

Minerva Private Academy- Application For Enrolment	
Student Name:	
Date of Birth:	
Age:	
Year Level:	
Gender:	
Citizenship:	
Country of Birth:	
Languages Spoken:	
Main Language Spoken at Home:	
Previous Education: (please provide the name of the school/s)	Kindergarten:
	Primary School:
	High School:
	Other:
Has the student experienced any disciplinary measures at any previous educational institutions?	Yes/No
If yes, please provide details:	
Hobbies/Interests:	
Interested Program: Please indicate all programs you are interested in taking.	Academic & Enrichment Program Holiday Program
Preferred Days: (please indicate the number of days and preferred days of enrolment)	
Proposed Start Date:	

Parent/Guardian Information	
Parent/Guardian 1:	Parent/Guardian 2:
Name:	Name:
Relationship:	Relationship:
Occupation:	Occupation:
Highest Level of Completed Education:	Highest Level of Completed Education:
Address:	Address:
Contact Number:	Contact Number:
Email:	Email:
Emergency Contact (other than a parent)	
Name:	
Relationship:	
Contact Number:	
Address:	

Court Orders	
Family Court Orders	
Are any current orders made pursuant to the Family Law Act 1975 concerning the prospective student's welfare, safety or parenting arrangements?	
YES	NO
If yes, what are the dates of the court order? Please provide a copy of the court order.	
Commencement Date:	End Date:
Other Court Orders	
Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?	
YES	NO
If yes, what are the dates of the court order? Please provide a copy of the court order.	
Commencement Date:	End Date:

Medical Information
Minerva Private Academy is collecting this information to address students' medical needs during academy hours, vacation programs, sports, and other academy activities. Minerva Private Academy will not use this information to decide a prospective student's eligibility for enrolment. The academy must be advised before the prospective student's first day of attendance if the prospective student has any medical conditions. The administration staff must also be informed of any new medical conditions or changes to medical conditions as soon as they are known. Should the prospective student need to take routine medication during academy hours, the Parent consent to administer medication must be completed before the academy staff can administer medication. All medication must be provided in the original container with a pharmacy label providing clear instructions for administration. The school will also require a doctor's letter containing detailed instructions and a signed Action Plan / Emergency Health Plan for emergency medication. Parent consent and health plans must be reviewed annually. All original documentation will be retained at the office, and copies of Action or Emergency Health Plans will be kept with the student.
Medical Conditions (including allergies, sensitivities, symptoms and management)
Does the prospective student require any medical aid or devices? (such as glasses, prosthetics or orthotics)

Application to Enrol		
I hereby apply to enrol my child in the following program/course:		
I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. The information I have provided on this form is true and correct in every particular, to the best of my knowledge.		
	Parent/Guardian 1	Parent/Guardian 2
Signature		
Date		