



Inspiring a passion for learning, for life

PRIMARY • PRESCHOOL • PLAYGROUP

PRIMARY APPLICATION FORM

Primary Commencement (Staff use only) _____

Thank you for your interest in Kinma. Please complete the Application Form below and return it to the office along with the enrolment fee of \$850 and evidence of the date of birth of the child. Completing this form does not automatically offer placement.

PUPIL INFORMATION

Surname: _____ Given Name/s: _____ M/F: _____

Address: _____

Date of birth: _____

Preferred start date: _____

If your child has changed schools, what was their previous school? Was there any specific reason for leaving?

Should we note any attitudes your child has shown toward previous school experiences?

FAMILY INFORMATION

Parent 1/Guardian Names: _____

Parent 1/Guardian Address: _____

Parent 1/Guardian telephone: (ah) _____ (bh) _____

Mobile: _____ Email: _____

Parent 2/Guardian Name: _____

Parent 2/Guardian Address: _____

Parent 2/Guardian Telephone (ah) _____ (bh) _____

Mobile: _____ Email: _____

Child's position in family (e.g. eldest, youngest) _____ Siblings? Yes/No _____

Siblings Information: Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

FAMILY INFORMATION – Government Requirement

The following data collection is a directive of the Australian Government.

Mother/Guardian: Country of Birth: _____ Nationality: _____

Do you speak a language other than English as your first language: No Yes _____

Highest school year completed: _____ Highest qualification completed: _____
(Bachelor Degree, Adv. Diploma/Diploma, Cert. 104, No non-school qualification)

Occupation: _____

Father/Guardian: Country of Birth: _____ Nationality: _____

Do you speak a language other than English as your first language: No Yes _____

Highest school year completed: _____ Highest qualification completed: _____
(Bachelor Degree, Adv. Diploma/Diploma, Cert. 104, No non-school qualification)

Occupation: _____

EMERGENCY CONTACTS (other than parents)

Name: _____ Signature: _____

Telephone (ah) _____ (bh) _____ Mobile: _____

Name: _____ Signature: _____

Telephone (ah) _____ (bh) _____ Mobile: _____

Is there any further information that you believe will be of assistance? (e.g. adoption).

Are there any person/s denied access to the child/ren? If so please use the space below to print the name/s and relationship to the child/ren.

HEALTH INFORMATION

Does your child have a life-threatening medical condition or suffer from any allergies? If so please give details.

Is your child on any long-term medication? If so, please give details.

Is there any health information which may support the education of your child(e.g. regular speech therapy, OT)? If so please give details.

Student Asthma Identification

It is important that all pupils with asthma are identified, to allow staff to assist in the implementation of an asthma management plan. This includes students who are currently symptom free, as well as students with infrequent episodic asthma who do not take regular medication.

Has your child ever been diagnosed as having asthma? **Yes / No (please circle)**

Homeopathic First Aid Authority

At Kinma, homeopathic remedies are used in first aid as an adjunct to other first aid.

Additional information on homeopathic treatment can be found in your information folder.

I want my child treated with homeopathic treatment remedies in conjunction with other types of first aid.

Yes / No (please circle)

GENERAL INFORMATION

How did you first hear about Kinma? _____

What are your expectations of Kinma for your child? _____

Kinma is a community, and we encourage family participation in our classes. Are there any skills/passions you would like to share (e.g. sewing, art, hobbies etc?)

PERMISSION REQUIREMENTS

I give permission for my child/ren to attend regular outings in the charge of staff during school days. These outings include bushwalking, walking to the shops etc.

Parent 1/Guardian Signature: _____ Date: _____

Parent 2/Guardian Signature: _____ Date: _____

In the event of an emergency, I authorise any medical, surgical or dental treatment or procedures which may be required by my child while he/she is in school care. I indemnify the school, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.

Parent 1/Guardian Signature: _____ Date: _____

Parent 2/Guardian Signature: _____ Date: _____

Medicare Number: _____

The faces of the children at Kinma often feature on our website, and in our publications. Please sign below if you are happy to allow your child to appear in our promotional materials (website, forms etc.). Surnames are not included in any promotional information.

Parent 1/Guardian Signature: _____ Date: _____

Parent 2/Guardian Signature: _____ Date: _____

Kinma produces a termly address/contact sheet to allow families to arrange social events (e.g. birthday parties). Please sign below if you are happy one or both parent/s / guardian/s details to be included

Signature: _____ Date: _____

WITHDRAWAL FROM KINMA SCHOOL

Should I / we choose to withdraw from Kinma School, I / we agree to give Kinma School one full term's notice, excluding holidays, in writing of our intention. I / we understand that failure to do so will incur a penalty of one term's fees being billed. I / we understand and accept the conditions as set out in the fee policy schedule.

Parent 1/Guardian Signature: _____ Date: _____

Parent 2/Guardian Signature: _____ Date: _____

EXCLUSION FROM THE SCHOOL

- a) If the School Management considers that a student is guilty of a serious breach of the rules or has otherwise engaged in conduct which is prejudicial to the School or its students or staff, the School Management may exclude the student permanently or temporarily at their absolute discretion.
- b) If the School Board believes that a mutually beneficial relationship of trust and co-operation between a parent and School has broken down to the extent that it adversely impacts on that relationship, then the School and the School Board may require the parent to remove the child from the School.
- c) The School will only exercise its powers under this clause to exclude a pupil permanently if it has provided the pupil and the parents or guardians of the pupil with details of the conduct which may result in a decision to exclude the pupil, and provided them with a reasonable opportunity to respond.

No remission of fees will apply in relation to any of the above cases.

PARENT / GUARDIAN DECLARATION

1. I/we understand that the acceptance is subject to an interview and placement offer.
2. I/we acknowledge joint and several liability for the payment of all school fees and charges.
3. I/we acknowledge the payment of \$850 (eight hundred and fifty dollars) enrolment fee if placement is offered.
4. I/we agree to accept and be bound by the policies governing Kinma School and the authority of Kinma Board and staff.
5. I/we choose to withdraw our child from the Government's standardised (one size fits all) testing in years 3 + 5.
6. I / we agree to accept and be bound by the Constitution of Kinma Limited that govern Kinma School (a copy is available in the office or on the website).
7. I / we agree that the information provided to the School is true and correct.

It is the parent's responsibility to notify the school in writing of any changes of address, telephone number or other relevant circumstances.

Parent 1/Guardian Signature: _____ Date: _____

Parent 2/Guardian Signature: _____ Date: _____

Thank you for completing our paperwork. We look forward to meeting you and your family, and discussing your application.