CARLISLE
ADVENTIST COLLEGE

# Application for Enrolment

**Please complete Sections A – J and attach supporting documents as required**

Proposed commencement date / /

## PART A: STUDENT DETAILS

| | | | | | |
|---|---|---|---|---|---|
| Surname:<br>(as per Birth Certificate) | | | First name:<br>(as per Birth Certificate) | | |
| Middle names:<br>(as per Birth Certificate) | | | Preferred name: | | |
| Residential address: | | | Suburb: | Postcode: | |
| Postal address:<br>(if different from above) | | | | Postcode: | |
| Mobile phone number:<br>(if applicable) | Gender: F / M | | Date of Birth: / /<br>Please provide a copy of Birth Certificate | | |
| Place of Birth:<br>(Town/city and Country) | | | Nationality: | | |
| Do you identify as Indigenous | **Yes** ☐ | | **No** ☐ | | |
| Australian Citizen/Permanent Resident<br>(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.<br>2. | | | Student's place in family: (Please circle)<br>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:<br>……<br>…… | | | Grade:<br>……<br>…… | | |

## OFFICE USE ONLY

| | | |
|---|---|---|
| Birth Certificate/Visa Copied: | **Yes** ☐ | **No** ☐ |
| Immunisation Copied: | **Yes** ☐ | **No** ☐ |
| $100 Enrolment Deposit: | **Yes** ☐ | **No** ☐ |
| $300 Additional deposit to confirm enrolment (Prep and Year 7 only): | **Yes** ☐ | **No** ☐ |
| **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)?<br>If Yes, please circle: Physical / Intellectual / Speech/Language / Social Emotional / Vision / Hearing / Autism/Asperger's<br>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 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: MEDICAL DETAILS

| | |
|---|---|
| Medicare Number:<br>Reference:<br>Expiry: | Private Health Fund Yes ☐ No ☐<br>Name:<br>Number: |
| Family Doctor:<br>Practice Name: | Family Doctor contact phone: |

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

Swimming ability excellent ☐ satisfactory ☐ poor ☐

## Medical Conditions

### 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 ☐ No ☐ (If yes, plan must be provided by Doctor)

Asthma Condition Yes ☐ No ☐ (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?<br>(If yes, please supply an Immunisation History Statement from MyGov, Medicare or AIR) | | | |
| Tetanus | | | |
| Hepatitis B | | | |

## 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 D: 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 ☐ No ☐ | SMS Notification in the absence of student: Yes ☐ No ☐ |
| 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:<br>Nationality: | Country of Birth:<br>Nationality: |
| Language: 1.<br>2. | Language: 1.<br>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 |
| **If Parent/Guardian (1) and Parent/Guardian (2) are separated, but both are responsible for paying school fees, please nominate the % of fees to be paid by each individual.** | |
| Parent/Guardian (1) ……..%<br>Parent/Guardian (1) Signature …… | Parent/Guardian (1) ……..%<br>Parent/Guardian (1) Signature …… |

| C2. Are there any of the following legal, care and protection matters:<br>(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)<br>Tuckshop / Reading with students / Art classes / Gardening / P & F / Fun Day / MESH<br>Other …… | I am willing to help with the following: (please circle)<br>Tuckshop / Reading with students / Art classes / Gardening / P & F / Fun Day / MESH<br>Other …… |

## PART E: 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? | | |
| 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), educational events/activities, Anzac Day march & athletics carnival. 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.<br>The above mentioned activities are not optional and by giving permission, it is expected that each student attends, unless notice is given to the school office or class Teacher.<br>**Do you agree**? | | |

## PART F: PARENT/GUARDIAN CODE OF CONDUCT

**As a parent/guardian of a child enrolled in a school operated by the Seventh-Day Adventist Schools Ltd, I/we understand and agree to the following conditions of enrolment:**

- ☐ I/we 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/we will provide my child with all necessary equipment and support required to enable my child to benefit fully from the education offered.
- ☐ I/we will ensure that my child wears the correct College uniform neatly and modestly every day.
- ☐ I/we agree that the College may arrange for any necessary urgent medical treatment for my child. The full cost of this treatment will be my full responsibility as the parent/guardian of the child.
- ☐ I/we WILL BE RESPONSIBLE FOR ANY DAMAGE CAUSED TO ANY College property by my child, and the cost of such repairs/replacement will be my full responsibility as the parent/guardian.
- ☐ I/we will respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
- ☐ I/we will support all efforts to prevent any form of abuse in the school and encourage a safe and supportive learning environment.
- ☐ I/we will raise any issues or concerns quietly and calmly, in a private manner with staff.
- ☐ I/we will not treat any student or adult in an unfair, unjust or discriminatory manner.
- ☐ I/we will not smoke, bring alcohol or illicit substances onto the school premises.
- ☐ I/we will not use bad language including profanity or swearing of any kind while on the school premises or at a program or activity provided by the school.
- ☐ I/we will not raise issues or problems with other peoples' children or parents/guardians of other children.
- ☐ I/we will not raise my voice, except for the purpose of being heard, while communicating with any staff member.

