

NEW LIGHT VISION CHRISTIAN INSTITUTE

Johnsonville Road, Wein Town
Monsterrado County, Liberia
Email: jacnelvci2022@gmail.com
www.jacnelvi.org

OFFICE USE ONLY

Date Received: _____

Received by: _____

Student Folders' #: _____

Student' ID's: _____

Date Entered on SR: _____

Entered on SI by: _____

ADMISSION FORM

PHOTO

Application for Enrolment 2022 -2023

Student's Surname:	Student's First Name:
Student's Year Group:	Student's Date of Birth:

Enrolment Checklist

When you enroll your child at NELVCI, please provide copies of the following documentation for the enrolment to be complete and accepted:

- ☐ Birth Certificate
- ☐ Immunization Record (Immunization Register or Medicare Immunization Statement)
- ☐ Most recent school report
- ☐ Most recent Transcript
- ☐ Most recent Recommendation, School, Community, Church.

All information on this application form is stored and protected according to the "Information Privacy and Security" policy of the Department of Education.

New Light vision Institute, Johnsonville Road, Liberia
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**IT IS COMPULSORY TO INFORM THE SCHOOL OF ANY CHANGES TO A
NY OF THE INFORMATION PROVIDED BELOW AT ANY TIME.**







This information is required by the NELVCI Registration Department to meet legal obligations in future.

Student's Surname:	Student's First Name:
Student's Year Group:	Student's Date of Birth:
Legal Surname:	Suburb:
First Name:	State: Postcode:
Second Name:	Student's Mobile:
Preferred Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Student Number:
Name of Siblings	
Student's Surname:	Student's First Name:
Student's Year Group:	Student's Date of Birth:
	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Student's Surname:	Student Number:
Student's Year Group:	Student's Date of Birth:
	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Student's Surname:	Student Number:
Student's Year Group:	Student's Date of Birth:

DECLARATION

I declare that the information provided on this form is accurate. I understand that under the ministry of Education Act [1952] the provision of false or misleading information, or failure to notify the principal of any changes to any enrolment particulars at any time, may result in the cancellation of my child's enrolment.

My Child is expected to adhere to the policies and procedures of NELVCI, including:

-  wearing school uniform
-  punctuality and regular attendance at school
-  behavior according to the code of conduct and behavior management policy
-  striving to achieve their personal best
-  contributing to a positive reputation for NELVCI
-  adhere to the mobile phone policy and online services usage agreement

I have informed the school of any disabilities, special needs or medical conditions for my child.

We (parent and student) have read and understood the Information Technology form provided and have both signed the form.

We (parent and student) have read and understood the Permission to Publish Students' Work or Images of Students on Web Sites form provided and have both signed the form.

I, parent/carer of _____, have read this declaration and understand that if I provide

Student's Name

false or misleading information, or failure to notify the principal of any changes to any enrolment particulars at any time, may result in the cancellation of my child's enrolment.

Relationship to Student: _____

Signature of parent: _____ **Date:** _____

STUDENT CENTERED FUNDING ALLOCATIONS

In this application, you are asked for additional details of the parent's education, occupation etcetera. While this may appear puzzling, it is directly linked to the allocation of school funds.

Why are Additional Details and Additional Student Details so important?

Aboriginality - The Aboriginality allocation is provided to help the school address the learning needs of Aboriginal students and close the education achievement gap between Aboriginal and non-Aboriginal students.

A funding allocation is provided for each Aboriginal student in the school. Aboriginal students are identified through enrolment records based on information provided by parents and carers.

Disability Allocation - The disability allocation is provided to help schools address the learning needs of students with additional learning needs and disability, and comprises two components:

Educational adjustment allocation - for mainstream schools to implement programs and learning supports for students with additional learning needs. The allocation will be based on the latest available results for students enrolled at the school in the first semester Census.

Individual disability allocation – to support students with eligible disability based on application, approval and review.

Social Advantage / Disadvantage Allocation - This allocation is provided for eligible students to help schools address the higher and additional learning needs of students from the most disadvantaged backgrounds.

The measure of social disadvantage is based on parent occupation, school education and non-school education data obtained from enrolment records. It is therefore important to provide these details on the enrolment form.

