

NOTIFICATION of closure of a registered South Australian school

About this form

This form is to be used to notify the Education Standards Board of an intended school closure. The information you provide will assist the ESB to remove the school from the Schools Register at the appropriate time and authorise us to notify other relevant organisations.

Education services must not be provided by the school and its campuses after the school has been removed from the schools register.

Assistance

For assistance in completing this form, please contact the ESB by email at ESB.Schools@sa.gov.au or telephone 08 8226 1215. Further information about schools registration is available from the ESB Website. <http://www.esb.sa.gov.au/>

Submitting this form

Email your application form, including the supporting evidence to: ESB.Schools@sa.gov.au

Closure process

The ESB will provide an acknowledgement of this notification and confirm the intended closure date. The school will be removed from the South Australian schools register by close of business on the specified closure date. The person responsible for the notification will receive a confirmation email. The ESB will notify the Commonwealth Department of Education and Training, and as appropriate the Strategic Policy and External Relations office (formerly Non-government school services unit), ESOS agency (if applicable) and the SACE Board of South Australia of the closure of the school.

Reinstatement on the schools register

A school may apply to be reinstated to the schools register on application and will be assessed if eligible for registration using the Standards for Registration and Review of Registration in South Australia.








Fees

There is no fee for this notification.

Section A: School Information

1	All schools to complete this section	
1.1	School sector	<input type="checkbox"/> Non-Government <input type="checkbox"/> Government
1.2	School name	
1.3	School closure date	<i>This is the date the school ceases to deliver education services.</i>
1.4	Postal address	
2	Additional campuses/sites relating to this notification	
2.1	Campus/site name	
2.2	Campus/site address	
3	Are you intending to close an Early Learning Centre on the same site as the school?	
3.1	<i>You may be required to complete ACECQA forms to either transfer ownership or to surrender the service.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (<i>no Early Learning Centre on site</i>)
4	Are you registered to enrol Full-Fee Paying Overseas Students?	
4.1		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Do you currently have FFPOS enrolled?	<input type="checkbox"/> Yes – students must either complete their CoE prior to the school closure, or must transfer to another provider <input type="checkbox"/> No
5	Contact person responsible for this notification	
5.1	Name	
5.2	Position title	
5.3	Postal address	
5.4	Telephone	

5.5	Email	
6	Principal details (if different from contact person)	
6.1	Name	
6.2	Email	
Section B: Reason for school closure		
7	Indicate which reason the school is closing below. Only complete the relevant sections.	
✓	Reason for closure	Question/s to be completed
<input type="checkbox"/>	Amalgamation <i>School to become a campus of another school</i>	Q's 8, 12
<input type="checkbox"/>	Change in demographics <i>Resulting in little to no student enrolments</i>	Q's 12
<input type="checkbox"/>	Insolvency <i>If in liquidation this form is to be completed by appointed liquidator</i>	Q's 9, 12
<input type="checkbox"/>	Severe WHS concerns <i>Including but not limited to asbestos, structural weakness of building/s and/or soil/air pollution</i>	Q's 10, 12
<input type="checkbox"/>	Other <i>Any other factors or reasons for closure</i>	Q's 11, 12
8	Amalgamation	
	Which schools will be amalgamating?	
#1		
#2		
#3		
9	Insolvency	
	Indicate the type of insolvency causing the school to close	

<input type="checkbox"/>	Administration	 <i>Attach confirmation from the administrator.</i>
<input type="checkbox"/>	Liquidation	 <i>Attach confirmation from the appointed liquidator.</i>
10	Severe WHS concerns	
	Indicate the type of WHS concern causing the school to close	
<input type="checkbox"/>	Asbestos	 <i>Attach reporting or notification from a licenced asbestos assessor</i>
<input type="checkbox"/>	Structural weakness in building/s	 <i>Attach report or notification from structural inspector</i>
<input type="checkbox"/>	Soil and/or air pollution	 <i>Attach report or notification from the Environment Protection Agency</i>
<input type="checkbox"/>	Other WHS concern/s	 <i>Attach relevant documentation</i>
11	Other factors or reasons for closure	
	Describe briefly the concern causing the school to close	
	 <i>Attach relevant documentation</i>	

Section C: Approval of closure declaration

12	To be completed by the chairperson of the Governing or Responsible Authority OR Appointed Liquidator if applicable	
I		
	<i>(Full name) and position</i>	
of		
	<i>(Name and address of legal entity making the notification)</i>	
	<p>➤ I declare that the information provided in and attached to this notification is, to the best of my knowledge, true and correct.</p>	
	Before me,	
	Signature of Authorised Witness <i>(list below of Authorised persons)</i>	
	Who can certify documents or witness statutory declarations?	
	<ul style="list-style-type: none"> • Justice of the Peace • Members of the Police Force • Judges and Masters of the Supreme Court • Judges and Masters of the District Court • Magistrates • Practitioners of the Supreme Court 	
OFFICE USE ONLY		
Reviewer:	Date:	Signed:
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No