



ENROLMENT APPLICATION FORM

Data used by Registrar only. If you need help with this form phone the Registrar on 8978 0521 or email registrar@ofgs.nsw.edu.au

Please affix a passport **sized** photograph here

STUDENT'S SURNAME _____

STUDENT'S CHRISTIAN NAME _____

PREFERRED NAME _____ GENDER _____

DATE OF BIRTH _____ NATIONALITY _____

INTENDED START DATE (e.g. 2021) _____ IN YEAR (e.g. Kindy, Year 5) _____

SIBLINGS AT OXFORD FALLS GRAMMAR? NO YES

* A separate enrolment application is required for each child

STUDENT'S MOTHER'S NAME _____

STUDENT'S FATHER'S NAME _____

APPLICANT CURRENTLY RESIDES WITH

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Mother/Father | <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only | <input type="checkbox"/> Guardian/s |
| <input type="checkbox"/> Step-Mother/Father | <input type="checkbox"/> Step-Father/Mother | <input type="checkbox"/> Grand/Step-parents | <input type="checkbox"/> Other |

INVOICE ACCOUNTS TO BE DIRECTED TO

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Mother/Father | <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only | <input type="checkbox"/> Guardian/s |
| <input type="checkbox"/> Step-Mother/Father | <input type="checkbox"/> Step-Father/Mother | <input type="checkbox"/> Grand/Step-parents | <input type="checkbox"/> Other-pls specify |

questions continue page 2

COMPLETE THESE APPLICATION CHECKLISTS BEFORE YOU SUBMIT THIS FORM.

MANDATORY REQUIREMENTS

- Copy of student's birth certificate
- Parents declaration signed
- Enrolment Application fee attached
- Copy of *passport and *visas (parent/child)
* If not an Australian citizen
- All sections completed in full

SUPPLEMENTS AS RELEVANT

- Two recent school reports
- NAPLAN test results
- Reference from Pastor/Minister
- Legal documentation
- Reports from specialists
- Student NESA number _____

OFFICE USE ONLY please tick and initial

Visa doc/stamp Two signatures Birth Certificate All sections completed

Offer/ Signatures \$110 Application fee processing date: / /

Cash Cheque Credit Card on line www.ofgs.nsw.edu.au (pls attach receipt)



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1. PARENTS

MOTHER'S DETAILS

FATHER'S DETAILS

Surname	Mrs/ Ms/ _____	Mr/ _____
Christian Name	_____	_____
Street Address	_____	_____
	_____ P/C _____	_____ P/C _____
Postal Address	_____	_____
(if different Street Address)	_____ P/C _____	_____ P/C _____
Marital Status	_____	_____
Occupation	_____	_____
Home Phone	_____	_____
Mobile	_____	_____
Business Phone	_____	_____
Email	_____	_____
Church Attended	_____	_____
Denomination	_____	_____
Pastor/ Minister	_____	_____

2. STUDENT ORIGIN: ABORIGINAL OR TORRES STRAIT ISLANDER

Aboriginal
 Torres Strait Islander

3. PRIMARY LANGUAGE AT HOME

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

	Student	Mother or Parent/Guardian 1	Father or Parent/Guardian
2			
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Arabic <i>incl. Lebanese</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Macedonian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other - <i>please specify:</i>	_____		



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4. COUNTRY OF STUDENT'S BIRTH

<input type="checkbox"/> Australia	<input type="checkbox"/> New Zealand	<input type="checkbox"/> England	<input type="checkbox"/> China
<input type="checkbox"/> Philippines	<input type="checkbox"/> South Africa	<input type="checkbox"/> Hong Kong	<input type="checkbox"/> India
<input type="checkbox"/> USA	<input type="checkbox"/> South Korea	<input type="checkbox"/> Other – <i>please specify:</i> _____	

5. RESIDENCY

Please select the appropriate options and if not of Australian citizenship, please provide a visa subclass number and a photocopy of all relevant visas (including the applicant) and current passports.

Australian	Mother/Parent/Guardian 1 <input type="checkbox"/>	Father/Parent/Guardian 2 <input type="checkbox"/>	Applicant (child) <input type="checkbox"/>
Visa subclass number	_____	_____	_____

6A. HIGHEST PRIMARY OR SECONDARY SCHOOLING COMPLETED BY STUDENT'S PARENTS/GUARDIANS

For persons who have never attended school, mark 'Year 9 or equivalent or below'. Mark one box only in each column.

	Mother or Parent/Guardian 1	Father or Parent/Guardian 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

6B. HIGHEST LEVEL OF QUALIFICATION COMPLETED BY STUDENT'S PARENTS/GUARDIANS

Mark one box only in each column.

	Mother or Parent/Guardian 1	Father or Parent/Guardian 2
Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Adv. Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate 1 to 4*	<input type="checkbox"/>	<input type="checkbox"/>
No post-school qual.	<input type="checkbox"/>	<input type="checkbox"/>

* Certificates 1 to 4 includes trade certificates and qualifications

7. OCCUPATIONAL GROUP OF PARENTS/GUARDIANS

Please select the appropriate parental occupation group from the attached list. If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' in the relevant box below. Please refer to list over page.

