

Blacktown Youth College

Let us help you take the next
step in changing your **Life**

39 Mackellar Road, Bidwill NSW 2770

PO Box 93 Plumpton NSW 2761 Phone 02 9628 8072

HOPE THROUGH CHANGE

ABN: 821 258 469 82

BLACKTOWN YOUTH COLLEGE INC

39 Mackellar Road

Bidwill NSW 2770

PO Box 93 Plumpton 2761

Ph: 02 9011 5335 Fax: 02 9628 9285

STUDENT ENROLMENT FORM

INFORMATION PRIVACY STATEMENT

The Department of Education and Children's Services is committed to ensuring the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

SCHOOL CONTACT DETAILS

Principal: Anne Ridgway

Deputy Principal: Tracy Day

Campus Coordinator: Paul Stewart

Student Coordinator: Lachlan Reeves

School Counsellor: Tony Turanga

Office: Carol Beath, Marrie Price, Lisa Beullens and Lynette Konkol

Canteen Manager: Keryn Knox

Date form filled out: / / .

STUDENT PERSONAL DETAILS

Family Name:

Given Names:

Preferred Name:

Date of Birth: * Sex Male Female

School Use Only

Student ID:

Visa:

Roll Class:

Enrolment Date: / /

Origin:

Medical Condition:

Custody Order:

Prior School:

Permanent Resident:

What is the student's previous school?
If overseas, name country. If interstate, name state.

Name of School: Postcode:

If transferring from another school: Year Level:

Does the student require public transport?

* Is the student of **Aboriginal or Torres Strait Islander** origin?
(For persons of both Aboriginal or Torres Strait Islander origin, tick both 'Yes' boxes.)

Yes, Aboriginal Yes, Torres Strait Islander Other Give details:

* In which **country** was the student born?

Australia Other – please specify

* If other, on what date did the student arrive in Australia? The student's passport must be sighted on enrolment.

* If the student is a visa holder, please provide the current visa sub-class.
If the student is a temporary visa holder, a copy of the Authority to Enroll must be attached to this form. (Exceptions: Exchange Students, TPV holders)

* Does the student speak a **language other than English** at home? Yes No, English only

If yes, what languages (including English) does the student speak at home?

Main language % other language/s %

* Is this student a client of DOC's or Juvenile Justice? Yes No DOC's J/J

Please give details: Name: Phone:

Office location:

* Does this student attend counseling? Yes No

Please give details: Name: Phone:

Office location:

Parent 1/ Guardian 1
(Enrolling Parent/Guardian)

Mr/Mrs/Ms/Other

Family Name:

Given Names:

Sex:

Male

Female

Relationship to student:

Occupation:

Work Location:

Work Phone Number:

Mobile Phone:

Home Phone:

Silent

RELATIONSHIP WITH PARENT/GUARDIAN 2:

Married / divorced / separated / de facto / other

In which country was the parent 1/ guardian 1 born?

* Does the parent 1/ guardian 1 **speak a language other than English at home?**

Yes No, English only

If yes, what is the **main language** the parent 1/ guardian 1 speaks at home?

Does this Parent or Guardian **require an interpreter?**

Yes No

Does parent 1/guardian 1 **identify with a non-English speaking culture?**

Yes No

If yes, which culture?

Parent 2/ Guardian 2

Mr/Mrs/Ms/Other

Family Name:

Given Names:

Sex:

Male

Female

Relationship to student:

Occupation:

Work Location:

Work Phone Number:

Mobile Phone:

Does this Parent / Guardian reside at the same address?

Yes No

If no, please include address and home phone on Page 4

In which country was the parent 2/ guardian 2 born?

* Does the parent 2 / guardian 2 **speak a language other than English at home?**

Yes No, English only

If yes, what is the **main language** the parent 2/ guardian 2 speaks at home?

Does this Parent or Guardian **require an interpreter?**

Yes No

Does the parent 2/guardian 2 **identify with a non-English speaking culture?**

Yes No

If yes, which culture?

