

# ENROLMENT APPLICATION



# Torres Strait Kaziw Meta Inc. for Years 7 - 12

Important  
Please attach a copy of the following:

- Birth Certificate
- Medicare Card
- Last School Report
- Centrelink Customer Reference Number
- Tax File Number
- Boarder and Parent Information
- Emergency Contact Information
- Weekend Leave Contacts
- Medical Information (including all medication and allergic reaction information)
- Parents Authority

We require all Information to be able to process the application.

- Surname
- Given names
- Preferred Name
- Home Address
- Email Address
- Home Phone
- Mobile Phone

## Medicare Information

This information is required to allow our staff to help keep your child healthy while they are at school and at home here at Torres Strait Kaziw Meta Inc.

Medicare Card Number:

Expiry Date:  DD  MM  YEAR

or Health Care/Pension Card Number:

Expiry Date:  DD  MM  YEAR

Name of Current  
Community Health Centre:

Health Centre Phone Number:

Health Centre Email:

## Boarder Detailed Information

Who does the boarder live with? Please tick the box below.

Parents     Grandparents     Aunt & Uncle     Guardian/Other

Date of Birth:  DD  MM  YEAR

Student's Birthplace:

Student's Cultural Heritage:     Aboriginal     Torres Strait Islander     Both

Student's Religion:

Current School Name:

Current Year Level:

School's Location:

Has your child ever been excluded or expelled from school?     Yes     No

Government Financial Assistance: Is the student eligible for Abstudy?     Yes     No

Student Customer Reference Number (Centrelink CRN):



# Health and Well-being Information

Please tick if the student has any of the following conditions:

- Epilepsy or fits
- Allergies
- Diabetes
- Rheumatic Heart disease or other heart sickness
- Kidney disease or other kidney problems
- Asthma or other breathing problems
- Allergies
- Migraines
- Ear infection
- Hearing problems
- Eye problems
- Blood-borne diseases
- Psychological conditions eg; anxiety/Depression

Please provide details:

## Allergies

Does the Student have any allergic reactions to - Panadol, Ibuprofen, Nurofen?

Yes No

Does the Student have any allergies / Anaphylactic reactions at all? Yes No

Please provide details:

Medications Allergies: (e.g. Penicillin)

Food Allergies:(e.g. Peanuts, seafood)

Other Allergies: (e.g. Plants, insect bites/stings)

Does the Student Medi-Alert bracelet? Yes No

Do the Students have an EpiPen? Yes No

Does the Student have any Asthma Medications? Yes No

## Medications

Is the Student currently taking medication? Yes No

Prescription Medications

Please list all prescription medications that the student is currently taking, their dose and frequency

Name of Medication	Dose	Frequency	Duration	By self or requires help
				By self Requires help
				By self Requires help
				By self Requires help
				By self Requires help

## Non-Prescription Medications

Please list specific non-prescription medications to be administered when required (Panadol, Mylanta etc.)

Name of Medication	Dose	Frequency	Duration	By self or requires help
				By self Requires help
				By self Requires help
				By self Requires help
				By self Requires help

## Immunisation Information

Immunisation record attached: Yes No

Please indicate immunisation status in the boxes below using the most appropriate code:

**F = fully immunised**

**I = Incomplete immunisation**

**N = Not immunised**

**P = Personal objections**

Measles

Mumps

Rubella

Tetanus

HIB (Haemophilus influenzae type b) (Flu Shot)

Diphtheria

Polio

Hep B

Pertussis (Whooping Cough)

BCG

## Completed by medical practitioner

Name:

Location:

Phone:

Email:

## Authority to Act in a Medical Emergency

Please sign below to give authority for Kaziw Meta Staff to act on your behalf in an emergency.

Name:

Signature

## Media Releases and Consent to Publish

From time to time our students may have opportunities to appear in various publications. Please sign the below form to give your consent for the student's image/name to be published should such an occasion arise. Families, please advise by the below consent form if you don't want the image of your child/ren to be used.

