



Coral Coast Christian School

Application for Enrolment

Please complete Sections A – H and attach supporting documents as required

PART A: STUDENT DETAILS										
Surname:										
Christian names:					Preferred name:					
Residential address:							Postcode:			
Postal address (if different from above):							Postcode:			
Gender:		Date of Birth / /			Proposed commencement date / /					
Current Year Level:		Proposed Year Level:								
Students applying for Kindergarten must turn 4 years of age by June 30 & Prep students must turn 5 years of age by July 30										
Place of Birth (town or city)					Country of Birth					
Student's place in family					1	2	3	4	5	6
Name of any siblings currently attending Coral Coast Christian School:					First language:					
Name of any siblings currently attending other Seventh-day Adventist Schools:					School:					
Australian Citizen/Permanent Resident		Yes	No	Identifies as Aboriginal			Yes	No		
Identifies as Torres Strait Islander		Yes	No	Identifies as Australian South Sea Islander			Yes	No		
PART B: EDUCATIONAL HISTORY										
Previous School(s)				State		Year Level		Semesters Attended		

Has your child received any of the following? (If yes, additional information may be requested to process enrolment).

This information may assist us to understand if your child has academic/special needs.

	Yes	No		Yes	No
Language skills support			Visual impairment support		
Speech/Occupational Therapy			Hearing impairment support		
Developmental Physiotherapy			Individual teacher aide time		
Mathematics skills support			English as a Second Language support		
Has the student repeated a year?			If yes, indicate which year level	Year	
Has the student been prevented from attending school (suspended, excluded or expelled) as a consequence of serious behavioural issues?					

Coral Coast Christian School reserves the right to deny admission or terminate an enrolment contract when full disclosure of a student's need has not been provided.

PART C: MEDICAL DETAILS

Medicare Number incl: Expiry & student number	Private Health Fund
Family Doctor	Family Doctor contact phone

Does the student have a physical disability? (If yes, please attach documentation) Yes No

Swimming ability excellent satisfactory poor

Medical Conditions	Yes	No		Yes	No
Heart problems			Travel sickness		
Respiratory problems			Phobia		
Operations			Migraines		
Recent illness			Blackouts		
Sleepwalking			Asthmatic		
Fits, epilepsy			Diabetic		
Special diet			Hearing		
Eyesight			Allergies		

Other

Details of medical conditions (including details of medication required to be brought to school)
Attach additional sheet if more space required.

Immunisation History	Yes	No	Date
Measles			
Mumps			
German Measles (Rubella)			
Tetanus			
Whooping Cough			
Diphtheria			
Poliomyelitis			
Hepatitis A			
Hepatitis B			
Meningococcal			

Emergency Contacts

Name:	Name:
Address:	Address:
Contact phone:	Contact phone:
Relationship to student:	Relationship to student:

PART D: PARENT/CARER DETAILS

D1. Parent/Carer Details:

Parent/Carer 1	Parent/Carer 2
Title:	Title:
First name:	First name:
Surname:	Surname:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Home phone:	Home phone:
Mobile:	Mobile:
Email: newsletter and other communications are sent via email	Email: newsletter and other communications are sent via email
First language:	First language:
Religious Affiliation/Local Church Currently Attending:	Religious Affiliation/Local Church Currently Attending:

COMMONWEALTH GOVERNMENT COLLECTION INFORMATION

The following information is required by for the collection and reporting of information on student background characteristics in all government and non-government schools by all Education Ministers.

The State, Territory and Commonwealth Education Ministers have made decisions that now require all government and non-government schools to comply with a new data collection and reporting arrangements.

All schools must collect information on the gender, indigenous status, geographical location, socioeconomic background and language background of school students to fulfill their functions and obligations under State, Territory and Australian Government legislation.

All information which could identify or would reasonably identify individuals to whom particular background characteristics is removed from national reporting so that no personal information is reported publically.

Occupation: <input type="checkbox"/> Senior management, qualified professionals <input type="checkbox"/> Other business managers, arts/media/sports, assorted professionals <input type="checkbox"/> Tradesperson, clerks, skilled office, sales, service <input type="checkbox"/> Machine operators, hospitality, assistants, labourer <input type="checkbox"/> Not in paid work in last 12 months <input type="checkbox"/> Unknown	Occupation: <input type="checkbox"/> Senior management, qualified professionals <input type="checkbox"/> Other business managers, arts/media/sports, assorted professionals <input type="checkbox"/> Tradesperson, clerks, skilled office, sales, service <input type="checkbox"/> Machine operators, hospitality, assistants, labourer <input type="checkbox"/> Not in paid work in last 12 months <input type="checkbox"/> Unknown
Level of School Education: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Unknown	Level of School Education: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Unknown
Education Beyond School: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma or Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No beyond school qualification	Education Beyond School: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma or Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No beyond school qualification

D2. Are there any of the following legal, care and protection matters: (If yes, please provide documentation)	Yes	No
Formal legal arrangements in place where parents are separated		
Children and young people in the care of the State		
D3. Does the student or family hold a Health Care Card or Australian Government Concession Card?	Yes	No
If yes, please attach copy of card (Kindergarten enrolments only).		

PART E: PARENT/CARER AUTHORISATIONS

	Yes	No
In the case of a medical emergency, if neither parent/carer can be contacted, do you grant permission for the school to seek emergency treatment for your child?		
From time to time the school may use respectful photos of your child(ren) in newsletters / school magazine. The school may also wish to use photos in promotional material. Do you grant permission for photos of your children to be used by the school for promotional purposes?		
As part of the regular program of the school, the students are required to leave the school grounds and travel (usually by bus) to such activities as sport, specific educational presentations, practice for school functions, etc. Parents will be informed if a separate cost for an excursion is required and an appropriate permission form will need to be signed. Do you agree?		

