



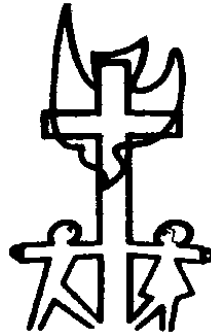
Olivet
CHRISTIAN COLLEGE

89 Main Road Campbells Creek Vic 3451

Telephone / Fax 03 5472 3817

Email admin@olivet.vic.edu.au

Website: www.olivet.vic.edu.au



ENROLMENT APPLICATION FORMS

Entry required at Year Level: _____ (Prep, Year 1, Year 2, etc.) in the year 20 ____

Please read the College Handbook carefully before submitting this application form or making an appointment with the Principal.

This application must be filled in completely and be accompanied by:

- Photocopy (not original) of report from student's previous school (where applicable)
- Photocopy (not original) of Birth Certificate

Please send the above paperwork with this application if this is possible.

An interview with parents and student will be required before acceptance.

Mr Steve Nicholas
Principal

STUDENT INFORMATION

Name/s: M F Birthdate: / /
Surname Given Names

Name/s: M F Birthdate: / /
Surname Given Names

Name/s: M F Birthdate: / /
Surname Given Names

Name/s: M F Birthdate: / /
Surname Given Names

Home Address:

Suburb: Post Code.....

Home Tel: Mobile Phone No... Email Address:.....

Students Last School Attended:at Year Level:

Address:

FAMILY INFORMATION

Collection of Student Background Information for National Reporting.

Schools across Australia are required to collect background characteristic information for all students.. This information will be used to monitor the effect student background characteristics have on student outcomes to ensure the 'National Goals for Schooling in the Twenty First Century' are met.

Father's Name: Country of Birth/Citizenship:

Employer: Occupation:

Bus Tel: Mobile:..... Email:

School Education Level..... Non School Education Level.....

Native Language.....Language spoken at home (leave blank for English).....

Mother's Name: Country of Birth/Citizenship:

Employer: Occupation:

Bus Tel: Mobile:..... Email:

School Education Level..... Non School Education Level.....

Native Language.....Language spoken at home (leave blank for English).....

Parents' marital status:..... **Email address**.....

Other children to be enrolled in the future (name and birth date):.....

.....
.....

CHURCH INFORMATION (if applicable)

Current Church (if applicable):.....

Address:

Minister/s: Telephone:

Father: Christian? Yes No Mother: Christian? Yes No

Has student ever made a profession of faith in Christ? Yes No

MEDICAL INFORMATION

Family Doctor/Clinic:; Tel:

Does the student have any special medical Needs?.....

.....

Diagnosis by a Doctor? Diagnostic Testing?.....

Does the student have any allergies.....If yes what are the triggers and what is the reaction

.....

Do you accept the College administering Panadol when necessary: Yes No

Do you have Ambulance Cover Yes No Healthcare/ Pension Card Yes No Number.....

Medicare Number..... Expiry date..... Tetanus date if administered.....

Emergency contact if you are not available?

Name.....Relationship.....Telephone.....Mobile.....

SCHOOL INFORMATION

Has the student ever been expelled, dismissed, suspended or refused admission to a school?

If so, explain:

Has the child ever had any disciplinary difficulties?

If so, explain:

Has the child ever been in trouble with the law, etc.?

Is there any other specific information we should know about your child?.....

.....

Please indicate academic level of the student's work: Excellent Good Average Poor

GENERAL INFORMATION

How did you hear about this school?

Reason for selecting this school:

Photographs of school activities involving my child may be used in school publications or on the school website / Newsletter Yes No
 Student Annual Magazine Yes No
 General Advertising in Newspapers etc. Yes No

INDEMNITY FORM

I approve of our children attending and participating in all college activities and agree to and do hereby indemnify the said college, its officers, servants or agents against any damages, claims or demands arising from any accident or illness which may befall or occur to him/her, except to the extent that the loss is directly attributable to the negligence of Olivet Christian College, the school council or their employees, servants or agents.

