



Moriah College

בית ספר הר המוריה

Application for Admission to Moriah College

Moriah College is an independent, co-educational Modern Orthodox Zionist Jewish Day School, which prides itself on providing excellence in Jewish and general education and co-curricular offerings.

From Long Day Care to Years K-12 education, we provide our students with an environment which enables them to excel by promoting their intellectual, spiritual, moral, social and physical development.

Moriah graduates emerge from their school experience with a strong and sustainable Jewish identity, both motivated and equipped to act: as advocates for Israel; committed members of the Jewish community; and as engaged Australian citizens.

Being offered a place at the College is subject to a number of criteria as outlined in our Enrolment Policy and at the discretion of the College Principal. A copy of our Enrolment Policy is available on our website.

Thank you for considering Moriah College for the educational future of your child. We look forward to welcoming you and your child into the Moriah family, I am certain you will be delighted with your decision.

Rabbi Yehoshua Smukler
College Principal

Kindly submit the following documentation with the completed Application form:

- Copy of your child's birth certificate
- Copy of your child's immunisation records
- Copy of your Ketubah or other Jewish Marriage documentation (the College Rabbi will be in contact if more information is required)
- Copy of conversion certificate (if applicable)
- Copy of the past two years school reports, NAPLAN results and other relevant reports (if applicable)
- Any relevant medical or diagnostic reports; details of any disability, medication etc (if applicable)
- If not an Australian Citizen, a copy of your child's passport, Visa details or other citizenship / residency documents
- Non refundable Application for Admission administration fee of \$150

The Admissions Office
Moriah College
PO Box 986
Bondi Junction NSW 1355

Office Use Only

Administration fee \$	<input type="text"/>	Receipt No	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Admissions Manager	<input type="text"/>			Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administration Authorisation	<input type="text"/>			Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Rabbi or his delegated authority Authorisation	<input type="text"/>			Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of application / /

Student Details

Student surname Given name(s)

Preferred name Hebrew name(s)
(In English)

Gender M F Date of birth / / Hebrew date of birth / /

Nationality Country of birth

Australian citizen Yes No Permanent resident of Australia Yes No

Temporary resident of Australia Yes No (If temporary resident, please supply details of visa and attach a copy of the visa to the application) Child's position in family

Main language spoken at home Second spoken language (If any)

Students whose first language is not English may be required to undergo an English Proficiency test.

Current school/preschool Year

Name(s) of any previous schools attended	Year level(s) completed eg. Year K-4	Year(s) attended eg. 2000 - 2004
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate the area(s) of the College you are applying for:

Moriah College Early Childhood Centre for **2-3 year olds** Proposed year of entry /

Moriah College Early Learning Centres for **3-5 year olds** Proposed year of entry /

Moriah College **Years K-12** Proposed year of entry / Proposed academic year group (eg. Year 1)

Family Relationships

The child resides with: Both parents / guardians Parent / Guardian 1 Parent / Guardian 2 **If the child is not living with both parents, please complete the section below.** (Please tick all that apply)

Parents separated Father deceased Father remarried

Parents divorced Mother deceased Mother remarried Remarried surname if applicable

Is there a court order or parenting plan relevant to the child? No Yes (please attach a copy)With whom should the College communicate for day-to-day matters? (Please tick all that apply)Parent / Guardian 1 Parent / Guardian 2 Other If other, please provide details Who should receive copies of correspondence and email communication from the College? (Please tick all that apply)Parent / Guardian 1 Parent / Guardian 2 Other If other, please provide details

Contact details for correspondence

Please complete the section below and provide details as to how you would like all communication addressed.
eg. Dr and Mrs Cohen, Mr Flax and Ms Gold or Mr Stein and Professor Black.

