



RIVERSIDE ADVENTIST SCHOOL

2022 ENROLMENT APPLICATION FOR:

Student Name:

CONFIDENTIAL

The following includes private and confidential information accessible only to authorized staff at Riverside Adventist School. The information contained in this contract may be forwarded only to the appropriate governing bodies in order to fulfil our legal reporting responsibilities.

Please bring this completed application with you along to the interview with the Principal along with the following documentation:

1. Original Birth Certificate / Passport (so that a copy can be made) OR a certified copy
2. Application Fee \$100 per family (credit back to family fees at the beginning of 4th Term)
3. Latest 2 School Reports, including NAPLAN for years 3/5 if applicable
4. Any other supporting documentation which this application calls for

PLEASE NOTE: Full disclosure is required to ensure continuation of enrolment



Riverside Adventist School Privacy Statement

Schools within the Northern Australian Conference collect personal information about pupils and their parents/guardians before and during the course of the pupil's enrolment in school. The primary purpose for collecting this information is to enable the school to provide schooling for your son/daughter. We comply with the Privacy legislation relating to private sector organizations effective from 21 December 2001. Please complete all the enrolment information as requested by the school. It is all important and useful information and enables the school to fulfil its duty of care. It is stored securely (both electronic and hard copy) and used for school administrative purposes only. If you do not complete any part of the information requested it might have some bearing on how the school is able to respond to and meet the individual needs of each student/family. In particular, it is a requirement that health information is accurate and up to date and so we may, from time to time, request medical reports about your child/ren. A photograph of each child may be attached to the student records. Personal information obtained by the school is for use by the School in the first instance, but may be disclosed to others for administrative and educational purposes. This may include to other schools, government departments, medical practitioners and others providing services to the schools, including visiting specialist teachers and volunteers. Information may also be used for the compilation or analysis of statistics relative to public health or public safety. If the school has reason to suspect that unlawful activity has been, is being or may be engaged in, information relevant to such activities may be shared with the appropriate authorities. On occasions, information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines and on our websites. We may include your contact details in a class list and School Directory. If you do not agree you must advise the school.

If you provide the school with information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing this information to the school and why, so they can access that information if they wish and inform the school not to disclose the information to third parties.

You may have access to your stored information for the purposes of checking its accuracy by contacting the school Secretary in the first instance. If there are items that you consider need updating or correcting, you have the right to request such changes be made. Access may be denied where it could have an unreasonable impact on the privacy of others, where it may result in a breach of the school's duty of care to the pupil, or where pupils have provided information in confidence.

Information will not be disclosed to third parties for fundraising or marketing purposes without your consent.



OFFICE USE ONLY

Year of Admittance	Beginning Grade	Student Number & Code	Sporting House	Family Code
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STUDENTS APPLYING FOR PREP MUST TURN 5 YEARS OF AGE BY JUNE 30TH

STUDENT DETAILS

Surname (Legal Name)		
Surname ('Known as' Surname, if applicable)		
Christian Name/s		Preferred Name
Gender	Male/Female	D.O.B. (Birth Certificate required)
Residential Address		
Academic Year of Entry (e.g. Grade 1)	Calendar Year of Entry (e.g. 2021)	Student's Place in Family (circle) 1 2 3 4 5 6
Country of Birth	Nationality	Ethnic Background
Is the student of Aboriginal Descent? Yes/No	Is the student of Torres Strait Island Descent? Yes/No	Is the student of both Aboriginal and Torres Strait Island Descent? Yes/No
Does the student speak a language other than English at home?		Yes / No, English only
First language spoken at home by the student:		Second language spoken at home by the student:

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Parent/Guardian Details:

