



bj e

ACADEMY BJE
NSW Board of Jewish Education

ב"ה

STUDENT ENROLMENT FORM

for 201__

Please note: **fees** are charged for Supplementary Education and Hebrew. For details, please contact our Accounts Department on 02 9365 7900.

Details of Parent or Guardian 1

Surname:

First Name(s):

Title: Mr Mrs Ms Dr

.....

Relationship to Student:

Mother Father

Other (please specify):

.....

Residential Address:

Unit no.:

Street no.:

Street name:

Suburb/Town:

State (if not NSW):

Postcode:

Country (if not Australia):

Postal Address (if different from residential address):

.....

.....

.....

Occupation:

Home phone no.:

Work phone no.:

Mobile phone:

Email:

We are interested in Academy BJE's Parent Liaison Committees—please contact us with more information. Yes No

Details of Parent or Guardian 2

Surname:

First Name(s):

Title: Mr Mrs Ms Dr

.....

Relationship to Student:

Mother Father

Other (please specify):

.....

Residential Address (if different from Guardian 1):

Unit no.:

Street no.:

Street name:

Suburb/Town:

State (if not NSW):

Postcode:

Country (if not Australia):

Postal Address (if different from Guardian 1):

.....

.....

.....

Occupation:

Home phone no.:

Work phone no.:

Mobile phone:

Email:

Synagogue attended by Parents / Guardians:

.....

I / we apply to enrol the following students with Academy BJE for the year 201 :

Student 1

Surname:

First Name(s):

Preferred Name:

Gender: male / female

Date of Birth: //

School :

Year/Class at School:

Email address:

I/we wish to enrol this student in the following:

- SRE ('Scripture')
- JETS (Yrs K-2)
- JCLUB (Yrs 3-4)
- BAS (Yrs 5-6)
- Hebrew
- JSN (Yrs 7-12)
-

Student Medical Details:

Does the student have asthma? Yes / No

If yes, an Asthma Management Plan should be provided (please attach).

Details of any major illness or disability:

.....
.....

Other issues of which BJE should be aware:

.....
.....

Allergies:

.....
.....

Medications:

.....
.....

Allergies to any medication:

.....
.....

Student 2

Surname:

First Name(s):

Preferred Name:

Gender: male / female

Date of Birth: //

School :

Year/Class at School:

Email address:

I/we wish to enrol this student in the following:

- SRE ('Scripture')
- JETS (Yrs K-2)
- JCLUB (Yrs 3-4)
- BAS (Yrs 5-6)
- Hebrew
- JSN (Yrs 7-12)
-

Student Medical Details:

Does the student have asthma? Yes / No

If yes, an Asthma Management Plan should be provided (please attach).

Details of any major illness or disability:

.....
.....

Other issues of which BJE should be aware:

.....
.....

Allergies:

.....
.....

Medications:

.....
.....

Allergies to any medication:

.....
.....

Student 3

Surname:

First Name(s):

Preferred Name:

Gender: male / female

Date of Birth: //

School :

Year/Class at School:

Email address:

I/we wish to enrol this student in the following:

- SRE ('Scripture') Hebrew
- JETS (Yrs K-2) JSN (Yrs 7-12)
- JCLUB (Yrs 3-4)
- BAS (Yrs 5-6)

Student Medical Details:

Does the student have asthma? Yes / No

If yes, an Asthma Management Plan should be provided (please attach).

Details of any major illness or disability:
.....
.....

Other issues of which BJE should be aware:
.....
.....

Allergies:
.....
.....

Medications:
.....
.....

Allergies to any medication:
.....
.....

Student 4

Surname:

First Name(s):

Preferred Name:

Gender: male / female

Date of Birth: //

School :

Year/Class at School:

Email address:

I/we wish to enrol this student in the following:

- SRE ('Scripture') Hebrew
- JETS (Yrs K-2) JSN (Yrs 7-12)
- JCLUB (Yrs 3-4)
- BAS (Yrs 5-6)

Student Medical Details:

Does the student have asthma? Yes / No

If yes, an Asthma Management Plan should be provided (please attach).

Details of any major illness or disability:
.....
.....

Other issues of which BJE should be aware:
.....
.....

Allergies:
.....
.....

Medications:
.....
.....

Allergies to any medication:
.....
.....

MEDIA CONSENT

On a number of occasions throughout the school year there are opportunities to celebrate school and student achievements through publications or through reproducing student’s work in venues such as the Academy BJE magazine, the Australian Jewish News, in the media, BJE News, school magazines and newsletters, and on the BJE web site (no names to be used on web site).

Issues of Child Protection, duty of care and privacy provisions require us to obtain your written consent before a photograph or video of or an interview with a student can be published, including in school publications.

These opportunities often present at very short notice. To enable us to take advantage of such opportunities, we request that you indicate below whether you consent to items being published as described above. The consent will also extend to publishing work done or created by the student. Please note that publication may occur on more than one occasion, and your consent will be understood as applying to all occasions.

I / we consent to publication of items as described above in respect of the students listed on this enrolment form.

In enrolling my child(ren), I understand and agree to the following in respect of students in classes for which fees are payable (e.g. JETS and Hebrew):
I will be invoiced twice per year (on a semester basis)
The timetable and days of attendance are set for the year. Full fees are payable for all enrolled students irrespective of attendance.
In respect of students withdrawing for 2nd semester, notice of withdrawal must be given at least 2 weeks prior to the end of the 1st semester, failing which fees will be payable for the 2nd semester.

Signature of Parent / Guardian 1:
.....
.....
Date://

Signature of Parent / Guardian 2:
.....
.....
Date://

FOR HEBREW ENROLMENTS ONLY—please also read and sign this section.

I / we have been advised by the NSW Board of Jewish Education (Academy BJE) that the information about the students listed on this enrolment form is used for the purpose of applying for and monitoring funding under the CLP (NSW Community Languages Program). It will be used by the Department of Education and Training (DET) for assessment of eligibility and monitoring of program implementation. I have been advised that DET will be granted access to the information, that provision of this information is voluntary, and that it will be stored securely.

I am aware that if I do not provide this information, the student(s) will not be funded.
(You may correct any personal information provided at any time by contacting Academy BJE).

Signature(s) of Parent(s) / Guardian(s):
.....
.....
Date://

After completing and signing, please return this form to:

Academy BJE
56 Roscoe Street, North Bondi NSW 2026
OR by fax to 02 9365 0976
OR by email to administration@bje.nsw.edu.au