* **Signature of Enrolling Parent or Guardian:** _____

Date: _____

FAMILY DETAILS

Does this family have private health insurance? * Yes No

If Yes, with which private health insurance fund? *

Medicare Number: *

**Enrolling Parent or Guardian may elect to NOT answer this question.*

ADDRESSES

Mailing Address (Of Parent/Guardian with whom student lives)

Mailing Title:

Address:

Suburb/Town:

Postcode:

Student's Mobile Phone:

Country: (If not Australia)

Family Email Address:

Student's Email Address:

** If known*

Residential Address (If different from Mailing Address)

Mailing Title:

Address:

Suburb/Town:

Postcode:

Country: (If not Australia)

Email Address:

Other Parent / Guardian / Carer NOT residing at same address as student

Mr/Mrs/Ms/Other:

Family Name:

Given Names:

Relationship to student:

Mailing Title:

Address:

Suburb/Town:

Postcode:

Sex: Male Female

Phone Number: Silent

(Area)

Mobile Phone:

Email Address:

Relationship to Parent/Guardian 1:	Occupation	& Location	Full time / Part Time
<input style="width: 130px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

In which country was the parent 2/ guardian 2 born?

If not born in Australia, what was the date of arrival in Australia?

* Does the parent 2 / guardian 2 speak a language other than English at home? Yes No, English only

If yes, what is the main language the parent 2/ guardian 2 speaks at home?

Does the parent 2/guardian 2 identify with a non-English speaking culture? Yes No If yes, which culture?

Please indicate if this person wishes to receive reports and/or correspondence
 (If there is more than one person who would like to receive correspondence please attach details)

Reports Newsletter Other Correspondence

EMERGENCY CONTACTS

if Parents or Guardians cannot be contacted

1. **Name:**

Relationship:

Home Phone: **Silent**
Mobile Phone:
Work Phone: **Ext:**

RELEVANT MEDICAL CONDITIONS

Does your child have a diagnosed medical condition which might need first aid? **Yes** **No**

If yes, please tick relevant conditions:

Severe allergies **Asthma** **Heart condition** **Diabetes** **Joint condition** **Seizures**

Details:

Other (specify)

Does your child need extra routine health support?
 (e.g. support with medication management, continence care, psychiatric issues) **Yes** **No**

If your child has a medical condition entered here, The school must have a Health Care Plan from the treating doctor / health professional. **Is plan attached?** **Yes** **No**

DETAILS OF STUDENT'S DOCTOR

Doctor's Name:
Address:
Suburb/Town:
Postcode:

Phone Number:

FAMILY COURT ORDERS

Are there any current Court-related issues involving residency, parental responsibility or contact orders relating to this student? **yes** **No**

If yes, **please attach a copy of the order for the school's records.**

OTHER SCHOOLS ATTENDED

List most recent high school attended.

School	Date Left
<input type="text"/>	<input type="text"/>
REASON FOR LEAVING <input type="text"/>	

PASSPORT/BIRTH CERTIFICATE

* Does this student have a passport and or a birth certificate? **Yes** **No**

The school must have a copy of a birth certificate and or passport

PERMISSIONS FOR IMAGES OF CHILDREN / STUDENTS

WEB & NEWSLETTER PUBLISHING / GENERAL DISPLAY

At times filming and photographs of students at Blacktown Youth College are used on our web page, in the newsletter, on general display in classrooms, in the school or as a school promotion. Christian names may be used from time to time in the school newsletter and to display work. At the time of whole school photos, student names and photos are included in the photographic package offered.

PERMISSIONS –PHOTOS, NAMES

CONSENT FORM FOR DEPARTMENT OF EDUCATION AND CHILDRENS SERVICES

I: _____
(parent's/guardian's name - PLEASE PRINT)

of: _____

(address - PLEASE PRINT)

on behalf of: _____
(child's name - PLEASE PRINT)

Please tick the boxes below signifying consent

SCHOOL PHOTOGRAPHS

I give consent for my child to be photographed by a Photographer
I give consent for my child's name to be included on school photos.

Christian Name **Surname**

NEWSLETTER

consent to **my child being featured in the Blacktown Youth College newsletter** for an undefined period of time;

Christian Name **Surname** **Photo**

WEBSITE

consent to **my child being featured on the Blacktown Youth College website** for an undefined period of time: Names are not published with photos.