Parent/Guardian A		Parent/Guardian B	
Relationship to the student: Parent / Step-parent / Guardian / Other		Relationship to the student: Parent / Step-parent / Guardian / Other	
Title		Title	
First Name		First Name	
Surname Name		Surname Name	
Preferred Name/s		Preferred Name/s	
Nationality <small>Please provide copy of passport & visa if not Australian by Nationality</small>		Nationality <small>Please provide copy of passport & visa if not Australian by Nationality</small>	
Ethnic Background		Ethnic Background	
Country of Birth		Country of Birth	
Do you speak a language at home other than English? Yes / No, English Only If Yes, specify below:		Do you speak a language at home other than English? Yes / No, English Only If Yes, specify below:	
Are you of Aboriginal and/or Torres Strait Islander descent? No / Aboriginal / Torres Strait Islander / Both		Are you of Aboriginal and/or Torres Strait Islander descent? No / Aboriginal / Torres Strait Islander / Both	
Contact Details		Contact Details	
Home Phone		Home Phone	
Business Phone		Business Phone	
Mobile		Mobile	
Email Address		Email Address	
RESPONSIBLE FOR PAYMENT OF FEES		RESPONSIBLE FOR PAYMENT OF FEES	
Yes / No		Yes / No	
Billing Address (if different from postal address below)		Billing Address (if different from postal address below)	
Parent/Guardian A Address Details			
Home Address			
Suburb		Postcode	State
Postal Address (if different from above)			
Suburb		Postcode	State
Parent/Guardian B Address Details – IF DIFFERENT FROM PARENT/GUARDIAN A			
Home Address			
Suburb		Postcode	State
Postal Address (if different from above)			
Suburb		Postcode	State

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Communication		
All communication should be forwarded to:		Parent/Guardian A & B at listed address Parent/Guardian A at listed address Parent/Guardian B at listed address Other (Please provide written details)
Custody		
Are any of the following applicable to the student named in this application?		
Family Court Orders	Yes / No	Date of Issue: Expiry Date:
Parenting Plans	Yes / No	
Restraining Orders	Yes / No	
If Yes, a certified copy of access/custody orders must be provided to the school. Parents must provide the School with written documentation should there be any change to the provided Orders.		
Student applicant resides with or is in the care of: Father & Mother / Mother only / Father only / Legal Guardian / Shared Parental Care / Grandparent / Other If Other, specify:		
If the student resides with any other party (other than those already listed as parent/guardian) please specify details below:		
Name:		
Relationship to Student:		
Address:		
Home Phone:		Mobile:
Email Address:		
Is this person responsible in any capacity for payment of School Fees?		Yes / No
If Yes, written acknowledgement of this must accompany this enrolment application		
Name and relationships of people authorised to collect student applicant from the School:		
1.		
2.		
3.		
Name and relationships of people who have restricted or prohibited access to student applicant:		
1.		
2.		
3.		
Emergency Contact 1 Details		Emergency Contact 2
*Emergency contacts will only be called if both Parent/Guardian A & B are unable to be contacted		
Name		Name
Home Phone		Home Phone
Business Phone		Business Phone
Mobile Phone		Mobile Phone
This person has permission to collect the student from school: Yes / No		This person has permission to collect the student from school: Yes / No
Parent/Guardian Employment and Educational Background	Parent/Guardian A	Parent/Guardian B
Current Employer		
Occupation		
Work Phone Number		



PLEASE NOTE: THE FOLLOWING INFORMATION IS REQUIRED BY THE AUSTRALIAN GOVERNMENT

What is your occupation group?		
What is the highest Primary or Secondary Grade you have completed?	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Other <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Other <input type="checkbox"/>
What is the highest qualification you have completed?	Bachelor's degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Cert. I-IV (Inc. Trade Qual.) <input type="checkbox"/> No Non-School Qual <input type="checkbox"/>	Bachelor's degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Cert. I-IV (Inc. Trade Qual.) <input type="checkbox"/> No Non-School Qual <input type="checkbox"/>

Examples of typical Occupations in each Occupation Group:

<u>Occupation Group 1</u>	<u>Occupation Group 2</u>
<p>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)</p>	<p>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 relation/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, proofreader, 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</p>
<u>Occupation Group 3</u>	<u>Occupation Group 4</u>
<p>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 worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness, instructor, casino dealer/supervisor)</p>	<p>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, work processing/data entry/ business machines 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) Labourer 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)</p>