Occupational Group	Mother or Parent/Guardian 1 <input type="checkbox"/>	Father or Parent/Guardian 2 <input type="checkbox"/>
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LIST OF PARENT OCCUPATION GROUPS (Question 7)

Group 1: Senior management in large business organisation, government administration and defence and qualified professionals

- Senior executive/manager/department head in industry, commerce, media or other large organisation.
- Public service manager (Section head or above), regional director, health/education/police/fire services administrator
- Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- Defence Forces Commissioned Officer
- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
 - Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
 - Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
 - Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
- Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
- Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
- Associate professionals generally have diploma/technical qualifications and support managers and professionals.
 - Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
 - Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
 - Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
- Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
- Skilled office, sales and service staff.
 - Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
 - Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
 - Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

- Drivers, mobile plant, production/processing machinery and other machinery operators.
- Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen-hand, porter, housekeeper]
- Office assistants, sales assistants and other assistants.
 - Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
 - Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
 - Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- Labourers and related workers
 - Defence Forces ranks below senior NCO not included above
 - Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
 - Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].



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8. LEGAL DOCUMENTATION REQUIREMENTS

Where parents are separated or guardians are not the natural or adopted parents of the child, please provide details and support with legal documentation (ie. court orders, custody, guardianship arrangements, parenting plans, etc.).

Not applicable Attached

9. ENROLMENT CHOICE AND EXPECTATIONS

Why have you chosen Oxford Falls Grammar for your child/ren? _____

What expectations do you have for their education here? _____

10. PAST OR EXISTING FAMILY AT OXFORD FALLS GRAMMAR SCHOOL

(if applicable, otherwise go to Question 11)

Have other family members (ie. siblings, parents) previously or are now attending Oxford Falls Grammar?

No Yes, details below

Surname _____ Christian Name _____

Relationship to enrolling student _____ Year(s) at Oxford Falls (ie. 2004-current) _____

Currently enrolled sibling(s) is/are in Year(s) (ie. Luke Year 2, Lily Kindy) _____

11. HELPING US KNOW YOUR CHILD BETTER

The following questions will assist us to get to know your child. It is essential that you complete this information fully so that we are able to best provide for your child's educational needs. Please complete the following information and provide extra pages and supporting documentation where necessary.

Siblings: this child has brother/s and sister/s. Circle their place among siblings 1 2 3 4 5 6 7

12. STUDENT PROFILE AND SCHOOL HISTORY

Current School _____ Date commenced _____

Previous School(s) _____

Date(s) enrolled _____

Has your child ever been suspended or expelled from any previous or current school?

Yes No



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In the course of providing for your child's educational needs we may need to contact the student's previous School. Do you give permission for Oxford Falls Grammar School to contact previous/current school? If 'NO' please state the reason why _____

Yes No

The student's two most recent reports are attached. (Not applicable for Kindy application)

If not a Kindy enrolment, what were your reasons for changing school? _____

Please describe your child's educational interests and achievements (for both Junior and Senior as applicable).

Please describe your child's co-curricular interests and achievements (for both Junior and Senior as applicable).

13. STUDENT SPECIAL NEEDS AND FURTHER INFORMATION

(This section must be completed in full; otherwise form will be returned to you and not processed)

To help us best cater for the needs of your child, supporting documentation must be provided. e.g. Doctor, Speech Pathologist, Occupational Therapist, Educational Psychologist and any other relevant professional documents.

If applicable, please indicate the type of report completed by a healthcare professional (please include a copy of the report with this application): _____

If the information provided is incomplete or misleading, any decision made as to Enrolment may be revised

Has your child been diagnosed (or is currently undergoing diagnosis) for any of the following conditions? *(please tick)*

ADD/ADHD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Anxiety / Depression	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Autism/ ASD /Asperger's Syndrome	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Behavioural Disorders	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dyslexia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eye or Hearing Disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mental Health Concerns	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



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CONTINUED FROM 13.

Other conditions (please list)

Yes No

Does your child take any medication for any of the above?

Yes No

Has your child had learning difficulties or receiving additional literacy or numeracy support?

Yes No

What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous preschool?

Has your child ever been to a Psychologist/Counsellor, or been under the care of a Psychiatrist. If so, are they currently under their care at the time of this application?

Yes No

Name of Healthcare Professional _____

Permission given to contact

Yes No

Specialist reports attached

Yes No

Is your child currently (or have they ever) been in a program for gifted and talented students?

Yes No

If so, please describe _____

What traits describe your child's giftedness? _____

Has your child been screened for giftedness?

Yes No

If known, which assessment instrument(s) were used for gifted screening?

Yes No

Specialist reports attached

Yes No



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PARENT DECLARATION

I/We hereby apply to Oxford Falls Grammar School for the enrolment of the above student. I/We hereby confirm that all details on this Form are correct and I/We will advise the School immediately should any details change.

I/We understand that acceptance of this form by the school does not constitute admission of the student and that we are required to agree to the Conditions of Entry which apply at the time the child is offered a place at Oxford Falls Grammar school. I/We are aware of the Enrolment Policies listed on the website.

I/We confirm that we have made a full disclosure of our child's needs within this Application form and that the supporting documents have not been altered in any way. Failure to disclose any relevant information may jeopardise the enrolment of your child.

A non-refundable application fee of \$110 must accompany each enrolment application form. Upon acceptance of an enrolment offer for an available place, parents should note that a \$300 non-refundable enrolment fee and a conditional bond amount will then apply to each child. Please see current fee schedule for bond amounts.

Signature: Mother/Guardian

Date / /

Signature: Father/Guardian

Date / /

Return completed forms with attachments and \$110 fee to The Registrar, Oxford Falls Grammar School, 1078 Oxford Falls Road, Oxford Falls NSW 2100. Additional copies of the Enrolment Form can be printed from www.ofgs.nsw.edu.au