Name:

Signature

## Computer Access and Electronic Device (phone) Usage

Students are encouraged to make use of various electronic equipment during the Term. By signing the below forms you give your consent for the student to use any electronic equipment (eg: Computer own mobile phone electronic games) under the Guidelines set out here at Torres Strait Kaziw Meta Inc.

Name:

Signature

## Student Leave Processes

All Weekend leave Bookings for students need to be submitted via email or phone call to the Director of Boarding by Wednesday each week by COB if you wish for your child to be signed out by yourself or a family member for the weekend.

Director of Boarding Contact Number: 07 40 691 284

Mobile: 0419 976 709

Email: juliec@kaziwmeta.org.au

Signing out students for dinner by family members or you are fine however consent must come through to the Director Of Boarding prior.

Leave bookings are done electronically on REACH

*(Please note that once students are signed out it will be the responsibility of the person signing them out to ensure that they are always supervised and looked after and supported until they return to Boarding.)*

## Computer User Agreement

As a user of the Kaziw Meta computers, you are expected to review and understand the Acceptable Use Procedures.

### Acceptable Use Procedures

1. Protect your login information from others. Do not use other users' password
2. Behave appropriately around the computer area
3. Do not bring any food or drink including water into any computer area
4. Respect Kaziw Meta property (computers) and be responsible for the way you use the equipment. Do not destroy, modify (change) or abuse the computer equipment or software programs in any way.
5. Students / Staff responsible for any damage or changes to the hardware or software will pay for any costs associated with repairs or replacements.
6. Do not use the Kaziw Meta computers for illegal, harassing, bullying, vandalizing inappropriate or indecent purposes.
7. Do not use the Internet to access or process pornographic or otherwise inappropriate material in concert with the Kaziw Meta Technology Resources and Internet Acceptable Use and Safety Policy. Notify a college supervisor whenever coming across information or messages that seem inappropriate. The Kaziw Meta Technology Resources and Internet Acceptable Use and Safety Policy must be adhered to.
8. Be ethical and courteous. Do not send hate, harassing or obscene mail, discriminatory remarks or demonstrate other antisocial behaviours.
9. Do not assume that because something is on the Internet you can copy it.
10. Do not give out any personal information over the internet.

VIOLATION OF ANY OF THE ABOVE CONDITIONS OF USE MAY RESULT IN DISCIPLINARY ACTION including removing your computer access or appropriate legal action.

Name _____	Signature _____
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Name of Parent/Guardian _____	Signature of Parent/Guardian _____
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## Mobile Phone Policy

Students may bring their mobile phones to Kaziw Meta. The following conditions will apply:

1. Students are required to declare their mobile phone/s on arrival at Kaziw Meta  
\*\* If they have more than one mobile phone, they must declare all of it
2. Students are required to register their phone number/s with the office/houseparent
3. All phones must be handed into the Houseparent on duty, at the Nominated time as to the phone time on poster in-house– this will be noted on a recording sheet.
4. Phones may be collected at 7:40 pm each school day.
5. Phones must not be brought to the dinner table, church/fellowship, or used for talking/texting during home study, mealtimes, or yard dinners whilst guest speakers are at Kaziw Meta meetings, assembly or at any time where you are required to be paying attention.
6. If any student chooses to conceal or refuse to hand in their phone/s at the correct time, consequences will apply:
  - a. On the first instance – phone will be confiscated for 24 hours
  - b. On the second instance – phone will be confiscated for 1 week (7days)
  - c. On the third instance – phone will be confiscated until the end of term & parents notified. The mobile phone will be posted home to the parents.
7. Any gross inappropriate/illegal use of a mobile phone (e.g.: cyberbullying, accepting/sending inappropriate photos, sexting) will cause the phone to be confiscated and a Police Report will be made. The parents will also be notified.
8. The students who are deemed to have used their mobile phone inappropriately/illegally, will not be allowed to bring/use any mobiles to Kaziw Meta from the time of the incident until the remainder of the current school year.
9. The Staff will make all reasonable attempts to resolve/manage any issues that may arise.
10. Alternate arrangements to any of the above may be considered upon request to the Director of Boarding (depending on the student's needs or requests)