Christian Name **Surname** **Photo**

DISPLAY

consent to **my child being featured on display at Blacktown Youth College** for an undefined period of time;

Christian Name **Surname** **Photo**

Signed by: _____ **Signature:** _____

Date: ____/____/____

ANGER MANAGEMENT POLICY

Depression, anger and homelessness are the realities for some of our students. The school seeks to get counseling for these students wherever possible. Sometimes these issues start to overwhelm children and they can barely function as a result. Mandatory **ANGER MANAGEMENT OR COUNSELLING SESSIONS MAY THEN BE REQUIRED** and students cannot remain at this school unless they attend. In some cases parents will be asked to organize the sessions and students cannot resume here unless dates for the outside assistance can be produced. Please cooperate with this policy but feel free to ask staff if you are concerned.

I _____ give permission for
_____ to receive counseling.

Parent's signature _____ Date _____

OUR MEDIA POLICY

Blacktown Youth College is unlike other schools in many ways. One of the ways in which we differ is that we sometimes have to fight to keep the school alive and to keep the funding going. To this end we let the media in and ask them to help us. The Media in turn want to speak to our students to gain their opinions. We ask you to sign below indicating you give permission for your son/daughter to speak to the media about this school.

I _____ give permission for
_____ to speak to newspapers, TV, radio.ect.

Parent's signature _____ Date _____

NO EXAM POLICY

Please support BYC and its campuses "NO EXAM" Policy by signing below. Parents who feel their son/daughter must sit for exams in year 9 & 10 will be assisted to find another school.

I _____ wish to exempt my son/daughter
_____ from any formal tests in year 9 & 10
whether or not these tests are Government mandated.

Parent's signature _____ Date _____

YEAR 10 LIFE SKILLS SCHOOL CERTIFICATE

My name is _____

My son/daughter is studying the year 10 Life Skills School Certificate at Blacktown Youth College.

I have viewed the Year 10 Life Skills School Certificate and the accompanying documentation, and am satisfied with what I have seen.

I understand that should my child wish to return to mainstream school to study the exam based year 10 School Certificate, Blacktown Youth College would facilitate this process.

I also understand that my child will be able to study at TAFE or return to study Year 11 and 12 at a mainstream school at the end of his/her study at Blacktown Youth College, even though no exams were held for the Year 10 Life Skills School Certificate program.

However, future courses which assume a thorough understanding of Year 10 Math's may present a problem, and my teenager may be required to undertake "catch-up" work to complete courses requiring this math's.

Staffs at Blacktown Youth College are prepared to assist my child with any future studies on a Monday or Wednesday afternoon. This after school tutoring service is free.

Blacktown Youth College charges no fees, though a donation of \$50 to cover expenses for the year would be appreciated.

Signature _____ **Date** _____

Phone Number _____

Address _____

QUIT SMOKING PROGRAM

BYC does not support either staff or students smoking. Our policy is to encourage NON SMOKING however we recognize that many of our students smoked at their previous school (ALBEIT WITHOUT PERMISSION) and that many live in homes where adults smoke. As many of our students are in danger of not participating at all in the wider community and poor education will simply reinforce this likelihood, the school allows a moderate amount of smoking for School Certificate Students from the age of 15 years ONLY. Students that are too young to begin the school certificate are considered too young to smoke at our school.

The school runs a QUIT SMOKING program each year and QUIT SMOKING competitions to discourage the habit.

Please fill in the attached permission regarding smoking and the quit smoking program and return to office as soon as possible

I _____ am the parent or guardian of _____ and am aware of the smoking policy at Blacktown Youth College. He / she is 15 years or over.

He/ she has permission to smoke **yes/ no**

He/ she is taking part in the **QUIT SMOKING PROGRAM**

run by the school counselor, Tony Turanga **yes/ no**

Signed,

.....

PARENT INFORMATION

We would like to welcome you and your child to our school and we hope the time spent will be both fun and educational.

Please read this document as it contains contact details for our school, important rules and policies which you and your child should know about, and some helpful information on how to help your child while they are at our school.