Student's Educational History			
Current/Last school (or Kindergarten) attended			
Address:			
Principal/Director:			
Reason for Leaving?			
Previous school attended; Year Levels and Calendar Years			
If on a visa, date of student's first day of attendance at school in Australia			
Student Accomplishments			
Academic Achievements			
Sporting Achievements			
Other Educational Interests/Awards			
Student Management and Discipline <i>The School recognizes that protecting students from harm and the risk of harm is fundamental to maximizing their personal and academic potential. For this reason the welfare and best interest of the children with our School will always be a primary consideration.</i>			
Has this student been victimised or bullied in a previous school?		Yes / No – if yes provide detail	
Has this student been placed on an 'internal' suspension at any time?		Yes / No – if yes provide detail	
Has this student been placed on an 'external' suspension at any time?		Yes / No – if yes provide detail	
Has this student been expelled / excluded from another school?		Yes / No – if yes provide detail	
Student Medical Needs <i>The School recognizes that protecting students from harm and the risk of harm is fundamental to maximizing their personal and academic potential. For this reason the welfare and best interest of the children with our School will always be a primary consideration. Enrolment will not be activated until Anaphylaxis, Asthma, Diabetes or Mental Health Management Plans (if applicable) are supplied.</i>			
Family Doctor Name			
Address			
Phone Number			
Medicare Number		Expiry	
Health Care Card		Expiry	
Does this student take any medication on a regular basis?		Yes / No – if yes provide detail	
Are all immunisations up to date?		Yes / No – if no provide detail	
Medical Needs Does this student suffer from any of the following medical needs?			
Vision	Yes / No	Allergies/Anaphylaxis	Yes / No
Hearing	Yes / No	Serious illness, operation or accident	Yes / No
Asthma or Similar	Yes / No	Blood Disorder	Yes / No
Diabetes	Yes / No	Epilepsy	Yes / No
Heart Problems	Yes / No	Migraine	Yes / No
Mental Health Concerns	Yes / No	Respiratory Problems	Yes / No
Other:			

If Yes, Parent/Guardian must also complete and sign attached page relating to allergies/medical conditions



Medical Permissions			
This student is authorised to receive age-appropriate dosage of paracetamol if deemed necessary by a qualified First Aid Officer?		Yes / No	
Appropriately qualified staff of Riverside Adventist School are authorised to provide medical care to this student if deemed necessary?		Yes / No	
Student Learning Needs <i>The School recognizes that protecting students from harm and the risk of harm is fundamental to maximizing their personal and academic potential. For this reason the welfare and best interest of the children with our School will always be a primary consideration. Enrolment will not be activated until all relevant school and specialist reports, copies of EAPs (if applicable) are provided.</i>			
Disability/Impairment/Educational Needs: Has your child ever been diagnosed/verified as having any of the following:			
Autistic Spectrum Disorder (Inc. Asperger's)	Yes / No	Vision Impairment	Yes / No
Intellectual Impairment	Yes / No	Learning Difficulty/Disability	Yes / No
Developmental Delay	Yes / No	Dyslexia	Yes / No
Physical Impairment	Yes / No	Attention Deficit Disorder ADD	Yes / No
Speech/Language Impairment	Yes / No	Attention Deficit Hyperactive Disorder ADHD	Yes / No
Other: Please Specify			
Educational Adjustment Program (EAP)/Ascertainment			
Has this student ever received an Educational Adjustment Program/Ascertainment Level?	Yes / No Cat.	Is this current?	Yes / No Level:
Has this student been assessed as Gifted and Talented?	Yes / No	Area/s	
Has this student repeated a year level?	Yes / No	Year	
Has this student been accelerated a year level?	Yes / No	Year	
Has this student received learning enrichment/support?	Yes / No	School	
Pastoral Care Needs			
Does this student require Pastoral Care in regards to specific emotional needs? E.g. loss of parent, trauma, social stresses, phobias		Yes / No	
Special Services Has this student attended or is he/she scheduled to attend any of the following specialist services?			
		Name of Centre/Specialist	Date of Last/Next Visit
State/Child Guidance/Counsellor	Yes / No		
Speech Therapist/Pathologist	Yes / No		
Occupational Therapist	Yes / No		
Physiotherapist	Yes / No		
Psychiatrist/Psychologist	Yes / No		
Specialist Clinic (Hosp./Private)	Yes / No		
Audiologist	Yes / No		
Educational Psychologist/Consultant	Yes / No		
Paediatrician	Yes / No		
Other (e.g. Optometrist)	Yes / No		



Photographic Permission/Media Release Consent

Riverside Adventist School will, as part of its normal processes, take photographs and on occasion video including audio, of school activities, staff, student/s and other personnel for either or both, internal/external promotional activities.

Examples of internal and external uses are as follows.