Full Name Relationship

Address
 Postcode

Telephone (H) (M)

Email address

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Parent/Guardian 1 Information

Are you a biological parent of the child? Yes No If NO, please define your relationship

Surname Title Gender F M

Given name(s) Preferred name

Any previous name(s)

Hebrew name(s)

including whether Kohen / Levi Date of birth DD / MM / YYYY

Residential address Postcode

Postal address
(If same as residential, write SAME)

Telephone (H) (W) (M)

Email address Occupation

Name of Company/Employer

Did you attend Moriah College? Yes No *eg. Yr K–Yr 6*

If YES, during which years? Year group(s) House Graduating year YYYY

If you did not attend Moriah, which school did you graduate from? Graduating year YYYY

Australian citizen Yes No Permanent resident of Australia Yes No

Temporary resident of Australia Yes No *(If temporary resident, please supply details of visa and attach a copy of the visa to the application)*

Parent/Guardian 2 Information

Are you a biological parent of the child? Yes No If NO, please define your relationship

Surname Title Gender F M

Given name(s) Preferred name

Any previous name(s)

Hebrew name(s)

including whether Kohen / Levi Date of birth DD / MM / YYYY

Residential address Postcode

Postal address
(If same as residential, write SAME)

Telephone (H) (W) (M)

Email address Occupation

Name of Company/Employer

Did you attend Moriah College? Yes No *eg. Yr K–Yr 6*

If YES, during which years? Year group(s) House Graduating year YYYY

If you did not attend Moriah, which school did you graduate from? Graduating year YYYY

Australian citizen Yes No Permanent resident of Australia Yes No

Temporary resident of Australia Yes No *(If temporary resident, please supply details of visa and attach a copy of the visa to the application)*

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Parent/ guardian marriage details

Was each parent born Jewish?	Parent (1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent (2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has any parent undertaken a conversion to Judaism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If answered YES please provide details (including a copy of the conversion certificate))</i>					
Were you married in a synagogue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
If YES, name of synagogue where married	<input type="text"/>			and city and country	<input type="text"/>			
Full name of officiating Rabbi	<input type="text"/>			Date of Marriage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach a copy of the Ketubah (Jewish Marriage Document) or Synagogue Marriage Certificate to this Application. If not in possession of these, please contact the Admissions Office to determine other relevant documentation to be provided.

If not married in a Synagogue, place where you were married
and city and country

Child's maternal grandparents' names

Address Postcode

Telephone (H) (M) Email

Child's paternal grandparents' names

Address Postcode

Telephone (H) (M) Email

Please keep my child's grandparents informed of upcoming school events

Additional needs

Legislation recognises that schools need to consider the learning needs of students with disabilities on a case by case basis. This involves school personnel, parents and students (where possible) collaborating to determine what, if any, reasonable adjustments are required to support individual learning needs. This process requires the sharing of information and the development of a plan to support each student with additional needs.

If you do not disclose information relevant to your child's additional needs, this may compromise the College's ability to provide relevant support and assistance and may, in some cases, lead to the College refusing or terminating the application and / or enrolment.

Does your child have any social, emotional, physical or intellectual disability, specific medical or learning need or a sensory disability? For instance (and without limitation), does your child have: an Autism spectrum disorder; an acquired brain injury; a behavioural disorder; a hearing impairment; an intellectual disability, mental health issues, a physical disability, a learning disorder; a vision impairment; difficulties in the basic areas of learning? Yes No

If you answered yes, please attach documents to this application that explain your child's condition, prognosis, needs and any support that you consider is necessary in order for your child to participate in any aspect/s of College life.

In the past three years, has your child received or is he/she currently receiving support from any of the following professional services?

