



Vistara Primary School

APPLICATION FOR ENROLMENT

Student's Full Name:
Parent's/Guardian's Full Name:
Proposed Year and Year level for Entry:

YR 20 __ __

Kindergarten
 Yr 1
 Yr 2
 Yr 3
 Yr 4
 Yr 5
 Yr 6

Vistara Primary School

41 Richmond Hill Rd

Richmond Hill via Lismore NSW 2480

Website: www.vistara.nsw.edu.au

Email: visps@bigpond.net.au

Ph: 02 66244 127

Fax: 02 66241 658

An Application Fee of \$50 is to be payable after submitting this form. Email your Application form to visps@bigpond.net.au Bank details are provided once the Application form has been received. This application form is to place your child on the appropriate waiting list. The Application fee can be paid online and is non- refundable. Enrolment is not confirmed until a letter of offer has been signed and returned and enrolment fees paid.

Office Use Only:

YEAR LEVEL FOR WHICH ADMISSION IS SOUGHT	<input type="checkbox"/> K <input type="checkbox"/> YR1 <input type="checkbox"/> YR 2 <input type="checkbox"/> YR 3 <input type="checkbox"/> YR 4 <input type="checkbox"/> YR 5 <input type="checkbox"/> YR 6	
Proposed Year & Term of commencement	Year 20 __ __	Term <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Application Fee has been received	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details checked and enrolment offer made	Accepted: Y / N	Additional information

A. Student Details			
Family Name		Commencement in Yr 20 _____	
Given Name		Grade/Year Level	
Middle Name/s		Previous School	
Preferred Name		Previous School Year level/ Grade	
Address of Student			
Date of Birth	____/____/____	Preschool	
Gender	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other _____	Previous School Report included (last school report attached)	<input type="radio"/> Yes <input type="radio"/> No

B. Parent/Guardian 1 whom this student mostly lives with		Parent /Guardian 2	
Family Name		Family Name	
Given Name		Given Name	
Preferred Name		Preferred Name	
Relationship to Student (e.g. birth mother/ mother/ father/ guardian /other)		Relationship to Student (e.g. birth mother/ mother/ father/ guardian /other)	
Mailing Address (if different from above)			
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Email Address		Email Address	
Additional information			

C. Student details - Special Circumstances

Are there any special circumstances about the student that the school should know about?

- living apart from parental supervision*
- special court order*
- subject to bullying by others*
- out of home care arranged by the state*
- decease or loss of a significant person*
- Other*

Yes No

If **yes**, please provide a brief description of the circumstances. Write in the space below. If you require more space, please attach a separate paper to this form clearly specifying "Special Circumstances".

D. Student details - Additional needs: learning and support needs, disability

Please indicate if the student has been officially diagnosed with any of the following And attach any reports from specialists:

- | | | |
|--|---|---|
| <input type="checkbox"/> autism | <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> a physical disability | <input type="checkbox"/> a language disorder | <input type="checkbox"/> ODD |
| <input type="checkbox"/> a vision impairment | <input type="checkbox"/> difficulties in learning | <input type="checkbox"/> mental health disorder |
| <input type="checkbox"/> a hearing impairment | <input type="checkbox"/> gifted & talented | <input type="checkbox"/> behaviour disorder |
| <input type="checkbox"/> intellectual disability | <input type="checkbox"/> speech delay | |
| <input type="checkbox"/> other (please specify) | | |

Has any previous education provider prepared a documented plan to support the student's additional learning needs?

If yes, please provide details and attach copies of documents to this enrolment form.

- I give permission for Vistara Primary School to contact my child/ren's previous school and or specialists where necessary to obtain further information.

D. Declaration:

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

- 1) I/We have read and understood the Vistara Primary School's
 - a) Enrolment Policy and Procedures
 - b) Fees List and Fee Policy Agreement document for the current or enrolling year and accept the payment responsibilities, terms and conditions outlined in this policy
 - c) Standard Notice - Privacy
 - d) I accept and agree to comply with school's policies and procedures as outlined on the school's website
- 2) I/We agree to support the ethos of the school
- 3) I/We agree that all the information given to the school is current and accurate.

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of Parent/Guardian No. 1 _____
(at least one of the student's parents/guardians must sign the application to enroll)

Print Full Name _____ **Date:** ___/___/___
day month year

Signature of Parent/Guardian No. 2 _____

Print Full Name _____ **Date:** ___/___/___
day month year