



# Coral Coast Christian School Bundaberg

## Application for Enrolment: Kindergarten

Please complete and attach supporting documents as required

<b>STUDENT DETAILS</b>										
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:								
<b><i>Students applying for Kindy must turn 4 years of age by June 30</i></b>										
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:					Language spoken at home:					
.....					.....					
.....					.....					
.....					.....					
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		



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Identifies as both Torres Strait Islander and Aboriginal	Yes	No	Identifies as other cultural background (please specify)	
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### EDUCATION HISTORY

Previous Kindergarten or Daycare Centre (if relevant)	State	Dates 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 educator support		
			English as a Second Language support		

Has the student been excluded from a Service previously as a consequence of serious behavioural issues?		
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*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.*



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### MEDICAL DETAILS

Medicare Number:  Reference Number:	Private Health Fund:
Family Doctor:	Family Doctor contact phone and address:
Family Dentist:	Family Dentist contact phone and address:

Does the student have a physical disability? (If yes, please attach documentation)	Yes	No
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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		
Asperger's			Dyslexia		
ADHD			Autism		
Anaphylaxis					

Other

Students with any significant medical conditions **must** supply the school with a current Individual Medical Action Plan provided by a medical doctor. (this should include the details of medication required to be brought to school)

### Immunisations

Is your child immunised? Yes / No  
*If **yes** your Child's official Health Record is required to show Immunisations are up to date*  
*If **no**, your child may be excluded from the Service for the duration of an outbreak of an infectious disease.*



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### Official Health Record *(interviewer to complete)*

The official health record for this child has been sighted and a copy attached. Yes / No

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



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<b>PARENT/CARER DETAILS</b>	
<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
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:
<p><b>COMMONWEALTH GOVERNMENT COLLECTION INFORMATION</b></p> <p>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.</p> <p>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.</p> <p>All schools must collect information on the gender, indigenous status, geographical location, socioeconomic background and language background of school students to fulfil their functions and obligations under State, Territory and Australian Government legislation.</p> <p>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 publicly.</p>	



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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
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### PARENT/CARER DETAILS (CONTINUED)

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	
<b>Are there any of the following - legal, care or protection matters:</b> <small>(If yes, please provide documentation)</small>	Yes	No
Formal legal arrangements in place where parents are separated:		
Children and young people in the care of the State:		
<b>Does the family hold a Health Care Card or an Australian Government Concession Card?</b>		
If yes, please provide your Centrelink CRN below (Customer Reference Number)?		
Parent / Carer 1	Parent / Carer 2	

<b>D2. Are there any of the following legal, care and protection matters:</b> <small>(If yes, please provide documentation)</small>	Yes	No
Formal legal arrangements in place where parents are separated		
Children and young people in the care of the State		



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### FAMILY/ETHNICITY INFORMATION

Does your child have any religious or cultural needs? (eg. Diet, festivals, holidays)

Please provide detail of any activities you would prefer your child **not** to participate in:

Are there any behavioural or emotional challenges your child may need assistance with?

How can educators best support your child?

Are there any medications or special medical conditions that may affect your child's behaviours?

Do you have any talents or skills you would like to share with Children or Staff at the Centre?



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<b>PARENT/CARER AUTHORISATIONS</b>		
	Yes	No
<p><b>Permission for Observation</b></p> <p>For your child to be observed for staff, student or visitor purposes. Student and visitors will be from accredited training programs and will work in conjunction with your child's educator. If questioning or testing is to be carried out further permission will be required?</p>		
<p><b>Use of Photographs</b></p> <p>From time to time the school may use respectful photos of your child(ren) in promotional materials, documents and on-line content such as newsletters, website and school magazine, etc. Do you grant permission for photos of your children to be used by the school for promotional purposes? (NB. Please refer to page 15 for further clarification)</p>		
<p><b>Sun / Insect Protection</b></p> <p>For staff to apply sunscreen and insect repellent at the appropriate times?</p>		
<p><b>Permission for Observation</b></p> <p>For your child to be observed for staff, student or visitor purposes. Student and visitors will be from accredited training programs and will work in conjunction with your child's educator. If questioning or testing is to be carried out further permission will be required?</p>		
<p><b>Pick-up</b></p> <p>To be picked up by the person/s nominated as alternative contacts/authority to collect when parents/guardians cannot be contacted?</p>		
<p><b>Administering of Paracetamol and or Nurofen</b></p> <p>For staff to administer one dosage of Paracetamol / Nurofen (please circle preference) in the event the child's body temperature rises above 38°C?</p> <p><small>The staff will make contact with either the Parents / Carers or the Emergency Contact to inform them that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate period. In cases where authorisation is not given for this to take place or the carer or alternative contacts reached, an increasing temperature beyond this point will trigger emergency medical treatment / emergency actions as authorised below.</small></p>		
<b>PLEASE NOTE THAT THE FOLLOWING AUTHORISATIONS ARE CONDITIONS OF ENROLMENT</b>		
<p><b>Medical Treatment</b></p> <p>For staff to seek and/or provide medical attention if it is necessary for my child?</p>		
<p><b>Asthma</b></p> <p>I hereby give permission for my child to be administered Ventolin if he/she has an asthma attack while at the service. (Ventolin and a volumatic spacer from the Centre's first aid kit are available for use in the event of a child having an asthma attack at the Centre and being without his/her own medication.)</p>		



