

STUDENT INFORMATION FORM

STUDENT INFORMATION FORM CHECKLIST

We have provided a Checklist for you to complete, to ensure that all required documents are included with this Student Information Form. Interviews will not be conducted if the Student Information Form is incomplete:

Yes No N/A

Yes	No	N/A	
			1. Birth Certificate (Part A - Student Information)
			2. Visa (Part A - Student Information)
			3. Parent/Court Orders (Part B - Address/Communication Information)
			4. Medical Action Plans (Part D - Health/Medical Information)
			5. Current School Reports x 2 (Part E - Curriculum and Learning Support)
			6. NAPLAN Results for Years 3,5,7,9 (Part E - Curriculum and Learning Support)
			7. Specialist Support Reports (Part E - Curriculum and Learning Support)

Please return the completed form and required documents to the Enrolment Officer prior to your interview at the applicable school:

Murray Bridge

Early Learning Centre to Year 12
Via Post - PO Box 1460, Murray Bridge SA 5253
In Person - 136a Adelaide Road, Murray Bridge SA 5253

Salisbury East

Reception to Year 12
50 Fern Grove Boulevard, Salisbury East SA 5109

Strathalbyn

Early Learning Centre to Year 12
Via Post - PO Box 642, Strathalbyn SA 5255
In Person - 28 East Terrace, Strathalbyn SA 5255

OFFICE USE ONLY

Student's Surname:

Student's Given Name/s:

Year Level Sought:

Year To Start:

Interview Time:

System Updated:

Time: am / pm Date: / /

Date: / /

STUDENT INFORMATION FORM

OFFICE USE ONLY:

School No.:

Please answer all questions in the places provided. Please tick (✓) answers where necessary. If you need more space, please attach a sheet with your extended answers to this form and clearly indicate which question you are answering.

Answers to questions marked '*' are collected as part of this School's ongoing commitment to the National Reporting on Schooling in Australia initiative.

INTERPRETER

If an interpreter is required for communication at the interview, please provide the details of an appropriate contact person.

Name:	Phone:
Relationship to the Student:	

PART A - STUDENT INFORMATION

1.* Surname:		2.* Given Name/s:	
3. Preferred Name:		4.* Date Of Birth: / /	Please provide the child's Birth Certificate or Passport/Visa .
5.* Sex: <input type="checkbox"/> M <input type="checkbox"/> F	6. Year Level:	7. Year Starting	8. Previous School/Kindergarten:
<input type="checkbox"/> Murray Bridge: Early Learning Centre to Year 12 – 136a Adelaide Road, Murray Bridge SA 5253			
<input type="checkbox"/> Salisbury East: Reception to Year 12 – 50 Fern Grove Boulevard, Salisbury East SA 5109			
<input type="checkbox"/> Strathalbyn: Early Learning Centre to Year 12 – 28 East Terrace, Strathalbyn SA 5255			

PART B - COMMUNICATION INFORMATION

9. Are there any Parenting Orders or Court Orders relating to the guardianship, custody, residence, parental responsibility, care, control, welfare and or otherwise relevant to the education of this student?

No Yes

Please supply copies stamped with the Seal of the Court. Any variations to these documents must be provided as soon as possible after they are made. These are treated in the strictest confidence by the School.

EMERGENCY CONTACT INFORMATION

10. Please provide details of emergency contacts OTHER THAN the parents.

Name of emergency contact 1 (other than the parent):	Phone:	Relationship:
Name of emergency contact 2 (other than the parent):	Phone:	Relationship:

11. Does this student live in or travel through a Bushfire Zone?

No Yes (Please provide information below for the emergency accommodation provider:)

Contact Name:	Phone:
Zone:	Address:

PART C - RELIGIOUS, CULTURAL AND COMMUNICATION INFORMATION

12. Does the child support and affiliate with the religious beliefs of the parents?

Yes No Not applicable

13.* Child's Country Of Birth.

Australia Other (please specify)

14. Is the child an Australian Citizen?

Yes No → Visa Class and Number:

→ Date of Arrival in Australia: / /

15.* Is your child of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, please tick both boxes)

No Aboriginal Torres Strait Islander

16. Does the child communicate effectively in English for their age?

Yes No → Please answer a) and b) below.

17 a) Is your child attending a language school?

No Yes → Please detail which languages

.....

17 b) Does your child need assistance to enhance communication?