I further authorise any officers, or servants or agents of the said College to obtain any necessary medical assistance or treatment and for this purpose engage any doctors, nursing assistance or hospital accommodation and agree to pay all such expense.

Signature of Father/Guardian: Date:

Signature of Mother/Guardian: Date:

COLLEGE MAINTENANCE

To enable the maintenance of the College to be efficiently co-ordinated, would you please complete the following form for future working bees which are generally held twice a year. A fee can be paid in lieu of attendance if you prefer.

I have skills in the following areas: - (Please indicate with a tick)	MOTHER	FATHER
Cleaning (Inside)
Cleaning (Outside)
Painting
Carpentry
Concreting
Plumbing
Gardening/Landscaping
Lawn Mowing
Weed slashing (with own brush cutter)
Able to come to the College at short notice in an emergency.
Other (Please list)		

Signature of Father/Guardian: Date:

Signature of Mother/Guardian: Date:

MEDICAL HISTORY Student's Name _____ Birth Date: / /

IT IS MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until re-admission is acceptable to School authorities. Your co-operation will be greatly appreciated. Thank you!

Father's Health _____ Mother's Health _____

APPLICANT'S HEALTH RECORD (complete only one page per student)

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food insects, drugs, latex)			Dental problem		
Allergies (seasonal)			Diabetes		
Anaphylaxis (epipen required)			Vision problem		
Asthma or breathing problems			Hearing problems, deafness		
ADHD			Heart Problems		
Behavioural problems			Muscle problems		
Developmental problems			Seizures		
Bladder problem			Speech problems		
Bleeding problem			Spinal injury		
Bowel problem			Head Injury, concussions		
Celiac Disease					

List all prescription, over-the-counter, and herbal medications your child takes regularly:

IMMUNIZATION RECORD - (Please give the dates of each for our records) If you do not have dates but can confirm the immunisations did occur, at a minimum, please tick the boxes

Hepatitis B Vaccine (0 months)	DTPa (Diphtheria, Tetanus, Pertussis) HepB HIB (2 months)	HIB (Haemophilus influenzae Type b) DTPa (Diphtheria, Tetanus, Pertussis Hepatitis B Vaccine, Polio Vaccine (4 months)
DTPa (Diphtheria, Tetanus, Pertussis Hepatitis B Vaccine, Polio Vaccine (6 months)	MMR (Measles Mumps Rubella) HIB (Haemophilus influenzae Type b) Hepatitis B Vaccine Meningococcal Serogroup (12 months)	DTPa (Diphtheria, Tetanus, Pertussis MMR (Measles Mumps Rubella) Polio Vaccine (4 years of age)
Chicken Pox (Varicella) Hep B (12 years of age)	ADT (Adult Diphtheria Tetanus)	HPV (Human Papillomavirus) (12 years+)

PERSONAL RECORD - (Please answer all of the following)

Is he/she shy? _____ Overactive? _____ Bites fingernails _____

Have excessive fears? _____ Likes school? _____ Play well with others? _____

Signature of Father/Guardian: Date:

Signature of Mother/Guardian: Date:

(Please include a copy of your child's Immunisation Certificate (Prep children only)

MEDICAL HISTORY Student's Name _____ Birth Date: / /

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ADHD			Heart Problems		
Behavioural problems			Muscle problems		
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Have excessive fears? _____ Likes school? _____ Play well with others? _____

Signature of Father/Guardian: Date:

Signature of Mother/Guardian: Date:

(Please include a copy of your child's Immunisation Certificate (Prep children only)

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PERSONAL RECORD - (Please answer all of the following)

Is he/she shy? _____ Overactive? _____ Bites fingernails _____

Have excessive fears? _____ Likes school? _____ Play well with others? _____

Signature of Father/Guardian: Date:

Signature of Mother/Guardian: Date:

