



## Student Application for Enrolment Form 2012

### Instructions

Please ensure all sections are filled out. Having as much information as possible in this application will help us make a decision regarding your placement.

**A final decision regarding your placement will only be made after all information required has been provided to us and an interview with you has been conducted.**

If you have difficulty obtaining information, such as previous school reports, please contact Alesco Learning Centre Illawarra as we may be able to offer assistance. Please ensure the information release form is completed as this will enable us to gain access to any previous school information that you may not have been able to access.

**Please only attach copies of any reports and certificates.  
DO NOT ATTACH ORIGINAL DOCUMENTS**

Places at Alesco Learning Centre are limited and in demand. All people applying for a position with the school need to be aware that **an application does not automatically entitle you to a place.**

**APPLICATIONS FOR YEAR 10 CLOSE WEDNESDAY 30 NOVEMBER 2011.  
APPLICATIONS FOR YEAR 9 CLOSE WEDNESDAY 20 JUNE 2012.**

However, you can start collecting the necessary information/documents and send in your application at any time prior to the closing dates. If you are unable to meet the application deadline, please contact the Manager to discuss your options.

Send completed application forms to:  
PRIVATE & CONFIDENTIAL - APPLICATION  
The Manager  
Alesco Learning Centre Illawarra  
PO Box 1472  
WOLLONGONG NSW 2500

For more information or to discuss any aspect of your application please contact the Manager of Alesco Learning Centre Illawarra on 02 4226 1622 or e-mail [alesco@weaillawarra.com.au](mailto:alesco@weaillawarra.com.au) .

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# Application for Enrolment for School Year 2012

Please indicate year you are applying for

Year 10  Year 9

## Section 1: Student's Personal Details

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Residential Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Mailing Address (if different from residential) \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Home Ph No \_\_\_\_\_ Mobile Ph No \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please attach copy of birth certificate, passport or other document proving your identity and date of birth**

### Living arrangements \* (please tick)

With parents  With mother  With father  With other relative

Independent  Other (please note) \_\_\_\_\_

\*Note: you must have stable accommodation by the start of the school year

### Cultural/Linguistic Background

I am:  Aboriginal  Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  Not Aboriginal or Torres Strait Islander

In which country were you born \_\_\_\_\_

Do you speak a language other than English at home?  Yes  No If yes, which language(s) \_\_\_\_\_

Do you identify with any particular cultural community?  Yes  No If yes, which community \_\_\_\_\_

## Assessment and Support Services

Have you ever received a psychological, behavioural or other type of assessment?

Yes

No

If yes, who provided the assessment?

Psychiatrist

Psychologist

Behavioural  
Therapist

School  
Counsellor

Doctor

Other  
practitioner

Date of the  
assessment \_\_\_\_\_

**Please attach a copy of the report  
or an outline of results**

Are you still in regular contact with this  
service provider?

Yes

No

Please indicate below if you are currently receiving any regular support from any other service or practitioner

Name of Service	Type of Service	Name of Worker(s)

## Details of Referring Person or Organisation (if applicable)

Referring organisation \_\_\_\_\_

Brief description of service \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

Referring  
worker's name \_\_\_\_\_

Referring worker's  
position \_\_\_\_\_

Referring worker's e-mail address \_\_\_\_\_

Duration of client's involvement with  
the service

Years: \_\_\_\_\_

Months: \_\_\_\_\_

Is involvement with the service  
expected to continue in 2012

Yes

No

Comments (or please attach a letter of support if appropriate):

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## Medical/Disability Details

Do you consider yourself to have a disability/condition in any of the following areas? (please tick all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Health            |
| <input type="checkbox"/> Physical     | <input type="checkbox"/> Language/Speech          |
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Hearing      |   |

**If you ticked any boxes above, you must attach written documentation from a qualified professional explaining the condition and its impact on your home and school life. If you do not provide this information, we may not be able to process your application and determine your suitability for Alesco Learning Centre Illawarra.**

Do you have any other diagnosed medical condition(s)?  Yes  No

If yes, please provide details below

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Please list any medications you are currently taking

Name of Medication	Dosage	Prescribed For

## Section 2: Student's Education, Training, Employment, Work Experience

Please list ALL previous high school enrolments

Year of last attendance	Name of School	Year(s) in which enrolled	Completed	
			Yes	No
<i>Eg. 2010</i>	<i>Summer Heights High</i>	<i>Year 7</i>	✓	

(You can attach another page if you need more space)

What is/was your reason for leaving your last school?

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How confident do you feel about your skills in these areas?

	Not very confident		Very confident		
	1	2	3	4	5
Literacy (reading and writing)					
Numeracy (maths and money)					
Communication (speaking and listening)					

Did you participate in the NAPLAN tests in Year 9     Yes             No             Don't know

**If yes, please attach your NAPLAN test results**

### Employment

Year	Place of employment	Role/duties	Continuing in 2011? (Y/N)

**Training**

Year	Place of training	Course	Completed (Y/N)

**Work Experience**

Year	Place	Role/duties	No of Weeks/Days

### Section 3: Contact Details of Support People

It is important for us to maintain accurate contact details regarding each student, their carers and people we can contact in an emergency.