No Yes

18.* Does the child speak any languages other than English at home?

No Yes → Please detail which languages

PART D - HEALTH AND MEDICAL INFORMATION

19. Does your child suffer from any of the following conditions? If so please tick and provide the School with details and an Action Plan completed by your Doctor together with this form:

Asthma

Drug allergies

Allergy to Bites / Stings

Food allergies

Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder or Oppositional Defiant Disorder

Heart Problems

Blood Pressure

HIV, Hepatitis A, B, C and or other infectious diseases

Convulsions, Epilepsy and Seizures

Migraines

Dermatitis, Eczema or Other Skin Conditions

Phobias

Diabetes / Hypoglycaemia

Respiratory Problems

Other conditions

20. Does your child take any medication?

No Yes (please detail below)

Medication to be taken at school:

Other medication unlikely to be taken at school:

21. Does your child have a Health Care Plan and / or Emergency Action Plan?

No Yes (please detail below)

22. Does your child have any VISION problems? <input type="checkbox"/> No <input type="checkbox"/> Yes → Please also answer questions a) to c)	22 a) Have your child's eyes been tested? <input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below)
22 b) Is there any past history of sight problems? <input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below)	22 c) Does your child need any special consideration with respect to sight? <input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below)
23. Does your child have any HEARING problems? <input type="checkbox"/> No <input type="checkbox"/> Yes → Please also answer questions a) to c)	23 a) Have your child's ears been tested? <input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below)
23 b) Is there any past history of hearing problems? <input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below)	23 c) Does your child need any special consideration with respect to hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below)

PART E - CURRICULUM AND LEARNING SUPPORT

24. Has your child ever received support from other specialists? e.g. tutor, psychologist, psychiatrist, counsellor occupational therapist, speech pathologist, access assistant
 No Yes (please detail below)

Specialist's Name:	Details:

25. Please tick any services that your child has ever received:

<input type="checkbox"/> Autism Association	<input type="checkbox"/> Options Coordination
<input type="checkbox"/> Community Health Services	<input type="checkbox"/> Private Practitioners
<input type="checkbox"/> Cora Barclay	<input type="checkbox"/> Townsend School Visiting Teacher Service
<input type="checkbox"/> Disability SA	<input type="checkbox"/> Others (please specify)
<input type="checkbox"/> Down Syndrome Society
<input type="checkbox"/> Families SA
<input type="checkbox"/> Gifted and Talented Council
<input type="checkbox"/> Hospital Based Development Units
<input type="checkbox"/> Novita Children's Services

26. Does your child have a diagnosed disability/or learning difficulty?
 No Yes (please detail below)

27. Will any external support providers be provided in the School?

No Yes → Please provide details
(e.g. the name of the provider, the number and duration of visits per week and facilities required.)

28. Has your child ever been placed on an adjusted curriculum or received learning support?

No Yes → Please provide details:

Please provide the following documentation at the time of completing this form:

2 x School Reports (Current) NAPLAN Results for Years 3,5,7,9 Specialist Support Reports

PART F - BEHAVIOURAL INFORMATION

29. Has your child ever been expelled from any other school?

No Yes → Please provide details:

30. Has your child ever been suspended from any other school?

No Yes → Please provide details:

31. Has your child ever been on a behaviour management programme?

No Yes → Please provide details:

32. Does your child require any special measures taken in relation to their behaviour and school activities?

No Yes → Please provide details:

33. Has your child had any truancy concerns?

No Yes → Please provide details:

PART G - MOBILITY, ACCESS AND INDEPENDENCE INFORMATION

34. Please tick the main mode of transport your child will use to get to and from school:

- Private Car
- Bike
- Government Bus → routes:
- Walking
- School Provided Bus (costs apply)

35. Does your child use any of the following movement aids?

- Wheelchair
- Callipers
- Scooter
- Other:

36. Are there any mobility concerns that need to be addressed by the School?

- No Yes → Please provide details:

37. Does your child have any independence concerns?

- No Yes → Please provide details:

38. Can your child manage personal care needs independently (toilet, dressing, eating etc.)?

- Yes No → Please provide details:

PART H - CLASS PLACEMENT / PROVISION

39. If your child has a diagnosed disability:

- a. Are they currently placed in a special class? No Yes
- b. Are they currently placed in a special school? No Yes
- c. Are they eligible, according to DECD or Catholic Education Office, for a placement in a special class or a special school? No Yes

40. Does your child require any special provisions to be made by the School?

- No Yes → Please provide details:

PART I - STUDENT DECLARATION (MIDDLE SCHOOL AND SENIOR SCHOOL STUDENTS ONLY)

The community of Tyndale Christian School recognises and affirms that each person is fearfully and wonderfully made by God, the Creator of all things, and is therefore deserving of being treated with respect and honour, not because of what they do or achieve, but because of who they are.