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<p><b>Ambulance Transportation</b></p> <p>For transportation of my child by ambulance to doctor/hospital in the case of a medical emergency.</p>		
<p><b>Excursions within school grounds</b></p> <p>Participate in short walks around the Centre and outer grounds?</p>		
<p><b>Water Based Activities</b></p> <p>For your child to participate in water play activities as provided and supervised by Centre educators?</p>		
<p><b>Permission to Display</b></p> <p>If allergies, medical conditions or food intolerances apply, then name and photo will be displayed on awareness poster located on room walls?</p>		
<p><b>Permission for Evacuations</b></p> <p>For your child to participate in regular evacuation drills under the supervision of the Centre staff to a safety zone that may be outside the confines of the Service?</p>		
<b>ALTERNATIVE EMERGENCY CONTACT/ AUTHORITY TO COLLECT</b>		
(AT LEAST 2 OTHER THAN PARENTS)		
<p>There may be occasions when, due to illness, injury or accident and the Parent / Carer cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person authorized to collect and care for your child. Personal identification will be required in order to collect your child on your behalf.</p> <p>This list can be changed throughout your child's enrolment. Any person not detailed below will not be permitted to collect your child without prior permission.</p>		
<b>Person 1</b>	<b>Person 2</b>	
First Name:	First Name:	
Surname:	Surname:	
Home phone:	Home phone:	
Mobile:	Mobile:	
Relationship to child:	Relationship to child:	
<p>Is authorised to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Collect my child</li> <li><input type="checkbox"/> Consent to medical treatment or to authorise administration of medication</li> <li><input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises</li> </ul>	<p>Is authorised to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Collect my child</li> <li><input type="checkbox"/> Consent to medical treatment or to authorise administration of medication</li> <li><input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises</li> </ul>	
<b>Person 3</b>	<b>Person 4</b>	
First Name:	First Name:	
Surname:	Surname:	
Home phone:	Home phone:	
Mobile:	Mobile:	



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Relationship to child:	Relationship to child:
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<p>Is authorised to:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Collect my child</li><li><input type="checkbox"/> Consent to medical treatment or to authorise administration of medication</li><li><input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises</li></ul>	<p>Is authorised to:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Collect my child</li><li><input type="checkbox"/> Consent to medical treatment or to authorise administration of medication</li><li><input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises</li></ul>
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I / We declare to be the lawful authorised person/s in relation to the child referred to in this enrolment form.

I / We hereby authorise the persons listed above to collect my child from the College Kindergarten and to sign him / her in and out as required.

Parent / Carer 1 Name & Signature: \_\_\_\_\_ Date:     / /

Parent / Carer 2 Name & Signature: \_\_\_\_\_ Date:     / /



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### MARKETING INFORMATION

How did you discover Coral Coast Christian School? (tick all that apply)

Advertisement in local newspaper		Road side signs (core flute)	
News story in print media		CCCS School bus signage	
Radio advertising		Local Business Referrals	
Internet search		Open Days	
School Website		Word of mouth - Friend	
Letterbox Flyers		Word of mouth - Family member	
Referred by another school family (past or present)		Local Church	
Name of Referring Family:		Other (Description):	
		.....	
		.....	
		.....	

### PART F: CODE OF CONDUCT

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.*



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Coral Coast Christian School supports all families with their choice to provide private quality Christian education for their children and we want to extend a welcome to your family as part of our school community.

