Copy of Passport for New Zealand citizens
- Copy of Residency Document for permanent residents from overseas
- Copy of Citizenship Document for naturalized citizens

You can now submit the application, together with the attachments identified above, through one of the contacts listed on the website.