I declare that as a member of the Tyndale Christian School community (which includes all parents, staff, students, volunteers and guests) and understanding that as a Tyndale Christian School student I am a role model for other students, I will in all areas of school life:

- **Respect** and honour each member of the School and value their rights as members of the school community;
- Act with **integrity** in all areas of school life;
- **Serve** the School community with a willing heart; and
- Strive for **excellence** in all areas of school life.

I will demonstrate this commitment to contribute positively to the culture of the School by:

- Willingly submitting to those who care for and have authority over me;
- Applying myself to my studies to the best of my ability;
- Behaving in a manner that upholds and enhances the reputation of the School within the school grounds, travelling to and from School, and when involved in excursions and other extra-curricular activities;
- Wearing the school uniform with pride;
- Caring for the school environment and all facilities; and
- Actively supporting and upholding the Christian Ethos, Vision and Mission of the School (see Enrolment Supplementary Information for more information on how the School defines 'active support').

Student Name:	Signature:	Date: / /
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PART J - AUTHORITY AND DECLARATION

In relation to student given name:

RELEASE OF INFORMATION

I/we authorise the School to request and access information from present or past schools, medical professionals and other professionals such as psychologists, speech therapists and occupational therapists. This information may take the form of verbal information or written reports, in paper or electronic form.

I/we understand that this information will be kept in safe storage but that it can be accessed by authorised staff from the School when needed for the benefit of the education of my/our child.

I/we understand that this permission will remain in place until the child's enrolment at the School is ended or until I/we advise in writing that the consent is withdrawn.

Yes **No** please do not release my information.

HEALTH AND MEDICAL TREATMENT

I/we understand the School, in the event of our child suffering from sickness or injury, to take such action as it deems fit to obtain medical and/or hospital care and attention, including by ambulance when I cannot be contacted or when required by emergency, and we will indemnify the School against all costs, claims, actions and demands made against the School and its employees and agents.

I/we understand the School will review my child for health conditions, and I agree to remove my child from the School if requested to do so.

PHOTO, VIDEO AND AUDIO RECORDINGS

I/we understand that photographs, video, assignments and audio may be recorded, and allow these recordings to be used to celebrate and promote student participation and achievement in accordance with the School's privacy policy.

Yes **No** - Web (e.g. Team App, E News, Media Centre, Social Media Platforms, Website, Electronic Direct Mail, Parent Portal).

Yes **No** - Promotional Material (e.g. Course Booklets, Flyers, Posters, Brochures, local newspapers and radio).

Yes **No** - School Publications (e.g. Year Book).

I/we understand the School will not publish images, video, assignments or audio of a student in the media, press or on the Internet of other than the School or affiliated sporting bodies websites without first seeking specific consent from a parent or caregiver.

CUSTODY AND CARE

I/we understand that the School must be promptly notified in writing if my child is subject to a court order, so that appropriate duty of care can be exercised.

ELECTRONIC COMMUNICATION

The School's primary method of communication is via electronic means, as this ensures prompt and timely delivery of important information pertaining to your child's schooling.

Following are examples of the types of communication that may routinely be delivered via **EMAIL**:

- Fee Statements, Payment Plans and other correspondence around managing your school fee account
- Class Notices and Excursion Forms
- Links to publications on the School's website

Following are examples of the types of communication that may routinely be delivered via **SMS**:

- Absences from school
- Reminders of important dates in the School calendar
- Reminders of specific events for your child

**INTENTIONALLY
CHRISTIAN
INCLUSIVE
EXCELLENT**

SALISBURY EAST
50 Fern Grove Boulevard
Salisbury East SA 5109
phone 08 8250 7655
salisburyeast@tyndale.sa.edu.au
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MURRAY BRIDGE
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STRATHALBYN
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www.tyndale.sa.edu.au

DECLARATION BY PARENTS / GUARDIANS

I / we, the undersigned, declare that the information contained in this Student Information Form, is to the best of my / our knowledge, complete and correct.

