

# **Isolated Home Student - 2.2**

Student/s		
Studentys		
Parent / Carer		
The nearest school is?	No. kilometres away	

Mark the location of your residence with a cross on this map. This information helps us to imagine your environment, plan visits and tell you about other families in your area.



Forms required to be lodged with this enrolment application as conditions of this enrolment category.

- Department of Education Application to Enrol form which must include copies of
  - Birth certificate
  - o Immunisation certificate
  - Proof of current NSW residential address -100 points (one type from group 1 or 2 required)
- Statutory Declaration (attached) stating the distance between home and the nearest government school, stating the distance between home and the nearest transport pickup point and the distance from the nearest transport pickup to the nearest government primary school please refer to the information in the distance distance education procedures for this category of enrolment for supporting documentation description.

# For Parents / Carers / Supervisors

## Please acknowledge your understanding

- I confirm that the home learning environment is suitable for effective distance education provision.
- I declare that I recognise the role and responsibilities in my student's education.
- I will undertake to provide and maintain an agreed mode of communication between myself and the distance education School for the duration of the enrolment.
- I accept the role of supervisor during the period of enrolment and carry out the supervisor responsibilities listed below.

Working with Children legislation requires all people working or volunteering with children under 18 years to have a Working with Children Check. Parents or carers who engage tutors for support should ask the tutor to provide a Working with Children Check clearance number, then verify that number online. Parents/carers can verify the status of a Working with Children Check number by using the online tool available from the Office of the Children's Guardian.

#### Supervisor responsibilities

- liaising with the school about the program of learning that will be provided for the student and the scheduling of the student's and supervisor's time for engaging in schoolwork and the completion of set tasks
- supervising the student during school or learning activities
- supporting and encouraging the student through assistance with locating materials and resources needed for lessons, development of a timetable for work, provision of a suitable workplace and basic equipment
- ensuring that the student follows the course developed by the school and addresses, with diligence and sustained effort, the set tasks and experiences provided by the school
- interacting with the student as required by the learning materials
- interpreting and explaining to the student the spirit and intention of instructions or comments included in lesson materials or in messages from the distance education teacher
- providing feedback to the distance education teacher on the student's responses to the lesson activities and on the student's performance and interest, including advice about illnesses or absences that have affected the student's ability to complete activities
- monitoring the student's participation in satellite, computer-based or teleconference lessons and field services as appropriate
- supervising examinations and assessment tasks, as required by the school.

Costs:Payable on invoice\$40 Levy per student per year or \$60 per family per year\$50 Material Bond – per student (refundable)

Name of supervisor:
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Relationship to student: .....

Signature of Parent/Guardian: Date:	
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### OFFICE USE ONLY

Student's	s Surname		Given Names	
Male/Fer	male Date of Birth		SRN	
Grade				
CATEGO	RY			
	Isolated Home Student NSW (2.2) Traveller (2.3) Extraordinary Circumstances (2.10)		Medical (2.5) Overseas (2.4)	Significant Support o ALAS (2.8) o SST (2.9)
	Approved			
Principal	's Signature		Date	
Enrolme	nt Date		Receipt No	

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# Statutory Declaration OATHS ACT 1900, NSW, NINTH SCHEDULE

I, [name of declarant]	, of			
do hereby solemnly declare and affirm that				

[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Dec	lared at:	on			
[place]		[date]			
		[signature of declarant]			
in th	ne presence of an authorised witness, who	states:			
I,		.,a,			
1	[name of authorised witness]	[qualification of authorised witness]			
certify the following matters concerning the making of this statutory declaration by the person					
who	made it: [* please cross out any text that doe	es not apply]			
1.	. *I saw the face of the person OR *I did not see the face of the person because the person				
	was wearing a face covering, but I am satisfied that the person had a special justification <sup>1</sup>				
	for not removing the covering, and				
2.	*I have known the person for at least 12 mon	ths $OR$ *I have confirmed the person's identity using an			
	identification document and the document I re	lied on was			
		[describe identification document relied on]			
	[signature of authorised witness]	[date]			

<sup>&</sup>lt;sup>1</sup> The only "special justification" for not removing a face covering is a legitimate medical reason (at September 2018)