PART F: CODE OF CONDUCT

(The full Code of Conduct statement is available in the School Handbook and the Student Diary)

*To get the greatest benefit from my time at **Coral Coast Christian School**, I will:*

- 1. treat other pupils with consideration and kindness;*
- 2. obey and respect teachers so that they can teach us;*
- 3. behave in a way that makes it possible for all pupils to achieve the best they can;*
- 4. uphold the standards of the school in all I say and do;*
- 5. behave in a way that is careful of my safety and safety of others;*
- 6. be proud of my school uniform, wearing the appropriate items correctly and neatly;*
- 7. at all times behave in a way that brings credit to my school.*

I understand and agree to abide by these standards.

Students' Signature: _____ Date _____

(where student is in Grade 3 or above)

PART G: PARENT/CARER DECLARATION

I/We apply for admission of this student to Coral Coast Christian School;

I/We have read and understood the Student Code of Conduct and have discussed it with my child;

I/We do hereby agree to abide by the Code of Conduct;

I/We do hereby agree that Coral Coast Christian School can contact my child(ren)'s previous school(s) for information;

I/We have attached relevant documentation
(applications will not be processed where relevant documentation is not supplied).

Birth Certificate (ALL students)		Immunisation Record (ALL students)		Two most recent School Reports (Years 1 to 6)	
Medical Documents (as applicable)		Custody Documents (as applicable)		Educational Documents (as applicable)	

SIGNATURE OF PARENTS/CARERS

..... Date

..... Date

PART H: MARKETING INFORMATION

How did you discover Coral Coast Christian School? (number in priority if more than one)

Advertisement in print media		Electronic media (radio/television)	
News story in print media		Local Church	
Friend		Family member	
Internet search		School bus signage	
School Website		Local Christian Directory	
Referred by another school family (past or present)		Local Business Referrals	
Name of Referring Family :		Other (Description):	

PERMISSION FOR STAFF TO ASSIST STUDENTS

Sun/Insect Protection

Do you give permission for staff to apply sunscreen and insect repellent at the appropriate times?

Yes No

Do you give permission for your child to:

Leave the confines of the School for fire/emergency drills? Yes No

Participate in short walks around the School grounds? Yes No

Have name and photo displayed on room wall if Allergies, Medical Conditions or Food Intolerances apply? Yes No

Have photos taken for school displays and newsletters Yes No

Be observed by staff and/or trainee students for the purposes of program development? Yes No

For your child to have a portfolio folder that contains photographs, observations and artwork? Yes No

Be administered one dosage of Paracetamol in the event the child's body temperature rises above 38 °C (parents/guardian will be notified if available): Yes No

Please circle: Panadol or Nurofen

Be picked up by the person(s) nominated as alternative contacts/authority to collect when parents/guardians cannot be contacted? Yes No

For staff to seek and or provide medical attention if it is necessary for my child/children Yes No

Be transported by ambulance to doctor/hospital in the case of medical emergencies? Yes No

PRIVACY STATEMENT

Schools operated by Seventh-day Adventist Schools (South Queensland) Limited collect personal information about pupils and their parents/guardians before and during the course of a pupil's enrolment in school. The purpose for collecting this information is to enable the school to provide schooling for your son/daughter. We comply with the Privacy Legislation relating to private sector organisations effective from 21 December 2001.

Please complete all the enrolment information as requested by the school. It is all important and useful information and enables the school to fulfil its duty of care. It is stored securely (both electronic and hard copy) and used for school administrative purposes only. If you do not complete any part of the information requested it might have some bearing on how the school is able to respond to it, and meet the individual needs of each student/family. In particular, it is a requirement that health information is accurate and up to date and so we may, from time to time, request medical reports about your child(ren). A photograph of each child may be attached to the student records. Personal information obtained by the school is for use by the School in the first instance, but may be disclosed to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners and others providing services to the schools, including visiting specialist teachers and volunteers. Information may also be used for the compilation or analysis of statistics relative to public health or public safety. If the school has reason to suspect that unlawful activity has been, is being or may be engaged in, information relevant to such activities may be shared with the appropriate authorities.

On occasions information such as academic and sporting achievements, pupil activities and other news is published in school Newsletters, magazines and on our website.

We may include your contact details in a class list and School Directory. If you do not agree you must advise the school.

If you provide the school with information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing this information to the school and why, so they can access that information if they wish and inform the school not to disclose the information to third parties.

You may have access to your stored information for the purposes of checking its accuracy by contacting the school Secretary in the first instance. If there are items that you consider need updating or correcting, you have the right to request such changes be made. Access may be denied where it could have an unreasonable impact on the privacy of others, where it may result in a breach of the school's duty of care to the pupil, or where pupils have provided information in confidence. Information will not be disclosed to third parties for fundraising or marketing purposes without your consent.

A copy of the Seventh-day Adventist Schools (South Queensland) Limited Privacy Policy is available from your school.

INTERVIEW NOTES

OFFICE USE ONLY

Date Application Received	Date of Interview	Outcome of Application
Date Outcome Letter posted	Registration Number	Date details entered into MAZE
Class Allocated	Date to Commence	Referred by
Student Key	Family Key	Home Key
Application Fee Paid	Receipt Number	
Principal	Accounts Officer	