I / we affirm that as a parent / guardian with the Tyndale Christian School community, which includes all parents, staff, students, volunteers and guests, I / we will encourage my child in fulfilling their personal student declaration (for students in Years 6 to 12).

I / we, the undersigned, have read and understood and agreed to the General Terms and Conditions of Enrolment and the Standard Collection Notice dealing with Privacy, provided in the Enrolment Supplementary Information.

Father / Guardian

Name:	Signature:	Date:	/	/
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Mother / Guardian

Name:	Signature:	Date:	/	/
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Parent / Guardian

Name:	Signature:	Date:	/	/
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PART K - GRANDPARENTS INFORMATION

A event on the Tyndale Christian School calendar is Grandparents Day. This event provides the opportunity for our students to welcome their grandparents to the School, enjoy morning tea and visit their classrooms. Please complete the information below if you would like an invitation to be sent for this very special occasion each year.

Example

Relationship:	Grandmother	Name: (Given and Surname)	Mrs Susan Sample	
Street Address:	50 Sample Lane			
Suburb, State, Postcode:	Sample Downs	SA	5000	
Email	susansample@gmail.com			

Relationship:		Name: (Given and Surname)		
Street Address:				
Suburb, State, Postcode:				
Email				

Relationship:		Name: (Given and Surname)		
Street Address:				
Suburb, State, Postcode:				
Email				

Relationship:		Name: (Given and Surname)		
Street Address:				
Suburb, State, Postcode:				
Email				

Relationship:		Name: (Given and Surname)		
Street Address:				
Suburb, State, Postcode:				
Email				

PART L - DATA COLLECTION FOR NATIONAL REPORTING

The following information along with questions 1, 2, 4, 5, 15, 17 and 19 of the Student Information Form, is collected as part of this School's ongoing commitment to the National Reporting on Schooling in Australia initiative.

The Australian Government wishes to use the data provided to help it measure progress towards achieving the National Goals of School and all States have agreed to work towards the achievement. The information from each student will be linked with the benchmark Literacy and Numeracy Assessment result for that student. Year 3, 5, 7 and 9 students from SA Independent Schools will undertake the National Assessment Program- Literacy and Numeracy (NAPLAN) tests in May of each year.

The information will be kept securely in the school's record storage system and may be re-used when the students move into the next year of benchmark assessments.

The information from schools will be sent to the Association of Independent Schools of SA (AISSA). All data will then be sent to the NAPLAN Testing Agency in SA for collation. Aggregated information which does not identify individual parents or student will be forwarded to the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEEDYA) for the purpose of National Reporting. Please note the privacy collection notices attached.

The websites: <http://www.mceecdy.edu.au> and The National Assessment Programme (NAP) <http://www.nap.edu.au> contains more details and background material. The website of AISSA also has important background information: <http://www.ais.sa.edu.au>

What is the highest year of primary or secondary school the parents / guardians have completed? *(Mark one per person)*
(For persons who have never attended school, please mark 'Year 9 or equivalent or below')

Father / Guardian: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9, equivalent or below	Mother / Guardian: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9, equivalent or below
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What is the level of the highest qualification the parents / guardians have completed? *(Mark one per person)*

Father / Guardian: <input type="checkbox"/> Bachelor degree or equivalent <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I - IV (incl. trade cert.) <input type="checkbox"/> No non-school qualification	Mother / Guardian: <input type="checkbox"/> Bachelor degree or equivalent <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I - IV (incl. trade cert.) <input type="checkbox"/> No non-school qualification
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Occupation group of the Father / Guardian: _____ Occupation group of the Mother / Guardian: _____

Select the appropriate parental occupation group from the list provided on the page opposite.

- 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 space provided above.

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 spoken most.)

Student: <input type="checkbox"/> No - English only <input type="checkbox"/> Yes - Please specify:	
Father / Guardian: <input type="checkbox"/> No - English only <input type="checkbox"/> Yes - Please specify:	Mother / Guardian: <input type="checkbox"/> No - English only <input type="checkbox"/> Yes - Please specify:

Are you Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, please tick box boxes)

Father/Guardian: <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	Mother/Guardian: <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
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LIST OF PARENTAL OCCUPATION GROUPS

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, kitchenhand, 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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