



STUDENT INFORMATION

First Name: _____ Middle Name: _____		Date of application: _____
Family Name: _____		Sex: Male/Female (please circle)
Town and country of birth: _____ If born overseas, please state date of arrival in Australia: _____		Date of birth: _____ <i>Please provide a copy of Birth Certificate</i>
Nationality: (please circle) Australian / Aboriginal / Torres Strait Islander / Other (please specify): _____		Is the student an Australian citizen or hold an Australian Residential Visa? Yes / No (please circle)
Child's main language spoken at home: ___ English or Other: _____		If Yes, this box does not need completing. <i>If No, please attach a copy of the student's Visa and Passport and complete details in this box...</i>
Religion: _____	Baptised Adventist? Yes / No	Visa Number _____ Class _____ Subclass Title _____ Temporary or Permanent (please circle)
Residential Address: _____		
Phone Number: _____		
Intended Year Level: (please circle) P / 1 / 2 / 3 / 4 / 5 / 6		
Current Kindergarten / Daycare / School: _____		Is the student transferring from another Australian school (international student transfer applicant)? Yes / No (please circle)
Previous Schools: _____	Year Attended: _____ Reason left: _____	

PARENT/GUARDIAN DETAILS

Parent/Legal Guardian 1		Parent/Legal Guardian 2	
Family Name: _____	Given Names: _____	Family Name: _____	Given Names: _____
Residential Address: _____		Residential Address: _____	
Postal Address: _____		Postal Address: _____	
Occupation: _____ Employer: _____		Occupation: _____ Employer: _____	
Mobile Phone: _____ Home Phone: _____ Work Phone: _____		Mobile Phone: _____ Home Phone: _____ Work Phone: _____	
Email address: _____		Email address: _____	
Date of Birth: _____	Country of birth: _____	Date of Birth: _____	Country of birth: _____
Nationality: _____		Nationality: _____	
Religion: _____ Baptised Adventist? Yes / No		Religion: _____ Baptised Adventist? Yes / No	
I am willing to help with the following: (please circle) Tuckshop / Reading with students / Art classes / Gardening Other _____		I am willing to help with the following: (please circle) Tuckshop / Reading with students / Art classes / Gardening Other _____	
Who will be responsible for paying of fees? (please circle) Parent/Legal Guardian 1 / Parent Legal Guardian 2			

FAMILY RELATIONSHIPS

Parents/Guardians must inform the Principal if there is a change in their relationship with each other since the completion of their application form (e.g. divorce or separation)

Where the parents are separated / divorced, or both parents named below are not the natural parents of the student, please give details (e.g. custody, guardianship arrangements, step-parents, etc).

Student applicant resides with or is in the care of (please circle):

Father & mother / Mother only / Father only / Legal guardian / Shared parental care / Grandparent / Other _____

Is a Family Court Order in place? (please circle) Yes / No / In process

If Family Court Orders are in place, please provide and attach all relevant documentation which must be certified.

Names and relationships of people authorised to collect your child from the College:

Names and relationships of people who have restricted or prohibited access to your child:

BUS SERVICE

The bus service is an additional cost per family per term. Please refer to the fees page in the prospectus.

Are you interested in your child using the Cairns Adventist College bus service? (please circle) Yes / No

EMERGENCY CONTACTS (other than parents)

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relation to student:	Relation to student:
Residential Address:	Residential Address:
Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Email address:	Email address:

MEDICAL INFORMATION

Doctor and Phone Number:	Medicare Number and Expiry date: Do you have a LOW INCOME HEALTH CARE CARD? Yes / No
Does your child suffer from any of the following conditions: Yes / No (If Yes, please circle appropriate category) <i>Asthma / Allergy / Aspergers / Autism / Speech impediment / Hearing impediment / Physical limitation / Social or Emotional Impairment / ADD / ADHD / Diabetes / Other</i>	
Has your child been prescribed medication for any of the above conditions or does he/she take medication on a regular basis? Yes / No If Yes, provide details:	
What was the date of your child's last Tetanus Vaccination:	
Has your child received all scheduled vaccinations appropriate to their age? Yes / No	
Has your child recently had major surgery? Yes / No If Yes, please specify:	
In the event that the College is unable to contact you in an emergency, do you grant permission for your child to be given an anesthetic should the doctor consider it necessary? Yes / No	
Does your child have private hospital cover? Yes / No	

SPECIAL NEEDS PROFILE

Please attach copies of supporting documentation where applicable

- Consideration will be given to the ability of the College to meet the needs of the child
- Parents must fully inform the College of any special needs of the child.
- The College reserves the right to determine its ability to meet those needs.