(Please include a copy of your child's Immunisation Certificate (Prep children only))

AGREEMENT

I/we have read the information supplied and agree to the following:

1. That I/we will support the College in the application of its policies and procedures
2. That my/our child will comply with all the requirements of the policies, rules, and regulations of the College
3. I will encourage my children in their Christian growth and will support the College by attending Presentations, Dedication Nights, and other function as they arise and I am able.
4. That fees will be paid by the due date as detailed in the Fee Schedule
5. That a Term's notice is required in writing when my/our child leaves the College
6. That if I/we fail to comply with the requirements of paragraph 5, the College reserves the right to invoice me/us for a Term's fees in lieu of notice
7. I/we have read the College Handbook and agree with the policies set out therein.

Both signatures required if possible:

Signature of Father/Guardian: Date:

Signature of Mother/Guardian:: Date:

It is the policy of Olivet Christian College to comply with the National Privacy Principles as contained in the *Privacy Amendment (Private Sector) Act 2000*. Please refer to the College Handbook for the Standard Collection Notice which details how the College uses and manages personal information provided to and collected by it.

OFFICE USE ONLY

Interview Date:

1. Student's Present age: Student's Present Year Level:

Year of Entry: At Expected Year Level:

2. Student's Present age: Student's Present Year Level:

Year of Entry: At Expected Year Level:

3. Student's Present age: Student's Present Year Level:

Year of Entry: At Expected Year Level:

INTERNET / EMAIL CODE OF PRACTICE

Student Agreement

I agree to use the Internet at our school in a responsible manner for purposes stated by my teacher.

If I find myself in unsuitable locations I will immediately click on the home or back button and inform my teacher.

When working on the internet:

- I will only work on the web for purposes specified by my teacher.
- I will not use the internet or networks at school to access web pages, computer files, newsgroups, chat groups or other materials that would be considered offensive in the judgement of the college, or infringe the Student Code of Conduct.
- I will accept responsibility in regard to copyright protected material and plagiarism. I will not download and redistribute software, games, music, graphics, videos or text unless authorised to do so by the copyright owner, and will not attempt to present somebody else’s work as my own.
- Consistent with the Student Code of Conduct, I will be denied all access to school computers and or the Internet for a time to be determined by the College and may face further disciplinary action consistent with the Student Code of Conduct, if I violate any of the terms of this agreement
- I will not give out information such as my surname, address, telephone number, or parents’ work address/telephone number.
- I will never send a person my picture.
- I will compose e-mails only at the instruction of my teacher for educational purposes such as correspondence for class lessons.

I understand that breaches of the rules will see me lose my Internet/email access rights for a period of time determined by my teacher.

Student Name _____

Student Signature (Secondary) _____

Date _____

Parent/Guardian Agreement:

I agree to my child using the Internet at school for educational purposes in accordance with the Student Agreement above.

I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material.

I do not consent to my child corresponding with others, using email.

I do/do not consent to my child having their first name (last initial) used on email messages for educational purposes.

Signature of Father/Guardian: Date:

Signature of Mother/Guardian: Date:



OLIVET CHRISTIAN COLLEGE STUDENT INDEMNITY FORM

STUDENT'S NAMES: _____ GRADE: _____

STUDENT'S NAMES: _____ GRADE: _____

STUDENT'S NAMES: _____ GRADE: _____

STUDENT'S NAMES: _____ GRADE: _____

I hereby give my consent as indicated below. I will take responsibility for notifying the school of any changes.

PARENT/GUARDIAN: _____ DATE: _____

1. Excursion Indemnity Form:

I hereby authorise the above named child to attend local day excursions, up to 50 kms which involve public or private transport organised by Olivet Christian College (usually in school buses)

In case of illness or accident I authorise the teacher in charge of the excursion to consent where impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____ Date: _____

2. Permission for Medical Attention:

In the event of illness or accident, suffered by my child, and where it is impracticable to contact me I hereby give permission for any medical attention deemed necessary.