#### Parent/Legal Guardian/Carer 1

Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Current Residential Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Current Postal Address (if different from above) \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

I prefer to receive written correspondence from the Learning Centre via:  Post  E-mail

#### Parent/Legal Guardian/Carer 2

Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Current Residential Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Current Postal Address (if different from above) \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Please note: official correspondence from Alesco Learning Centre Illawarra will only be sent to the person nominated as Parent/Legal Guardian/Carer 1, unless otherwise requested. Where parenting or other court orders exist, please attach written advice or other information.**

Please list at least one emergency contact person other than the people listed as Parent/Guardian/Carer 1 or 2. It is important for us to have another contact person should we be unable to contact the primary carers in an emergency.

**Emergency Contact 1**

Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

**Emergency Contact 2**

Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

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## Section 4: Consent and Signatures

I understand that the information I have provided in this Application for Enrolment Form is necessary for Alesco Learning Centre Illawarra to determine my/the applicant's eligibility for enrolment in the school. The information will be used for the purpose of making a decision regarding enrolment and if accepted into Alesco Learning Centre Illawarra, to support my ongoing placement at the Learning Centre. If I do not provide the requested information, Alesco Learning Centre Illawarra will not be able to assess my/the applicant's eligibility for enrolment and may not be able to provide the services I require at the Learning Centre during my placement.

I understand that all information provided will be handled and used in accordance with the *Privacy Act 1988*. Information will be kept in my/the applicant's file in a locked filing cabinet, accessible only to staff authorised in accordance with Alesco Learning Centre's Privacy and Confidentiality policy. I understand that, should my/the applicant's application for enrolment be unsuccessful, the information will be kept on file for a period of three months and then destroyed.

I give permission for Alesco Learning Centre Illawarra to access any records regarding me/the applicant which may be relevant and required to support my application for enrolment and ongoing placement at Alesco Learning Centre Illawarra. The records that may be required include:

- School records and reports
- Counsellor/School Counsellor reports
- Behavioural assessments
- Mental health, general health assessments and medical reports
- Juvenile Justice reports
- Youth worker/case manager reports
- Department of Community Services reports

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Guardian/ Carer Name \_\_\_\_\_

Parent/ Guardian/ Carer Signature \_\_\_\_\_

Date \_\_\_\_\_

If applicable:

Referring Service Provider Name \_\_\_\_\_

Referring Service Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 5: Previous Schooling Verification

This page is to be completed by an appropriate person from the school at which you are currently enrolled or were most recently enrolled.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

School Name \_\_\_\_\_

Dear Colleague

To assist us in determining eligibility and conducting a risk assessment in relation to this student's application for enrolment at Alesco Learning Centre Illawarra, could you please supply any relevant and available information about this student's prior schooling completion, behaviour or disciplinary history. Should you wish to discuss this student's application please call the Manager on 4226 1622.

Student Board of Studies Number \_\_\_\_\_

School Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Did this student complete year 7?  Yes  No  Don't know

Did this student complete year 8?  Yes  No  Don't know

Did this student complete year 9?  Yes  No  Don't know

Has this student been suspended/expelled for violence, threats of violence or possession on school premises of a weapon or implement used or intended to cause harm?  Yes  No

Does this student have a documented history of violence or use of alcohol or other drugs (illicit or legal in a manner not prescribed)?  Yes  No

Comments

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Signature of Contact Person \_\_\_\_\_

Date \_\_\_\_\_

## Section 6: Attachments

**Please attach all requested supporting documentation. If you do not attach the requested documents, we will not be able to process your application and offer an interview. Please contact the Manager to discuss any difficulties you have in providing the requested information prior to submission of your form.**

Item	Attached	
	Yes	No
Copy of most recent school report – <b>Essential</b>		
Copy of birth certificate/passport or other document proving your identity and age – <b>Essential</b>		
Practitioner/School Counsellor report ( <b>Essential</b> if you ticked yes to receiving an assessment in the <i>Assessment and Support Services</i> section)		
Medical/Disability reports ( <b>Essential</b> if you ticked a box in the <i>Medical/Disability Details</i> section)		
Letter of support (from ongoing service provider or referral worker if applicable)		
NAPLAN test results (if applicable)		
Other attachments (please detail)		

<b>Section 7: OFFICE USE ONLY</b> (attach this page to front of student application when received)		<b>Date Received:</b>	
<b>Student Name:</b>		<b>Year applying for:</b>	<b>Year</b>
<b>Interview Date:</b>		<b>Interview Time:</b>	
People in attendance at interview: <ul style="list-style-type: none"> <li><input type="checkbox"/> Alesco Learning Centre Illawarra Principal/Manager/Lead Teacher</li> <li><input type="checkbox"/> Student</li> <li><input type="checkbox"/> Student's Parent/Guardian/Carer</li> <li><input type="checkbox"/> Student's Support Person</li> <li><input type="checkbox"/> Other:</li> </ul>			
Assessment Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Enrolment Accepted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, outline reasons for acceptance being denied and attach			
Date student notified	Phone:	Letter:	
Student Acceptance of Offer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date Student Starter Pack Sent			