



CAIRNS ADVENTIST COLLEGE

Student Name:

Office Use only:

*Please initial areas as complete

Birth Certificate or Passport		Immunisations	
Application fee of \$50 per student paid		Signed Bus use Form	
NAPALAN results if applicable		Signed Activities Form	
Court Orders if applicable		Signed Computer use Form	
2 latest reports		Low Income Card if applicable	
Enrolment MAZE		Enrolment SEQTA	
School Stream info sent		School stream added	

Cairns Adventist College

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E secretary@cas.qld.edu.au **T** +61 7 4056 6144 **cas.qld.edu.au**

Operated by Seventh-day Adventist Schools (Northern Queensland) Ltd

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

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:		Mobile Phone: Home	
Home Phone:		Phone:	
Work 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: <i>(please circle)</i> Tuckshop / Reading with students / Art classes / Gardening Other ____		I am willing to help with the following: <i>(please circle)</i> Tuckshop / Reading with students / Art classes / Gardening Other _	
Who will be responsible for paying of fees? <i>(please circle)</i> 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

Please select use: Mornings / Afternoons

Address:

EMERGENCY CONTACTS (other than parents)

Emergency Contact 1

Name:

Relation to student:

Residential Address:

Mobile Phone:

Home Phone: Work Phone:

Email address:

Emergency Contact 2

Name:

Relation to student:

Residential Address:

Mobile Phone:

Home Phone: Work Phone:

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) Asthma / Allergy / Aspergers / Autism / Speech impediment / Hearing impediment / Physical limitation /

Social or Emotional Impairment / ADD / ADHD / Diabetes / Other _____

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:

Copy of Birth Certificate or Passport
Application Fee \$50 per student (non-refundable)
Latest 2 school reports, including NAPLAN (Years 3/5 tests), if applicable
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 _____

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/Guardian _____

Signature of Mother/ Guardian _____

Date Signed: _____

Data collection form

Information required for funding, assessment and reporting purposes

Nationality

In which country was the student born? Australia Other: _____

In which country were the parents born?

Mother Australia Other: _____

Father Australia Other: _____

Does the student identify as Aboriginal or Torres Strait Islander?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

Residential Status *(Please attached 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

Is the student an Australian Citizen? Yes No

Does the student Currently hold a Australian Residential Visa? Yes No

Visa Details:

Visa number _____ Visa Class _____ Visa Subclass Title _____

Temporary Permanent

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)*

No, "Standard Australian English" only Student Mother/Guardian Father/Guardian

Yes, other- *Please specify below*

Student Language	Mother/Guardian Language	Father/Guardian Language

Parent/Guardian Education

What is the highest year of School the parents/guardians completed? *(Please circle only one)*

Mother/ Guardian: Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

Father/Guardian: Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

What is the highest qualification that has been completed? *(Please circle only one)*

Mother/ Guardian:

Bachelor or above Advanced diploma/Diploma Cert 1 to IV (including trade) No non-school qualification

Father/ Guardian:

Bachelor or above Advanced diploma/Diploma Cert 1 to IV (including trade) No non-school qualification

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

What is the occupation group of the Mother/Guardian: _____ 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 group.
- If the person has not been in paid work for 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 4: _____ 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 from my credit card/debit card. (please complete debit application form)

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/ Guardian 1: _____ Signature: _____

Name of Parent/Guardian 2: _____ Signature: _____

Date: _____

Direct debit form

1. Your details – Please complete the following details

Surname Name: _____ Given Names: _____

Mobile:

Email: _____

2. Select the following

New account Update card details

3. Debit arrangement

Debit this amount: \$ _____ (this is the maximum amount to be deducted where a balance occurs).

Payment frequency:

Weekly (term time) Fortnightly (term time)

Date of first payment: _____ Duration: Continue regular debits until further notice

(All payment will be processed on a Friday)

4. Payment Method

Card Holder name: _____

Credit card number:

Expiry date: / ccv:

I hereby give permission for Cairns Adventist College to deduct the following amounts from my card to the above detail and agree to follow the above schedule.

Name: _____ Signature: _____ Date: _____

Code of conduct for students travelling on CAC buses

For the continued safety and comfort of all pupils travelling on our College bus, the following regulations are to be observed:

1. All students must be seated in the appropriate manner while travelling. Walking in the aisles and kneeling on seats are not permitted.
2. Noise is to be kept to a level that does not distract the driver from doing his or her duty. Screaming and shouting are not acceptable.
3. For personal safety reasons students must not put arms, legs, hands or any body part out of the bus windows.
4. Inappropriate gestures to members of the public or other bus passengers are unacceptable.
5. All balls are to be kept in bags and are not to be thrown or used on the bus. The driver has authority to confiscate objects used inappropriately. Certain toys or games may be used at the driver's discretion providing they do not interfere with the rights and safety of others.
6. No gum is to be brought on to buses at any time. Eating is generally not permitted. However, on long runs food may be consumed at the discretion of the driver, providing there is no rubbish left. Should students fail to comply with the above, the privilege may be suspended.
7. No object is to be thrown out of the windows at any time.
8. Parents of students should be waiting at their child's stop when the bus arrives. Buses are not able to wait for adults to arrive as this causes inconvenience to other families at later stops.
9. Students must wait until the bus has stopped and they hear the door buzzer to unlatch their seatbelt and stand up. Students must also wait until the bus has moved off before attempting to cross the road.
10. In the morning students are expected to be at their pick up point five to ten minutes prior to their departure time. If students are not at the pick-up point on time, it will be assumed they will not be attending College that day. Parents should text the driver the name of students who are not catching the bus for that day.
11. The carrying of dangerous items, such as penknives, blades, matches or similar objects is forbidden.
12. MP3 players, iPods, etc, are permitted on the bus but must be played at a low volume.
13. Damage caused to the bus may need to be replaced or repaired by the offending students at the cost of the student's parent/caregiver.
14. Parents are expected to be at the designated drop-off area to collect their child in the afternoon.

I understand and agree to the following: All students are expected to observe the "Code of Conduct for Students". Any breach of this code is unacceptable behaviour and will likely result in the student being temporarily or permanently prohibited from using the College bus service. All students should represent Cairns Adventist College in the appropriate manner when travelling on our buses. I understand the "Code of Conduct for Students" and have also explained this to my child(ren). We also understand that unacceptable behaviour may result in temporary or permanent loss of the privilege of the using the College bus. We also understand that any payment for damage to the bus caused by my child(ren) may be added to my college fees and I accept full responsibility for payment of such fees.

Student Name(s): _____

Parent Name: _____

Parent Signature: _____ Date: _____