SEE MEDICAL FORM

Parent/Guardian 1	Parent Guardian 2
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Mail address to Mr and Mrs <input type="checkbox"/> or as above	Mail address to Mr and Mrs <input type="checkbox"/> or as above
Surname	Surname
First Name and Middle Name	First Name and Middle Name
Relationship to student	Relationship to student
Lives with student Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives with student Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you responsible for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you responsible for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the person paying fees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you the person paying fees? Yes <input type="checkbox"/> No <input type="checkbox"/>
Should you receive the family mail and school SMS? Yes <input type="checkbox"/> No <input type="checkbox"/>	Should you receive the family mail and school SMS? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile	Mobile
In the case of an emergency, should you be notified? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>	In the case of an emergency, should you be notified? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>
Mailing address (if not the same as student)	Mailing address (if not the same as student)
Number/Street	Number/Street
Town/Suburb	Town/Suburb
State Postcode	State Postcode
Cellphone 1	Cellphone 1
EMAIL	EMAIL
FATHER'S PERSONAL DETAILS - NOTES	MOTHER'S PERSONAL DETAILS - NOTES
Country of Birth	Country of Birth
Employer/Location	Employer/Location
Work Phone	Work Phone
Occupation	Occupation
ADDITIONAL DETAILS	ADDITIONAL DETAILS
Main Language other than English spoken at home?	Main Language other than English spoken at home?
Mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the highest year of primary or secondary education completed? Year 1 or equal <input type="checkbox"/> Year 3 or equal <input type="checkbox"/> Year 2 or equal <input type="checkbox"/> Year 4 or equal <input type="checkbox"/>	What is the highest year of primary or secondary education completed? Year 5 or equal <input type="checkbox"/> Year 7 or equal <input type="checkbox"/> Year 6 or equal <input type="checkbox"/> Year 8 or equal <input type="checkbox"/>

I give my permission for the school to administer First Aid in an emergency YES /NO

SIBLINGS			
(Information on students currently enrolled at NLVI only)			
Surname		First Name	Date of Birth
For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts Eg: Relative, family friend etc. Contact has to be 18 years old or over and reside in Liberia			
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		Address	
Surname		House number:	
First Name		Street name:	
Relationship to student		Suburb	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		State	Postcode
Does this person have responsibility for the student? Yes <input type="checkbox"/> No <input type="checkbox"/> Should this person receive family mail? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is this person responsible for paying school fees? Yes <input type="checkbox"/> No <input type="checkbox"/> Does this person live with the student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Telephone 1		Telephone 2	Email
ADDITIONAL ST		UDENT INFORMATION	
Religion		Liberian Citizen/Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/>	
First Language <i>(the language that was used most by the student when he/she was learning to talk)</i>		Citizenship Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		English proficiency	
Main Language other than English spoken at home		Passport details No:	Expiry date:
Medical records can display photo Yes <input type="checkbox"/> No <input type="checkbox"/> Smartrider Card (<i>Compulsory</i>) Yes <input type="checkbox"/>		Use of student work Yes <input type="checkbox"/> No <input type="checkbox"/> Able to watch PG movies in Years 7,8 and 9 Yes <input type="checkbox"/> No <input type="checkbox"/> Able to watch M movies in Years 10,11 and 12 Yes <input type="checkbox"/> No <input type="checkbox"/>	

PERMISSION TO PUBLISH STUDENTS' WORK OR IMAGES OF STUDENT ON WEB SITES

1. The school requests your permission for video or photographic images of your child to be taken during school activities. If such images are captured, they would be used for the purpose of educating students, promoting the school, or promoting public education. We also seek your permission for the school to publish images and/or samples of your child's work.
2. If you give your permission, the school may publish images of your child and/or samples of work done by your child in a variety of ways, including, but not limited to, online and hard copy school newsletters, Board of Education internet web sites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work. We don't solicit funds for this but for the promotion of our school international websites, yet if any well-wisher wishes to support your child, you will be informed about said arrangement. One of our three core values is TRUTHFULNESS.
3. If you sign the attached form it means that you agree to the following:

- A. The school is able to publish images of your child and samples of your child's work as many times as it requires in the ways mentioned above.
- B. Your child's image may be reproduced either in color or in black and white.
- C. The school will not use your child's image or samples of your child's work for any purpose other than for the education of students or for the general promotion of public education and the school.

The school will only publish the first name of the student. Family names will not be revealed.

Any images captured by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the Board of Education cannot guarantee that your child will not be able to be identified from the image or work.

If you agree to permit the school to capture images of your child, and to publish images of your child, or samples of your child's work, in the manner detailed above, please complete the consent form below and return it to the school with this enrolment form. This consent, if signed, will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school education. I also agree to the publication of images or samples of work of (*insert student's name*) _____ in ways including, but not limited to, web sites or intranet web sites of the Board of Education, school newsletters (print and online), magazines and the local newspaper, subject to the conditions set out above. I will notify the school if I decide to withdraw this consent.

Name of student _____

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

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It is important that you understand the reasons why we may provide this information to each respective entity, what will be done with it, who else may have access to it and where the data is stored. This information can be found in the links below referring to each provider's terms and conditions and/or privacy policy.

Please read these and ensure that you understand the implications of using this service. If you have any queries around the storage of student's information, please feel free to email us at jacnelvci2022@gmail.com call 231555772597 - 231775197746

Note: Parents have the option of advising the school that they do not provide consent for their child to access any or all of the listed providers.

PLEASE COMPLETE THE CONSENT FORM BELOW.

Student(s)

First name: _____ Surname: _____

Year Level: _____

I, parent/carer of _____, have read the terms of use and privacy policy of each of the *Student's Name*

applications listed. I understand that my student's personal information will be provided to the third party software providers for the purpose of improved school administration or teaching and learning programs and that this information may be stored outside of Liberia.

Relationship to student

Signature

Date