Has your child participated in enrichment or 'Gifted & Talented' programs at a school? Yes / No
Has your child ever received "Learning Support" assistance? Yes / No
Has your child ever repeated a year level? Yes / No If Yes, please specify:
Has your child ever been accelerated (skipped a year level) Yes / No If Yes, please specify:
Has your child ever been "Verified", "Ascertained" or been on an Education Adjustment Plan (EAP)? Yes / No 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:
Does or has your child experienced social difficulties with other children? Yes / No If Yes, please specify:
Has behavior management ever been an issue with your child in a school setting? Yes / No If Yes, please specify:

RATIONALE

Please tell us how you heard about Cairns Adventist College (please tick):

Letterbox Flyers ___ Billboard Sign ___ TV ___ Radio ___ Family / friend ___ Open Day / Prep Day ___
Internet / Google ___ College buses ___ Church ___ Other: _____
Who referred you to our school? _____

Please indicate the reasons why you are seeking enrolment at Cairns Adventist College (please tick all applicable items):

Christian Education ___ Curriculum choice ___ Family involvement ___ Academic reputation ___ Caring environment ___
Discipline ___ Quality private school education ___ Convenient: ___ Other: _____

Duty of disclosure: Full and honest disclosure of all details about your child in relation to enrolment history at previous schools, family issues and/or arrangements, medical and/or health conditions must be provided at enrolment, and during enrolment in the event of any change.

Please return this completed enrolment application form together with the following and we can arrange an appointment:

1. Copy of Birth Certificate or Passport
2. Application Fee \$50 per student (non-refundable)
3. Latest 2 school reports, including NAPLAN (Years 3/5 tests), if applicable
4. Any other supporting documentation which this application calls for

PRIVACY STATEMENT

Schools within the Queensland Adventist Education System collect personal information about pupils and their parents/guardians before and during the course of a pupil's enrolment in school. The primary purpose for collecting this information is to enable the School to provide schooling for your child. We comply with the Privacy legislation relating to private sector organisations effective from 21 December 2001.

Please complete the enrolment information as requested by the School. It is all important and useful information and enables the School to fulfill 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, 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 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.

Information provided by the student to the provider may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund. Personal information obtained by the School is for use of the School in the first instance, but maybe disclosed to others for administrative and educational purposes. This includes to other school, 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 unlawful activity (has been, is being, or may be engaged in), information relevant to such activities may be shared with the appropriate authorities.

We may include your contact details in a class list and School Directory. Photos taken at School may also be utilized in weekly newsletters and other School promotions. 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 purpose 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.

I have read and understood the Privacy Statement.

Signature of Parent or Guardian _____

Date _____

FOR FULL FEE PAYING OVERSEAS STUDENTS ONLY

I give permission for the College to make enquiries to the Department of Immigration and Border Protection (DIBP) in relation to my child's visa status.

Signature of Parent or Guardian _____

Date _____

CONDITIONS OF ENROLMENT

I/We as parent(s)/guardian(s) understand and agree to the following conditions of enrolment:

- I agree to allow my child to fully participate in the life and program of the College, including participation in all devotional activities, camps and excursions.
- I will provide my child with all necessary equipment and support required to enable my child to benefit fully from the education offered.
- I will ensure that my child wears the correct College uniform neatly and modestly every day.
- I agree that the College may arrange for any necessary urgent medical treatment for my child. The full cost of this treatment will be borne by myself as the parent/guardian of the child.
- I will support and uphold all aims and policies of the College.
- I will be responsible for any damage caused to any College property by my child, and the cost of such repairs/replacement will be borne by myself as the parent/guardian of my child.
- I give permission for the College to use photographs, video, audio of my child, together with the publication of their name, in any College publication and College advertising, as well as in the media.
- I agree to pay two fortnight's fees in advance prior to commencement of my child's first day and to keep at least two fortnights in advance. I further agree that I will ensure all fees are paid on or before the due date, unless I am on a consistent College-approved fortnightly payment plan.
- I agree that we will provide the Principal one term's advance written notice should we decide to withdraw our child from the College. I also understand that, depending upon circumstances, a full term's fees may be required if notice is not given.
- I have read and understand the conditions of enrolment and enrolment requirements as outlined in the College Handbook (domestic students) or Overseas Student Handbook (international students) and agree that I and my child will fully comply with its contents.
- I understand that the College may suspend or terminate enrolment at its discretion for student or parental failure to comply with any of these conditions or other breaches of the College's rules and regulations.