It is important however, for parents/carers to acknowledge that enrolment at Coral Coast Christian School, involves a clear obligation to be financially responsible and accountable for the prompt payment of fees, levies and charges that may be raised to the Student Fee Account. We look forward to you accepting this responsibility through the signing of the Fee Payment Agreement as a condition of enrolment.

If in the event of any fee collection costs being incurred in order to address any outstanding balance on your Student Fee Account at any time, the school reserves the right to recover any such debt collection costs from you as being identified as being responsible for the Student Fee Account

Should you wish to be considered for Fee Assistance, please refer to the Fee Assistance Guidelines and Application form available from the School Administration office.

**Please choose one of the following fee payment options below:**

- OPTION 1:** Full ANNUAL Payment prior to the advertised due date for payment  
*(4.5% Prompt Payment Discount available, conditions apply)*
- OPTION 2:** Full TERM Payment prior to the advertised due date for payment  
*(4.0% Prompt Payment Discount available, conditions apply)*
- OPTION 3:** To enter into a regular payment plan to ensure payment of all fees prior to the end of the current enrolment Term.
  - Preferred payment scheduling *(please indicate)*
    - Weekly
    - Fortnightly

*If selecting Option 3, the school Business Manager will confirm in writing, the weekly and/or fortnightly payment plan details to be commenced immediately to allow for the clearing of all amounts as agreed.*



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### PARENT/CARER DECLARATION & FINANCIAL AGREEMENT

**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 12)	
Medical Documents (as applicable)		Custody Documents (as applicable)		Educational Documents (as applicable)	

**Financial obligation agreement:**

I / We as parents / carers for the following students, agree to make full payment of all tuition fees and any other levies, charges and fees as annually advertised by the school and as raised to our STUDENT FEE ACCOUNT, in accordance with the following arrangements.

I / We further agree that where more than one parent / carer is listed as being responsible for the payment of fees and charges raised to the STUDENT FEE ACCOUNT, that we are both jointly and severally responsible for the payments as outlined in this agreement.

I / We further agree that unless otherwise specifically advised to the school in writing, this Fee Payment Agreement remains in place and current for the full duration of our child/children's attendance at the school and will extend beyond the current academic year.

**SIGNATURE OF PARENTS/CARERS**

Parent / Carer 1 Name.....

Parent / Carer 1 Signature..... Date .....

Parent / Carer 2 Name.....

Parent / Carer 2 Signature..... Date .....



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### 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.





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### CONSENT FOR USE OF IMAGES (from page 6)

Coral Coast Christian School, Bundaberg, seeks to uphold the rights of each person, including their right to dignity, privacy and a safe environment.

This information is designed to document your permission to have photographs of your child or those to whom you are legal guardian, used in promotional and media materials for Coral Coast Christian School.

**Please note that this consent form will cover your child/ren for the duration of their enrolment at CCCS. If any changes need to be made in the future, please contact the school office.**

Through our internal and external communications and marketing initiatives, photos or videos of your child may be used in various ways across a selection of media avenues. These may include, but are not limited to those listed below. Please also be aware that supply of content to newspapers and other third parties may extend to their on-line publications.

- **The Coral Coast Christian School website** <http://www.cccs.qld.edu.au/>
- **The Coral Coast Christian School Facebook page** <https://www.facebook.com/groups/871060696293626/>
- **Coral Coast Christian School newsletters** published in print form and email
- **Print media such as local newspapers or magazines** e.g., Bundaberg Newsmail, (SDA publication), 'Record' (SDA publication) etc.
- **Website associated with print publications** listed above, for example; <https://www.news-mail.com.au/>
- **Advertising materials** - for example; flyers, posters, school bus artwork, on-line directories etc.
- **School materials** - for example; Prep handbook, Prospectus, Calendar, Yearbook
- **Video content** used by Teachers in a classroom setting or shared Facebook.

#### **Advertising and Marketing Photographic Consent:**

I give my full consent for my child to be photographed, and further, grant permission for the appropriate use of photographs/videos taken during a program/event that include persons I care for under the age of 18 years to be used for promotional materials (both internal and external) as outlined above.

Please state clearly any conditions you have regarding this consent:

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## 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	Fee Payment Option 1            2            3



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Principal	Business Manager	Accounts Officer
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