<input type="checkbox"/> Speech therapist	<input type="checkbox"/> Psychologist / psychiatrist
<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Paediatrician
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Other/s (please specify) <input type="text"/>

Has any previous education provider prepared a documented plan to support the student's additional learning needs? Yes No

If you answered yes to either of the last two questions, please provide details and attach copies of any relevant reports to this application form. eg. cognitive assessments, diagnostic reports, adaptive/functional assessments

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Sibling Information

Name(s) of siblings currently enrolled at Moriah College	Year group (eg. Year 1)	House

Name(s) of siblings <i>not</i> currently enrolled at Moriah College	Date of birth	Year group	Name of Early Learning Centre or School
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		

Have you completed a Moriah College application form for other children that are not yet enrolled? Yes No

If YES, Name	<input type="text"/>	Proposed year of entry	<input type="text"/> MM / <input type="text"/> YYYY
Name	<input type="text"/>	Proposed year of entry	<input type="text"/> MM / <input type="text"/> YYYY

About your application

Please indicate by placing a tick in the appropriate boxes below the reason(s) for considering Moriah College for your child's future education.

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic standards | <input type="checkbox"/> Balanced education | <input type="checkbox"/> Creative and performing arts program |
| <input type="checkbox"/> Co curricular program | <input type="checkbox"/> Facilities and resources | <input type="checkbox"/> Family association with the college |
| <input type="checkbox"/> Focus on student wellbeing | <input type="checkbox"/> Jewish continuity | <input type="checkbox"/> Jewish ethos of the college |
| <input type="checkbox"/> Leading independent school | <input type="checkbox"/> Location | <input type="checkbox"/> Range of subjects |
| <input type="checkbox"/> Reputation and tradition | <input type="checkbox"/> Safe and caring environment | <input type="checkbox"/> Sports program |
| <input type="checkbox"/> Well qualified staff | Other (please specify):- <input type="text"/> | |

Acceptance of terms and conditions for entry into Moriah College

Please initial and date each clause as confirmation that you have read and accepted these terms and conditions

I/We:

- Understand that acceptance of this application form by the College does not constitute admission of our child, nor does it guarantee that a place at the College will be offered to our/my child.
- Warrant that I/we have fully completed all relevant information and have supplied all necessary supporting material with this Application.
- Acknowledge that I/we have read, understood and accept Moriah's terms and conditions set out in the Enrolment Policy and the Privacy Statement (available at www.moriah.nsw.edu.au).
- Accept and agree to abide by the Community Code of Conduct, which outlines the expectations and associated responsibilities of all members of the Moriah College Community available at www.moriah.nsw.edu.au under the "about us" tab.
- Enclose the Administration Fee of \$150 and understand that this fee is non-refundable.
- Undertake to notify the College of any changes of address, telephone numbers, email address details and any other relevant details pertaining to our/my child's enrolment at the College.

Parent/ Guardian 1 initials	Parent/ Guardian 2 initials	Date dd/mm/yyyy

Conditions of Entry

If Moriah offers your child a place at the College then you will be sent an Acceptance of Offer form. Please complete and return this form with the required Advance Fee payment within fourteen (14) days of receipt to reserve a place for your child at the College. This is subject to

- All information supplied by you during the enrolment process being true and correct; and
- Your child's pre-enrolment interview being completed to the College's satisfaction.

Please note:

* The Advance Fee payment referred to above is not refundable unless the College determines that the final interview is unsatisfactory for the purpose of admission of the student to the College.

* Admission and continued enrolment are subject to compliance with all College rules and fee arrangements, and at the sole discretion of the College Principal.

Administration Fee Payment

I/we agree to pay the Administration Fee of \$150 by Credit Card:

Card type	<input type="text"/>	Holder's name	<input type="text"/>
Card number	<input type="text"/>	Expiry date	<input type="text"/> MM / <input type="text"/> YYYY

*Please note that one administration fee is payable per child. This fee is non-refundable.

This application requires the signatures of both parents / guardians. If both signatures are not included, please indicate the circumstances. If parents are divorced or separated, the signatures of the parents or guardians responsible for payment of fees are required.

Parent/guardian (1) (Signature)	<input type="text"/>	Date	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Parent/guardian (2) (Signature)	<input type="text"/>	Date	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY

