

Application for Enrolment

Please tick the campus this student would prefer to attend (you can tick more than one if appropriate):

- Deception Bay Campus
 Barambah Creek Campus

- Spring Hill Campus
 Windsor Campus

PART 1: STUDENT DETAILS

Student's Legal First Name:		Middle/Other Names:	
<input type="text"/>		<input type="text"/>	
Student's Legal Surname:		Preferred Name:	
<input type="text"/>		<input type="text"/>	
Gender:	Date of Birth:	Student's Mobile Phone Number:	
<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	
or <input type="checkbox"/> this student does not have a mobile phone at present			
Student's Email Address (if applicable): <input type="text"/>			
Student's Home Address:			
<input type="text"/>			
Religion (if applicable): <input type="text"/>			
Is a language other than English spoken at home?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: <input type="text"/>			
Does the student speak an aboriginal language? <input type="checkbox"/> Traditional Language <input type="checkbox"/> Aboriginal English <input type="checkbox"/> Creole			
Is the student of Aboriginal or Torres Strait Islander Origin?			
<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other. Please specify <input type="text"/>			
Citizenship: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other. Please specify <input type="text"/>			
<i>Please complete section below if student is not an Australian or New Zealand Citizen.</i>			
<input type="checkbox"/> Permanent Australian Resident	Visa sub-class:	Visa Expiry Date:	
<input type="checkbox"/> Temporary Visa Holder	<input type="text"/>	<input type="text"/>	

When would this student like to start at Arethusa College?

Year

Grade

Current School (if applicable):

Year/s enrolled:

Previous School/s (if applicable):

Year/s enrolled:

Please describe this student's current schooling situation (eg suspensions, expelled, not wanting to attend, truancy, bullying, struggling at school, etc)

Names of siblings currently enrolled or previously enrolled at Arethusa (if applicable)

Please tick if student has been diagnosed with any of the following:

- ADHD
 ASD
 Conduct/Behavioural Disorder
 Social/Emotional Disorder
 Speech/Language Disorder
 Physical Disability
 Hearing Impairment
 Visual Impairment
 Intellectual Impairment

Special needs? Eg areas of giftedness, areas of challenge (social, academic, emotional, personal, behavioural, etc) or physical limitations on activities (eg swimming, walking long distances). Please provide details. Outline any extra assistance provided in the past or currently at school.

Please include with your application any documentation from doctors, therapists, specialists or other professionals.

Please outline how this student might require additional support or facilities beyond those already provided for in the general classroom and school environment.

Student's interests or areas of strength

Is there any other information that you consider would be helpful in the nurture and education of this child?

Student's Medicare Number

Card Expiry Date

Does the student have Private Health Insurance? No Yes, please give details

Does the student suffer any of these medical conditions?

Anaphylaxis Diabetes Epilepsy Severe Asthma Moderate Asthma Mild Asthma

If yes, please complete or have your doctor complete the appropriate management plan. Standard templates are available from the College.

Any other known medical or physical conditions? Eg mental health, ADHD, chronic illness.

If yes, please include details and severity (mild, moderate or severe).

Any other known childhood diseases, operations or major injuries?

Any known allergies?

Any specific dietary requirements?

Please attach extra pages if there is not enough space in the boxes to list all information.

Please include with your application copies of any information/reports you have from doctors, specialists or other professionals.

Student's current swimming ability:

None (can't swim) Struggles with swimming Comfortable/okay swimmer Strong and confident swimmer

Permission to administer paracetamol if needed? (dosage will be as per the box/bottle for the student's age) No Yes

Does the student take any regular medication? (prescribed or over the counter) No Yes, please write details and dosage

Please write the name of the medication/s, dosage, times it is taken and what it is for.

Will the student require any medication to be taken at school? (regular or occasional) No Yes, please write details and dosage

Please write the name of the medication/s, dosage, times it is taken and what it is for.

Has this student received the full program of standard childhood immunisations? (up to current age)

Yes No. If no, please list the immunisations the student has received

Has this student been assessed or supported by any of the following specialist services? (leave blank if does not apply to this student)

Psychiatrist Name Organisation
 Phone Email
 Is the support current or ongoing? Yes No Year of last appointment

Psychologist Name Organisation
 Phone Email
 Is the support current or ongoing? Yes No Year of last appointment

Pediatrician Name Organisation
 Phone Email
 Is the support current or ongoing? Yes No Year of last appointment

General Practitioner (GP) Name Organisation
 Phone Email
 Is the support current or ongoing? Yes No Year of last appointment

Speech Therapist Name Organisation
 Phone Email
 Is the support current or ongoing? Yes No Year of last appointment

Occupational Therapist Name Organisation
 Phone Email
 Is the support current or ongoing? Yes No Year of last appointment

Optometrist Name Organisation
 Phone Email
 Is the support current or ongoing? Yes No Year of last appointment

Youth Justice Name Organisation
Phone Email
Is the support current or ongoing? Yes No Year of last appointment

Child & Youth Mental Health Service (CYHMS) Name Organisation
Phone Email
Is the support current or ongoing? Yes No Year of last appointment

Family Support Service Name Organisation
Phone Email
Is the support current or ongoing? Yes No Year of last appointment

Other Type of service/specialist
Name Organisation
Phone Email
Is the support current or ongoing? Yes No Year of last appointment

With whom does the student normally live?

Both parents at the same address Both parents at different addresses (shared parenting arrangement) Mother Father
 Grandparent/s Other, please specify:

Are there any current or historic legal orders relating to this student? (eg parenting orders or court documents)

If yes, copies of current orders must be included with this application. Originals will need to be sighted on interview.

No Yes, current orders in place Yes, historic orders

Is this student applying for enrolment as an independent student? No Yes

If you are applying for enrolment as an independent student you will need to provide evidence of your independence (Centrelink documents)

Is there any other health, medical or background information we need to know about this student?

PART 2: FAMILY DETAILS

Please list details for biological parents as well as those who have parental responsibility for the student (eg step-parents)

Parent/Carer 1 (generally the first person to contact during school hours)			
First Name:		Surname:	
<input type="text"/>		<input type="text"/>	
Preferred Name:		Gender	Mr, Ms, Mrs, Dr, etc?
<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	<input type="text"/>
Home Phone:	Mobile Phone:	Email Address/es:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home address:			
<input type="text"/>			
Postal address (if different from above):		Partner/Spouse's Name:	
<input type="text"/>		<input type="text"/>	
Occupation:		Work Phone:	
<input type="text"/>		<input type="text"/>	
Workplace/Company Name:			
<input type="text"/>			
Is a language other than English spoken at home?		Does this person speak an aboriginal language?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: <input type="text"/>		<input type="checkbox"/> Traditional Language <input type="checkbox"/> Aboriginal English <input type="checkbox"/> Creole	
Highest level of school education completed:			
<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 or below			
Highest level of non-school education completed:			
<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification			
Occupation Group: (see descriptions on page 10)			
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>			
Relationship to student:		Student lives with Parent/Carer 1:	
<input type="text"/>		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Does not live with	
Is there any other information we need to know about Parent/Carer 1 or their relationship to the student? (eg contact limitations, legal orders, family issues, etc)			
<input type="text"/>			

Parent/Carer 2

First Name:

Surname:

Preferred Name:

Gender

 Male Other
 Female

Mr, Ms, Mrs, Dr, etc?

Home Phone:

Mobile Phone:

Email Address/es:

Home address:

Postal address (if different from above):

Partner/Spouse's Name:

Occupation:

Work Phone:

Workplace/Company Name:

Is a language other than English spoken at home?

 No Yes, please specify:

Does this person speak an aboriginal language?

 Traditional Language Aboriginal English Creole

Highest level of school education completed:

 Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

Highest level of non-school education completed:

 Bachelor Degree or above Advanced Diploma/Diploma Certificate I to IV No non-school qualification

Occupation Group: (see descriptions on page 10)

1 2 3 4 8

Relationship to student:

Student lives with Parent/Carer 2:

 Full-time Part-time Does not live with

Is there any other information we need to know about Parent/Carer 2 or their relationship to the student? (eg contact limitations, legal orders, family issues, etc)

Additional or Emergency Contact for this student

First Name:

Surname:

Preferred Name:

Gender

Male

Other

Female

Mr, Ms, Mrs, Dr, etc?

Home Address:

Home Phone:

Work Phone:

Mobile Phone:

Email address/es (if this person would like to receive school newsletters, etc)

Relationship to student:

Does student live with this person?

Full-time

Part-time

Does not live with

PART 3: EXTERNAL STAKEHOLDERS (GUARDIAN)

Please complete if an external organisation (eg Child Safety) holds **guardianship** of this student. Leave blank if it does not apply to this student.

Name of Organisation:

Address:

Phone:

Email:

Primary contact person in relation to this student (name, phone, email, job title, responsibilities in relation to student, etc)

Additional organisation contacts (name, phone, email, job title, etc)

Who can sign forms and documents in relation to this student? (eg permission forms, etc)

PART 4: DECLARATION

- I/we apply to have the student named in this application enrolled at Arethusa College.
- I/we understand that this application is made without any implication that an offer of enrolment at Arethusa College will be made.
- I/we understand that under normal circumstances Arethusa College requires any prospective student to attend an interview with the Principal (or Principal's representative) before an offer of enrolment can be made.
- I/we understand that to accept an offer of enrolment at Arethusa College we must accept the school's Terms & Conditions of Enrolment.
- I/we understand that this application may not be processed until all required documents have been provided.
- I/we declare that the information we have supplied on this form is complete, true and correct, and understand that inaccurate, incomplete or misleading information may jeopardise enrolment.

Signed
Parent / Carer 1

Date

Signed
Parent / Carer 2

Date

OR

I wish to apply for an enrolment as an **independent student** and will be responsible for signing all college forms and payment of all accounts.

Signed
Student

Date

OR

Signed for and on behalf of the **organisation that holds legal guardianship for this student.**

Name

Signature

Position

Date

The following documents must be submitted with this application. Please contact the College if there are difficulties with this.

- Copy of student's Birth Certificate or Passport
- Copies of the student's last two school reports
- Visa documentation (if this student is not an Australian or New Zealand Citizen)
- Copies of any assessments or specialist reports, such as medical, speech therapy, psychologist, etc
- Copies of any Legal orders

Please return completed form and supporting documentation

In person to:

Arethusa College Central Office
1-83 Deception Bay Road,
Deception Bay Qld 4508

OR

Via post to:

Arethusa College Central Office
PO Box 565
Burpengary Qld 4505

OR

Scanned and emailed to:

enrolments@arethusa.qld.edu.au

PARENT/CARER OCCUPATION GROUPS

<p>Group 1</p> <p>Senior management in large business organisation, government administration and defence, and qualified professionals</p>	<p>Senior executive/manager/department head in industry, commerce, media or other large organisation.</p> <p>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]</p> <p>Defence Forces Commissioned Officer</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ship's captain/pilot, flight officer, flying instructor, air traffic controller]</p>
<p>Group 2</p> <p>Other business manager, arts/media/sports persons and associate professionals</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</p> <p>Retail sales/service manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p>
<p>Group 3</p> <p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. <i>All tradesmen/women are included in this group.</i></p> <p>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]</p> <p>Skilled office, sales and service staff.</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjustor, market researcher]</p> <p>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]</p>
<p>Group 4</p> <p>Machine operators, hospitality staff, assistants, labourers and related workers</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators.</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants.</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included above</p> <p>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]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>Group 8</p>	<p>Not in paid work for the last 12 months.</p>