# PART G: FEE AGREEMENT

## 1. FINANCIAL OBLIGATION STATEMENT

**Carlisle Adventist College** supports all families with their choice to provide private, quality Seventh Day Adventist Education for their children and we want to extend a welcome to your family, as part of our school community.

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

Being identified as the person responsible for the Student Fee Account, if at any time fee collection costs are incurred, in order to address an outstanding balance on your Student Fee Account, the school reserves the right to recover such debt collection costs from you. If in the event the account is placed in the hands of a debt recovery consultant, the parents/guardians are to pay all expenses relating to the recovery of our account, and any default debt may be reported to a credit reporting agency.

## 2. AGREEMENT

I/we as parents/guardians 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/guardian is listed as being responsible for the payment of fees and charges raised to the STUDENT FEE ACCOUNT, that we are both jointly responsible for the payments as outlined in this agreement.

I/we understand that two consecutive payments missed will result in non-attendance of our child/children for up to two further weeks or until the two payments are made. Failure to make these payments will result in your child's/children's enrolment being reviewed. If any problems arise in meeting your financial obligations, please contact the school office immediately to schedule a meeting with the Principal.

I/we also understand that if I/we miss a payment the school bus service (if applicable) will be cancelled until payment is made. Bus fees are added to the STUDENT FEE ACCOUNT and these charges cannot be allowed to accumulate.

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. If no notice is given, then I/we understand that I/we are 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% of fees will be charged for the term. If a student withdraws after one month then full fees will be charged for the current term.

I/we also understand that a lost library book incurs a charge of $15, while a lost DVD incurs a charge of $20, which will be charged to our STUDENT FEE ACCOUNT.

*(ONE OPTION MUST BE SELECTED FROM THE LISTING BELOW)*

**OPTION 1:** **Full ANNUAL Payment prior to the advertised DUE DATE FOR PAYMENT** ☐
***(7.5% Prompt Payment Discount available, conditions apply)***

**OPTION 2:** **Full TERM Payment prior to the advertised DUE DATE FOR PAYMENT** ☐
***(5% Prompt Payment Discount available, conditions apply)***

**OPTION 3:** **Enter into a regular PAYMENT PLAN by credit card or direct debit** ☐
*(If choosing Option 3 please ALSO complete the Direct Debit Request form, to provide your preferred payment frequency and your bank account/credit card details)*

**Please note:** Payment Plans are scheduled from January to December, over a 44-week period
**Weekly (44 payments)** **Fortnightly (22 payments)** **Monthly (11 payments)**

## PART H: MARKETING INFORMATION

How did you discover Carlisle Adventist 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):<br>……<br>……<br>…… | |

**COMMONWEALTH GOVERNMENT COLLECTION INFORMATION**

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

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

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

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

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

## PART I: STUDENT CODE OF CONDUCT

*To get the greatest benefit from my time at Carlisle Adventist 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)***

## PART J: PARENT/GUARDIAN DECLARATION

- I/We do hereby agree to abide by the parent/guardian Code of Conduct;
- 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. We agree to abide by the Fee Agreement;
- I/We have read and understood the Student Code of Conduct and have discussed it with my/our child;
- I/We do hereby agree that Carlisle Adventist 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).

| | | | | | |
|---|---|---|---|---|---|
| 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/GUARDIANS

…….…….. Date ……/……/…….

…….…….. Date ……/……/…….

# 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<br>☐ Upfront per term<br>☐ Pay Way | Date details entered into MAZE |
| Class Allocated | Date to Commence | Student added to SEQTA |
| Student Key | Family Key | Home Key |
| Medication Authorisation Form | Email Sent to relevant Staff members | Parent/Guardian Email Added |
| Report Cards Received | Medical Records Copied | Student Email Added (Grade 5-12) |
| Student registration ID added | Handbook | School Calendar |
| Tuckshop Menu | Uniform List | Book Pack List |
| MESH | Math's Tutoring | Laptop Requirement (Grade 10-12) |
| Principal | Accounts Officer | |