



Application for Enrolment

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

Proposed commencement date / /

PART A: STUDENT DETAILS

Surname: (as per Birth Certificate)		First name: (as per Birth Certificate)			
Middle names: (as per Birth Certificate)		Preferred name:			
Residential address:		Suburb:		Postcode:	
Postal address (if different from above):				Postcode:	
Gender: F / M	Date of Birth: / / Please provide a copy of Birth Certificate	Place of Birth: Town or city			
Country of Birth:		Nationality:			
Do you identify as Indigenous	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Australian Citizen/Permanent Resident (Please attach any relevant visa's or passport)	Yes	No	Identifies as Aboriginal	Yes	No
Identifies as Torres Strait Islander	Yes	No	Identifies as Australian South Sea Islander	Yes	No
First Language spoken at home: 1. 2.		Student's place in family: (Please circle) 1 2 3 4 5 6			
Students applying for Prep must turn 5 years of age by June 30					
Current Year Level:	Proposed Year Level:	Name of last school attended:			
Student USI number		Student LUI number			
Name of any siblings currently attending Carlisle Adventist Christian College:			Grade:		
OFFICE USE ONLY					
Birth Certificate/Visa Copied:			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Immunisation Copied:			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
\$100 Enrolment Deposit:			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Staff Signature:					

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		
Has the student been prevented from attending school (suspended, excluded or expelled) as a consequence of serious behavioural issues?					
Has the student ever been "Verified", "Ascertained" or been on an Education Adjustment Plan (EAP)? If Yes, please circle: Physical / Intellectual / Speech/Language / Social Emotional / Vision / Hearing / Autism/Asperger's Please state his/her current level and provide relevant documentation:					
Has the student participated in enrichment or 'Gifted & Talented' programs at school?					
Has the student ever been accelerated (skipped a year level)					
Does or has the student experienced social difficulties with other children?					

Carlisle Adventist Christian College 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: PARENT/GUARDIAN DETAILS

C1. Parent/Guardian Details:

Parent/Legal Guardian 1	Parent/Legal Guardian 2
Title:	Title:
First name:	First name:
Surname:	Surname:
DOB: / /	DOB: / /
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Home Phone:	Home Phone:
Mobile:	Mobile:
SMS Notification in the of absence of student: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMS Notification in the absence of student: Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone:	Work Phone:
Employer:	Employer:
Occupation:	Occupation:
Email: fee statement, newsletter and other communications are sent via email	Email: fee statement, newsletter and other communications are sent via email
Country of Birth: Nationality:	Country of Birth: Nationality:
Language: 1. 2.	Language: 1. 2.
Religious Affiliation/Local Church Currently Attending:	Religious Affiliation/Local Church Currently Attending:
Indicate which parent/guardian the student lives with: Both Parents / Parent/Guardian 1 / Parent/Guardian 2	
Indicate who will be responsible for paying of the school fees: Parent/Guardian 1 / Parent/Guardian 2	

C2. 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		

C3. School Ownership	
I am willing to help with the following: (please circle) Tuckshop / Reading with students / Art classes / Gardening / P & F / Fun Day / MESH Other	I am willing to help with the following: (please circle) Tuckshop / Reading with students / Art classes / Gardening / P & F / Fun Day / MESH Other

PART D: PARENT/GUARDIAN AUTHORISATIONS

	Yes	No
In the case of a medical emergency, if neither parent/guardian nor emergency contacts 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/videos of your child(ren) in newsletters, website, Facebook and school magazine. The school may also wish to use photos/videos in promotional material. Do you grant permission for photos/videos of your children to be used by the school for promotional purposes?		
<p>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 swimming, swimming carnival, fun run (cross-country), Anzac day march & athletics carnival.</p> <p>Our school is service focused and your child may be involved in visitation of the elderly, backyard blitz, visiting our community around the school for Mother's Day and Christmas. Parents will be notified if a separate cost for an excursion is required and an appropriate permission form will need to be signed.</p> <p>The above mentioned activities are <u>not optional</u> and by giving permission, it is expected that each student attends, unless notice is given to the school office or class Teacher.</p> <p>Do you agree?</p>		

Emergency Contacts (other than Parents), also able to collect students

Name: 1st	Name: 2nd
Address:	Address:
Contact phone:	Contact phone:
Relationship to student:	Relationship to student:
Others who can collect student:	

PART E: MEDICAL DETAILS

Medicare Number: Reference: Expiry:	Private Health Fund Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Number:
Family Doctor: Practice Name:	Family Doctor contact phone:

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

Swimming ability	excellent <input type="checkbox"/>	satisfactory <input type="checkbox"/>	poor <input type="checkbox"/>
------------------	------------------------------------	---------------------------------------	-------------------------------

Medical Conditions

No known medical conditions

(If ticked move onto next section)

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

Anaphylaxis Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, plan must be provided by Doctor)
-----------------------	------------------------------	-----------------------------	---

Asthma Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, plan must be provided by Doctor)
------------------	------------------------------	-----------------------------	---

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	Year
Has the student received all scheduled vaccinations? (If yes, please supply an Immunisation History Statement from MyGov, Medicare or AIR)			
Tetanus			
Hepatitis B			

PART F: MARKETING INFORMATION

How did you discover Carlisle Adventist Christian College? (number in priority if more than one)

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

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.

<p>Occupation:</p> <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	<p>Occupation:</p> <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
<p>Level of School Education:</p> <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	<p>Level of School Education:</p> <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
<p>Education Beyond School:</p> <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	<p>Education Beyond School:</p> <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

PART G: PARENT/GUARDIAN DECLARATION

- I/We apply for admission of this student to Carlisle Adventist Christian College;
- I/We have read and understood the Student Code of Conduct and have discussed it with my child;
- I/We do hereby agree that Carlisle Adventist Christian College 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).
- I/We understand that the payment of the school fee account is our responsibility. We also understand that it is our responsibility to ensure that our account is paid in full prior to our child(ren)'s departure from the college.

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)	

SIGNATURE OF PARENTS/GUARDIAN

..... Date/...../.....
 Date/...../.....

PART H: CODE OF CONDUCT

To get the greatest benefit from my time at Carlisle Adventist Christian College, I will:

1. *Participate and be respectful of the school's Christian practises;*
2. *Treat other pupils with consideration and kindness;*
3. *Obey and respect teachers so that they can teach us;*
4. *Behave in a way that makes it possible for all pupils to achieve the best they can;*
5. *Uphold the Carlisle Way values in all I say and do;*
6. *Behave in a way that is careful of my safety and safety of others;*
7. *Be proud of my school uniform, wearing the appropriate items correctly and neatly;*
8. *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)

PRIVACY STATEMENT

Schools operated by Seventh-day Adventist Schools (Northern Australia) 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 school, 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.

INTERVIEW NOTES

--

OFFICE USE ONLY

Date Application Received	Date of Interview	Outcome of Application
Date Outcome Letter emailed	Form of fee payment <input type="checkbox"/> Upfront per term <input type="checkbox"/> Pay Way	Date details entered into MAZE
Class Allocated	Date to Commence	Referred by
Student Key	Family Key	Home Key
Medication Authorisation Form	Email Sent to relevant Staff members	Email added
Report Cards Received	Medical Records Copied	Book Pack List
School Calendar	Homework Club	Math's Tutoring
Tuckshop Menu	Sisterhood	Uniform List
MESH	Principal	Accounts Officer