5 GOLDEN RULES

1. Blacktown Youth College is strictly drug and alcohol free. Police may be called to the school if this rule is broken.
2. No stealing
3. Excellent Attendance
4. General Cooperativeness
5. No Harassment or Bullying

Canteen

Drinks and hot food are on sale during lunch break.
Students are encouraged to eat while at school.
They are also welcome to bring their own lunch.

Lunch orders must be ordered and paid for in the mornings

Volunteers

Parents, guardians and grandparents are welcome to come to our school and help.
The school welcomes extra help for our students in the areas of reading and maths.

OR maybe you have another life skill you can share with students.

MP3'S, IPODS AND MOBILES

Are not allowed at school. Students, who bring them, do so at their own risk.

The school takes no responsibility for property stolen.

Teachers are permitted to confiscate any mobiles, MP3's, IPODS or any electronic equipment being used in school hours.

What's Up My Nose

Once a week the whole school meets to discuss any issues concerning our school community. During this time our school votes on different items. Students are encouraged to comment and have their say. The school uses this time to vote in monitors and student committees.

Discipline and Fairness at Blacktown Youth College

Our school is like a halfway point between work and school. As a result our discipline policy is similar to that found at a job, so students who are new to the school do not necessarily receive the same privileges as students who are ready to graduate. In the same way new students are expected to adapt to the personalities of students established at the school. While bullying from any student is not tolerated and is dealt with by the students themselves in a committee, new students need to know that the onus is on them to adapt to the school as it stands.

City Rail

Please be aware that if a student has a Rail Pass they are only permitted to join and alight from the train station nominated on the pass.

If you need to get on or off at another station a new application form must be completed. **Letters are no longer permitted.**

Split family situations, 2 different addresses should be entered when filling out the application form.

Please ensure all information is correct when filling out application form.

Anyone who has any problems please contact our administration staff to help.

By following the above, students will stay free of fines.

Student Transport

If your child requires transport to and from school we have Student Transport Application Forms available in the office.

Important Notes

- Students are expected to arrive at school by 9.15am for a 9.40am start. If they are late they will be required to stay back to make up the time.
- Please ring the school if your child is to be absent for any reason. Frequent unexplained absences may result in your child losing their place in the school.
- Mobile phones are NOT allowed at school. Any mobiles seen or heard during school time will be confiscated. If you need to contact your child, the school will make them available for any emergency. Contact numbers are on the front of this form.
- Each year a few students with significant family problems enroll at this school. Among the most heartbreaking and destructive of family problems is the abuse of drugs and alcohol by a parent. The school highly recommends that those trying to live with an alcohol abuser should attend A1/Aon meeting. "AA" is free and will help the drinker. They can make recommendations and contact numbers for families seeking help in this area. Please feel free to confront staff if needing help. **All information will be treated as confidential and without judgment.**
- We encourage students to participate in one organized activity per week outside the home.
- Camps, excursions and work experience are compulsory.
- Students must be living in stable accommodation preferably with an adult relative (Not Friends)
- Blacktown Youth College furniture, equipment and property must be treated with respect at all times (This includes chairs, tables, computers, pool table, vending machine, toilets, kitchen and all areas accessible to students)
- We expect parents to support our fundraising events (example is our annual school dinner) **NB we also ask parents to donate bread or milk to share with our students. Donations of peanuts butter, jam, cheese, vegemite, biscuits, or cordial will also be appreciated.

Parent / Guardian

YOU MUST PROVIDE THE COLLEGE WITH A LANDLINE TELEPHONE NUMBER AS SOON AS POSSIBLE

If you do not have a home phone number, it can be work, a relative, friend or anyone who will agree to pass on a message.

It is the utmost importance that we are able to contact you in an emergency regarding your son/daughter

SCHOOL CONTACT DETAILS

Principal: Anne Ridgway

Deputy Principal: Tracy Day

Campus Coordinator: Paul Stewart

Student Coordinator: Lachlan Reeves

School Counsellor: Tony Turanga

Office: Carol Beath, Marrie Price, Lisa Beullens and Lynette Konkol

Canteen Manager: Keryn Knox