Internal Image/Video Uses including but not limited to:

- School Newsletter
- Class Dojo App
- Schoolstream App
- Award Ceremony PowerPoints
- Chapel PowerPoints
- Classroom Displays

External Image/Video Uses including but not limited to:

- Social Media Platforms
- School Website

External Image/Video Uses - Major Works

- Print Media including but not limited to prospectus folders, flyers and posters
- Major Marketing Campaigns including but not limited to offsite electronic signs, street banners, vehicle wraps/advertising

Acknowledgement and Permission

I give consent for my child/ren listed below to be photographed/recorded (audio-visual) in a manner that is deemed reasonable and preserves the dignity of my child.

I also agree that images and audio of my child may be used for publicity purposes associated with Riverside Adventist School.

- Please specify permissions in the check-boxes above using a tick for yes or leave blank for no

Parent/Guardian A Signature

Parent/Guardian B Signature



FEE PAYMENT AGREEMENT

The Riverside Adventist School Management Council's Policy on payment of school fees is as follows:

“School fees are due two weeks into the School Term. Those who choose to pay off their account are still able to do so, but the account needs to be finalised two weeks prior to the end of the Term. If this has not happened, or other arrangements have not been made, then the child will be taken out of school until the account is up to date.”

In order to make the fee payment process run smoothly please select one of the payment methods listed below:

Frequency of Payment (please circle)	Pay yearly fees in full OR Pay term fees in advance by due date OR I would like a meeting with the office to discuss a payment plan
Method of Payment (please circle)	Direct Transfer to School Bank Account OR BPAY OR In person at the School Office by Cash or EFTPOS OR Regular, manual credit card charge to be completed by the office (please ask for a deduction authority form)

CODE OF STUDENT BEHAVIOUR

Every student at Riverside Adventist School is created in the image of God, is equally important and has a right to an opportunity to learn, to feel safe, and to be treated with dignity. This means every student has a responsibility to ensure that every other student's rights are respected. The expectations of every student, therefore, are:

1. Abide by the Riverside Way
2. In class, students will conduct themselves in a way that will not interfere with the right of any other student to learn what is being taught.
3. At all times, students will treat the person and property of every other student with respect.
4. Students will always speak to each other in a way that shows respect. This does not mean there won't be disagreements or arguments, but that what is said will not be profane, offensive or derogatory.
5. Students will show the same respect towards the school and its staff.
6. Students will fulfill their responsibilities for the school's learning program.
7. Students will demonstrate respect for themselves by adherence to school standards.

When a student enrolls at Riverside Adventist School it is our wish that they will obtain the greatest benefit possible from their time here. That is the purpose of these expectations and responsibilities. By enrolling, you have indicated that you accept this 'Code of Student Behaviour' and will support the School in maintaining them.



Allergy / Mental Health / Medical Condition Information	
Parent Declaration This Student has an allergy, mental health or medical condition Yes / No	
<hr/> Parent/Guardian A Signature	<hr/> Parent/Guardian B Signature
<i>If YES, please continue on and complete the information below.</i>	
Student's Name:	
What is the exact nature of the allergy/condition suffered by this student?	
Indicate the severity of this condition on the level of risk to the student's well-being from the allergy/condition	
Give a complete description of foods or additives the student cannot consume (if applicable)	
Give a complete description of any substances, allergens or triggers known to initiate or escalate this condition for the student	
Is the student aware of the substances/allergens/triggers and the risk to his/her well-being if exposed to them? Yes / No	
Give a complete description of the symptoms and probable effects of the onset of the allergy/condition	
Does this student regularly carry medication to counter the effects of the substances, allergens or triggers? Yes / No If yes, describe medication, dosage and frequency of dose	
Give a complete description of steps that should be take in the event the student suffers, or appears to suffer, the effects of the allergy/condition	
Outline your expectations of the School in relation to these allergy/condition-related risks	
A Medical (e.g. Anaphylaxis, Asthma, Diabetes, Mental Health Management Plan) has been provided with this application	
<hr/> Parent/Guardian A Signature	<hr/> Parent/Guardian B Signature
I will provide the School with written information about any changes to this allergy/condition and its treatment	
<hr/> Parent/Guardian A Signature	<hr/> Parent/Guardian B Signature



Conditions of Enrolment Agreement

We, the undersigned, hereby apply to enrol the student listed on this enrolment contract at Riverside Adventist School, Townsville and agree to uphold the following contractual obligations:

