

APPLICATION FOR ENROLMENT

Faith Diligence Love

Student's Full Name _____

Year Level _____

SUNCOAST
CHRISTIAN COLLEGE



STUDENT INFORMATION

Student's Full Legal (birth) Name _____
("the student")

Preferred Name _____ Male Female

Residential Address _____ P/Code _____

Date of Birth _____ Country of Birth _____ Nationality _____

Is this student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Entry Year Level _____ Entry Year _____ Entry Term _____
(Eg. Year 1) (Eg. 2022) (Eg. Term 1, 2, 3 or 4)

Permanent Resident of Australia? Yes No Language spoken at home _____

Date of Citizenship (if applicable) _____ Visa No. (if applicable) _____

Temporary Resident of Australia? Yes No Visa Type _____ Visa No _____

International Student (studying on student visa)? Yes No (Please attach a copy of birth certificate and visa or citizenship certificate if applicable)

School Currently Attending _____ Current Year Level _____

Reason for leaving _____

If the Student is in Year 10, 11 or 12 and is transferring from a Queensland School, please provide their LUI Number

(Learning Unique Identifier) _____

ALL PREVIOUS SCHOOLS ATTENDED (If insufficient space, please attach separate list)

Name of School _____ Year level/s (Eg. Years 1-4) _____

Name of School _____ Year level/s (Eg. Years 1-4) _____

Name of School _____ Year level/s (Eg. Years 1-4) _____

SCHOOL REPORT/TEST RESULTS (Please attach)

Copies of the last two years' school reports are required for consideration of this application if applying for entry within the next two years. Also attach copies of any recent test results both internal and external eg. diagnostic testing which will help Suncoast Christian College assist/extend your child.

Siblings	Year of Birth	Current School	Year Level

Can student and parent/guardian details be published and made available to other College families? Yes No

Is it your intention to make use of the College Bus Service? Yes No

FATHER/LEGAL**GUARDIAN****MOTHER/LEGAL****GUARDIAN**

Title _____

Title _____

Surname _____

Surname _____

Given Names (*in full*) _____Given Names (*in full*) _____Past Student Yes NoPast Student Yes No

DOB _____

DOB _____

Country of Birth _____

Country of Birth _____

Postal Address _____

Postal Address _____

_____ Post Code _____

_____ Post Code _____

Residential Address _____

Residential Address _____

_____ Post Code _____

_____ Post Code _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Phone (*home*) _____Phone (*home*) _____Phone (*work*) _____Phone (*work*) _____

Mobile _____

Mobile _____

Email (*home*) _____Email (*home*) _____Email (*work*) _____Email (*work*) _____

Please note that a significant proportion of College Communication (Newsletters, Event Flyers, and Excursion Notices) occurs via email. These communications are also posted to the College website.

EMERGENCY CONTACT

These persons must be available for contact in an emergency should the Mother/Legal Guardian or Father/Legal Guardian listed previously be unavailable.

CONTACT 1**CONTACT 2**

Surname _____ First Name _____

Surname _____ First Name _____

Phone (*home*) _____ (*mobile*) _____Phone (*home*) _____ (*mobile*) _____

Relationship to Student _____

Relationship to Student _____

CHURCH INFORMATION

Is the family associated with a Christian church? No Yes, if 'yes' please provide details:

FATHER**MOTHER**

Church _____

Church _____

Postal Address _____

Postal Address _____

Pastor/Minister _____

Pastor/Minister _____

 Weekly Regularly Occasionally Weekly Regularly Occasionally

SPECIAL FAMILY CIRCUMSTANCES

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. *Please only complete this section if applicable. Attach copies of Family Court Orders/Parent Agreements or Protection Orders relating to the student.*

In lieu of Court Orders – written consent from both natural parents in support of this application is required. This information is important - please tick all appropriate boxes to help avoid any confusion:

- | | | |
|--|--|--|
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Father deceased | <input type="checkbox"/> Student living between both parents |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Student living with legal guardians |
| <input type="checkbox"/> Student living mostly with mother | <input type="checkbox"/> Student living mostly with father | |
| <input type="checkbox"/> Student living with mother only | <input type="checkbox"/> Student living with father only | |

Who should the College communicate with regarding day to day matters?