Name of student _____

Signature of Father/Male Guardian _____

Signature of Mother/Female Guardian _____

Date Signed: _____

1. NATIONALITY

In which **country** was the student born? Australia Other (please specify): _____

In which **country** were the parents born?
 Mother Australia Other (please specify): _____

Father Australia Other (please specify): _____

Does the student identify as **Aboriginal or Torres Strait Islander**?

No Aboriginal Torres Strait Islander Both Aboriginal/Torres Strait Islander

2. RESIDENTIAL STATUS

(please attach copies of supporting documentation)

Please note: If applicant does NOT hold Australian Citizenship or an Australian Residential Visa they are classed as Full Fee Paying Overseas Students (FFPOS).

Is the student an Australian Citizen? Yes No

Does the student hold a Current Australian Resident Visa? *If yes please answer below* Yes No

Australian Residential Visa Details...

Visa Number _____ Visa Class _____

Visa Subclass Title _____ Temporary Permanent

3. LANGUAGE OTHER THAN ENGLISH

Does the student or mother/guardian or their father/guardian speak a language other than “**Standard Australian English**” at home? (If more than one language, please indicate the one that is spoken most often)

	Student	Mother/Guardian	Father/Guardian
No, “Standard Australian English” only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other – please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Language	Mother/Guardian Language	Father/Guardian Language

4. PARENT /GUARDIAN EDUCATION

What is the **highest** year of primary or secondary school the parents/guardians completed? *Mark one box only*

	Mother/Guardian	Father/Guardian
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

(For persons who have never attended school, mark „Year 9 or equivalent or below“.)

What is the level of the **highest** qualification the parent/guardians have completed? *Mark one box only*

	Mother/Guardian	Father/Guardian
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

Please select the appropriate parental occupation group from the list on the next page.

What is the occupation group of the Mother/Guardian?

What is the occupation group of the Father/Guardian?

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 in the relevant box above

List of Parental Occupation Groups

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades" assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

CAIRNS ADVENTIST COLLEGE FEES AGREEMENT

We, the undersigned are responsible for the fees of the following students:

Student 1: _____ Student 2: _____

Student 3: _____ Student 4: _____

Name of Parent/Guardian 1: _____ Signature: _____

Name of Parent/Guardian 2: _____ Signature: _____

I understand that at the beginning of each school year the college's fees and/or levies will increase.

- I agree to pay each term's fees prior to the commencement of each term OR
- I agree to pay the term's fees by direct debit at an amount of _____ each fortnight.

It is an expectation of the College that four weeks' fees will be paid in advance prior to enrolment and that fees will be kept four weeks' in advance, including through the school holidays, for the duration of enrolment. I also understand that if I miss a payment, the bus service will be cancelled until the payment is made. I also understand that two consecutive payments missed will incur a 'financial suspension' for up to two further weeks or until the two payments are made. Failure to make these payments will result in enrolment being terminated.

We understand that payment of our 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. After this time, should our account be placed in the hands of debt recovery consultants, then we hereby agree to pay all expenses relating to the recovery of our account, and any default debt may be reported to a credit reporting agency.

We also understand that a lost library book incurs a charge of \$15, while a lost DVD incurs a charge of \$5 and a lost library/homework bag incurs a charge of \$10 which will be charged to your fee account.

No fees will be charged for the following term if advice of a student's withdrawal is received by the Principal in writing no later than the last day of the preceding term. If no notice is given, then I understand that I will be liable to pay all or part of the following term's fees. If a student withdraws within one month of the term commencing then 50% fees will be charged for the term. If a student withdraws after one month then full fees will be charged for the current term.

Families are liable for the full term's fees even if holidays are taken early or part of the way through the term.

Name of Parent 1/Guardian 1 (*please print*) _____ Signature _____

Name of Parent 2/Guardian 2 (*please print*) _____ Signature _____

Date: _____