Section 1 - School and Community

1. I am fully aware of the School's Adventist character and understand that this student will be given an Adventist Education on the basis of Biblical principles. I will be supportive of the School's ethos, aims and objectives as outlined in the advertising and enrolment information and agree to support the School in this Endeavor.
2. I will actively partner with the school in its educational program attending Family Interviews and other Information Evenings/Events that relate to the education of this student.
3. I understand the school has a high expectation of student behaviour and discipline. I will support teachers and the School leadership team in the pursuit and application of these standards. I understand the School reserves the right to terminate enrolment as a consequence of serious or repeated breaches of the School's Code of Student Behaviour or failure to uphold the School ethos which includes The Riverside Way.
4. I will actively support School Staff by reinforcing the high uniform expectations of Riverside Adventist School.
5. I accept that it is my responsibility to keep up to date on events happening in and around the School by regularly checking my listed email address for correspondence, the Schoolstream app and Class Dojo.

Parent/Guardian A Signature

Parent/Guardian B Signature

Section 2 – Fees and Levies

1. I accept full responsibility for the in-full payment of fees, levies and charges as they become due.
2. I understand that Family Fees are due in full by close of business on the third Thursday of each term unless alternative arrangements have been made with the School Office.
3. I understand that if I voluntarily withdraw this student from the School I must give written notice to the Principal of not less than four weeks. If I fail to do so, I acknowledge that I am liable and will pay for one term's worth of levies in lieu of notice.
4. I understand that if my Family Fees become overdue it is my responsibility to make contact with the School Office to arrange a payment plan. I acknowledge that continued non-payment of outstanding fees will entitle the School to terminate my student's enrolment, although I will remain liable for any outstanding monies.
5. I understand that if my unpaid account is referred to a third party for collection that I am responsible for all costs incurred by the School.
6. I accept that the signatories listed below are responsible for payment of this student's fees. In the event that a third party is contributing regularly to payment of these fees, that details of that third party and a letter of agreement from that third party will be provided by me to the School.

Parent/Guardian A Signature

Parent/Guardian B Signature



Conditions of Enrolment Agreement (cont.)

Section 3 – Release of Information

1. I will promptly inform the School of any changes to information contained within this enrolment contract.
2. I give permission for Riverside Adventist School to contact this student’s previous school regarding any matter that relates to his/her enrolment at the School.

Parent/Guardian A Signature

Parent/Guardian B Signature

Section 4 – Excursions

1. I authorise this student to attend excursions and/or camps outside the School grounds unless I otherwise advise in writing.
2. In enrolling this student at Riverside Adventist School I accept and acknowledge that:
 - Transport to and from excursions may from time to time include private car, hire bus, commercial bus company or wherever possible by School Bus.
 - Every care is taken by teaching staff on School grounds and on excursions and/or camps but accidents may happen
 - Parents/Guardians accept financial responsibility for any unusual costs that may be incurred (ambulance, medical)
 - Notification of intended excursions will be forwarded to parents/guardians via Schoolstream and/or email it is assumed that ALL students will participate in excursions/camps unless parents/guardians request exemption in writing through the School Office OR where applicable the Schoolstream app. This request should include medical/personal reasons for the student’s absence.

Parent/Guardian A Signature

Parent/Guardian B Signature

Section 5 – Medical Attention

In enrolling this student to attend Riverside Adventist School, I acknowledge that staff members are authorized to seek medical attention (eg. Ambulance) for this student if deemed necessary. Parents/Guardians accept responsibility for payment of costs incurred in accessing such medical treatment.

Parent/Guardian A Signature

Parent/Guardian B Signature

I have received, read and am satisfied with the School’s Privacy Policy

Yes / No



Thank you in advance for providing the below information to enable us to make Administrative and Planning decisions.

CHURCH AFFILIATION AND ATTENDANCE

1. Is your family involved in a Christian Church?
2. Church Denomination and Church Name/Branch
3. Name of Pastor
4. Does your student attend either or both of the following (please circle): Church/Children's Church Program

SIBLING INFORMATION

NAME	D.O.B.	CURRENT SCHOOL	YEAR LEVEL	SEEKING ENROLMENT AT RIVERSIDE?
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No

INTERVIEW NOTES

OFFICE USE

Date Received:		Enrolment Documents - Birth Cert. - Immunisation - Court Orders - Medical Forms	Y/N Y/N Y/N/NA Y/N/NA		
Interviewed On:					
Interviewed By:					
Reports Sighted:		Finance Officer: - Payment Options - Agreement signed			
Approved/Declined:					
Acceptance Pack Distributed:					