- Mother Father Both Parents Legal Guardian (*attach official documentation*)

Who will be the recipients of school reports?

- Mother Father Both Parents Legal Guardian (*attach official documentation*)

Are there any Family Court Orders or Protection Orders relating to the student?

- Yes No Copies attached? Yes No

Is there a family protection plan in place?

- Yes No Copies attached? Yes No

Details of Shared Parental Responsibility

- Yes No

Sole Parent Responsibilities

- Yes No

College Communication:

Is correspondence / fee statement / student reports (*delete those not required*) to be sent to the above person in addition to those indicated previously in this application? Yes No

Title _____ Given Names _____ Surname _____

DOB _____ Email _____

Home Address _____ Post Code _____

Postal Address _____ Post Code _____

Home Phone _____ Mobile Phone _____

Occupation _____ Employer _____

STUDENT PERSONAL DEVELOPMENT

The following details assist the College to plan for the educational needs of your child. *Please complete ALL sections honestly, openly and accurately.*

WHAT ARE YOUR CHILD'S

hobbies/interests? _____

abilities/strengths? _____

LIST ANY CONCERNS YOU HAVE ABOUT YOUR CHILD

at school _____

at home _____

other _____

HAS YOUR CHILD BEEN ASSESSED BY ANY OF THE FOLLOWING SPECIALIST SERVICES?

Specialist Services	Yes / No	Name of Centre	Date of first visit	Is your child attending now?	Copy of report Yes / No
1. State / Child Guidance	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Speech Pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Physiotherapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Specialist Clinic (Hospital/Private)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Audiologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Educational Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Other (Eg. Optometrist)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide your child's assessment reports from the above specialists.

MEDICAL HISTORY

(please tick appropriate response)

Hearing concerns Yes No

Head injury (Eg. knocked unconscious)

Yes No

Vision concerns Yes No

Convulsions

Yes No

If you have answered YES to any of the above, please supply detailed information below and attach copies of reports from any specialists to the back of this form

Please Note: The application process cannot proceed until all reports are provided.

DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?**CONDITION**

Asthma/other Yes No

Blood disorder Yes No

Diabetes Yes No

Epilepsy Yes No

Heart problems Yes No

Migraines Yes No

Phobias Yes No

Respiratory problems Yes No

Anxiety Yes No

Other Yes No

MEDICATION DETAILS

Date of last tetanus vaccination _____

Doctor's Name _____ Phone _____

Medicare Number _____ Position on card (Eg. 2, 3, 4) _____ Expiry _____

Do you give our first aid personnel permission to administer paracetamol (S2 drug)? Yes NoCan your child participate in a full PE Program? Yes No**SERIOUS ILLNESSES, OPERATIONS AND ACCIDENTS**

Details _____

ALLERGIESDoes your child suffer from an allergy? Yes No *If ticked YES, then provide the following details.*

What is the exact nature of the allergy suffered by your child? _____

Indicate the severity of the condition (*medical certificates or reports which clarify the condition MUST be attached*) _____

Give a description of any other substances to which the student has a known or suspected allergy _____

Is the student fully aware of their condition? Yes NoDo they regularly carry medication to counter the effects of an allergic reaction? Yes No

Give a complete description of the probable effects of any allergic reaction _____

Give a complete description of the steps that should be taken in the event of the student suffering or appearing to suffer an allergic reaction

Will you be requesting that the College assist with medication/allergy management? Yes No

If Yes, the request must be in writing with all details and information as required. Please provide a **Medical Action Plan** from a medical practitioner (*available from the Office*).

Please add any other medical information which may be helpful.

Please note that in the case of an accident, student/s will be taken to the Nambour General Hospital or Sunshine Coast University Hospital. All medical expenses are the responsibility of the parental guardians.

LEARNING HISTORY

Has your child ever been diagnosed/verified as having any of the following?