Signed: _____ Date: _____

3. Interschool Programs

I hereby give permission for the above named child to attend school programs run in conjunction with other schools. My child may work with other students while supervised by teachers during these programs.

Signed: _____ Date: _____

4. Transport by Staff Car

I hereby give permission for my child to travel by private car in circumstances where it is deemed necessary by the Principal.

Signed: _____ Date: _____

If you have any objection to any section of this Permission Form, please delete that section or contact the school. Thank you for your co-operation in completing these forms.

OLIVET CHRISTIAN COLLEGE

BOOKLIST (SECONDARY CLASSES)

Each family is responsible for providing each student with the following:-

1. King James Bible
2. School bag
3. Box of tissues
4. Glue Stick (labelled)
5. Pencil case with Grey lead pencils
Coloured pencils
Pencil sharpener
Ruler, Eraser, 2 blue pens

The College will provide and charge for the following as required:-

1. School Diary
 2. Exercise books
 3. Protractor
 4. Compass (Geometry)
 5. Casio Calculator
-

OLIVET CHRISTIAN COLLEGE

BOOKLIST (PRIMARY CLASSES)

Each family is responsible for providing each student with the following:-

1. King James Bible
2. School bag
3. Box of tissues
4. Pencil case containing - Coloured pencils (labelled) / Textas (labelled)
- Eraser "
- Ruler "
- Sharpener "
- 2 grey lead pencils"

The College will provide and charge for the following as required:-

1. School Diary
 2. Exercise books
 3. Manila document wallet
 4. Reader Covers (ELC)
 5. A4 Loose-leaf paper
 6. 2 blue pens (Gamma)
 7. Binder
-

SCRIPTURE MEMORIZATION

Scripture can be memorized from one of the following translations:

New International Version
Revised Standard Version
Amplified Bible
New King James Bible
King James
International Children's Bible (Primary classes only)

SCHOOL ASTHMA ACTION PLAN



This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).

STUDENT'S PERSONAL DETAILS

Student's Name _____ Gender **M** **F**

Date of Birth ___/___/___ Year/Class _____

Ambulance Membership Yes No Membership No. _____

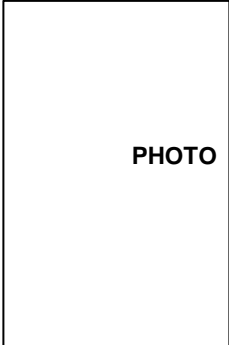
What other health management plans does this student have, if any? _____

Emergency Contact (e.g. parent/carer)

Name _____ Relationship _____

Ph: (H) _____ (M) _____

Doctor _____ Ph: _____



USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Signs student's asthma is getting worse

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Student's Asthma Triggers

Cold/flu Exercise Smoke Pollens Dust Other _____

Asthma Medication Requirements (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise)

Does the student need assistance taking their medication? Yes No If yes, how?

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:

1. Stop the exercise or activity and refer to the student's asthma first aid plan (on back page). If their symptoms reoccur, recommence treatment. **DO NOT RETURN TO THE ACTIVITY** for the rest of the day and inform the parent/carer any incident.

ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

- Step 1.** Sit the person upright
- be calm and reassuring
 - Do not leave them alone.

- Step 2.** Give medication
- Shake the blue reliever puffer
 - Use a spacer if you have one
 - Give 4 separate puffs into a spacer
 - Take 4 breaths from the spacer after each puff

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer

Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them

- Step 3.** Wait 4 minutes
If there is no improvement, repeat steps 2.

- Step 4** If there is still no improvement call emergency assistance (DIAL 000).
Tell the operator the person is having an asthma attack
Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse

OR Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____

Date ___/___/___

Doctor's Signature: _____

Date ___/___/___

For further information about the Victorian Schools Asthma Policy or asthma management please contact **The Asthma Foundation of Victoria** on (03) 9326 7088, toll free 1800 645 130, or visit www.asthma.org.au