**Disclaimer: Management will not replace any phones, sim cards or chargers that have been lent, borrowed, lost or stolen.**

### STUDENT AGREEMENT

I, \_\_\_\_\_ have had the MOBILE PHONE POLICY explained/read to me. I Understand the MOBILE PHONE POLICY and hereby promise to comply with all the conditions as outlined in the policy. My mobile phone number/s \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Media Consent Form

Please fill out below and return to Kaziw Meta via- email, fax or post.

During Torres Strait Kaziw Meta activities there may, an occasion, be a need for Kaziw Meta Staff or invited media to take photographs, and/or video footage of your children for publication in newspapers, newsletters, training videos, TSKM publicity & promotional material, TSKM Facebook page, TSKM website and documentation.

Please indicate below if you do/do not wish your child to feature in such publicity. In most circumstances, the images will not include any personal information regarding the student's identity.

Student Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

I agree that photographs and/or video footage of my child/ren may be taken and published as ways outlined above.

Yes No

When required I agree that my student's name can be provided to identify there in published photos/videos.

Yes No

Please also note that Torres Strait Kaziw Meta Inc use CCTV cameras within the facility for the added security of both the students and staff and all efforts are taken to ensure the personal privacy of all students.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parents/Guardian Authority

The undersigned apply for the student named on this form to become a boarder at Torres Strait Kaziw Meta, operated by the Association of Torres Strait Kaziw Meta Inc, Thursday Island. I understand that Kaziw Meta and its staff act in place of me whilst my child is at Kaziw Meta and especially in matters such as discipline, education and moral guidance.

I understand that although Kaziw Meta exercises appropriate supervision, some individual or small group activities may be unsupervised by Kaziw Meta staff.

I give permission for my child to attend Kaziw Meta activities run by Kaziw Meta staff eg. Dance group, team sports.

I authorize the Director of Boarding of Kaziw Meta, or a person authorised by the Director of Boarding, to seek and authorise any medical or dental treatment, including administering of anaesthetics for the student after medical advice has been sought by the Director of Boarding. I agree to pay the costs involved in any such treatments. I authorise medical practitioners to disclose any medical conditions of my child to the Director of Boarding or delegate.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Agreement

I, \_\_\_\_\_ would like to become a boarder of Torres Strait Kaziw Meta. I understand and agree to always abide by the Rules and Expectations of Kaziw Meta.

- I will attend school every day unless I have otherwise been given permission from the Director of Boarding.
- I will return straight home after school every day unless there are school activities that I am required to attend and have already obtained written or Phone call permission to do so.
- I will study with Tutors and complete further study time as required to finish my homework and to hand in my assignments on time.
- I will follow Kaziw Meta Rules and will complete all tasks assigned such as helping with dishwashing, sweeping and making my bed, being neat.
- I will NOT cause any damage to Kaziw Meta property. I understand that I will pay for any damages that I cause to Kaziw Meta property.
- I understand that I am not to share a bed with anyone else while at Kaziw Meta
- I understand that I will not have any relationships of a sexual nature while I am at Kaziw Meta
- I will treat, with respect, all members of Kaziw Meta, Staff, House Parents visitors, teachers, fellow students and members of the public that I may encounter during my time at Kaziw Meta.
- I understand that I will not have access to my mobile phone at specific times per House Rules and I will not inappropriately misuse my phone.


\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Contact Us

 07 4069 1284

 [office@kaziwmeta.org.au](mailto:office@kaziwmeta.org.au)

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PO BOX 387  
Thursday Island QLD 4875