Disability/Impairment	Status	Date of Diagnosis	Paediatrician other Specialist Report or Letter attached?
Autistic Spectrum Disorder (<i>including Aspergers</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Social/Emotional Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Language Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Difficulty/Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviours that interfere with learning (<i>Eg. ADD, ADHD, OCD</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (<i>Please specify</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your child received a formal Learning Support Assessment in the past? Yes No

Is this assessment current? Yes No

Has your child repeated a year level? Yes No

If you answered YES to any of the previous questions, please supply detailed information _____

Other information that the College should be aware of in order to meet your child's educational needs. Please complete the following questions:

FACTORS INFLUENCING LEARNING

1. Attendance - Has your child had

Prolonged absences from school? Yes No

Frequent short absences from school Yes No

Details _____

2. Changes to the learning environment: Has your child had

Numerous changes of schools? Yes No

Schooling in another state/country? Yes No

Several changes of teachers? Yes No

Details _____

3. Cultural/linguistic background

Is your child from a non-English speaking background? Yes No

Could your child's non-English speaking background be mistaken for a learning difficulty? Yes No

Does your child have difficulty learning in their first language? Yes No

Details _____

4. Other

Remote location etc. Yes No

Overseas/home schooling Yes No

Long term illness or hospital stay Yes No

Details _____

Attach copies of reports to this form from any specialists and documentation related to support processes.

MAJOR POLICIES

Suncoast Christian College as a school approved under the *Education (Accreditation of non-State Schools) Act 2001*, provides regular instruction in Prep, Primary and Secondary school learning with teaching programs devised by the College to lead to the award of recognised certificates.

Suncoast Christian College has developed policies and procedures to support its mission and *Educational Philosophy and Aims* and to secure a safe and secure environment for students, staff and the community. These key policies and documents are:

- Privacy Policy
- Behaviour Management Policy (*including Code of Conduct for bus travel*)
- Child Protection Policy
- Enrolment Policy and Procedures
- First Aid Policy
- Acceptable Use of Information Technology

They are available to prospective and current families on the College website: www.suncoastcc.qld.edu.au. Parents/Guardians are required to signify in writing at the appropriate place in this enrolment package that they have read, understood and accept these policies and that they will actively support their implementation.

ENROLMENT AGREEMENT/CONTRACT

The parties are (*please print name/s in full*)

Between

Parent/guardian _____ & Parent/guardian _____

and Suncoast Christian College (The College)

(*'I', 'my, 'me' is understood to apply equally to all signatories*)

1. I understand that in accepting the offer of enrolment of my child at Suncoast Christian College, ('the College'), I have read and accept that the policies and procedures of the College will apply to my child and to my family. I understand that my child will be given an education typical of many Queensland independent schools, but within the context of the Christian faith on which the College was founded and operates. I understand and support that my child will be given a Christian education based on Biblical principles, in accordance with the statement of faith of the College. Every student is required to fully participate in the spiritual and religious life of the College. Exemptions from this vital dimension of the College's life for any reason are unacceptable, irrespective of faith background.
2. The College does not guarantee a particular level of achievement for each student. Achievement depends greatly on the individual talents of the student and the student's willingness to work for their own education. We will act in the best interests of the student and the student's willingness and capacity to learn and work for their own education. The College will act in the best interests of the student and the student body generally. This may mean that the College does not always act in accordance with parent's requests.
3. I accept that students are required to participate in school activities (including sports, camps and excursions), designed to enrich and extend their education and that it is therefore essential that I use my best endeavours to ensure the student will not be absent from the College without explained and approved leave of absence, and that term dates as advertised will be adhered to, unless otherwise agreed. Students absent without leave being granted places them at risk of failing to meet course requirements and/or of being unable to demonstrate achievement. Failure of the student to attend as expected and as required by law may result in breach of contract and the student's enrolment being terminated.
4. I understand that the College has a high expectation of student behaviour and discipline. I will support the College in its pursuit and application of these standards and acknowledge that the Principal or nominee, has authority to apply whatever disciplinary measures are deemed necessary in relation to the conduct of the student, both inside and outside (*as appropriate*) the College precincts, or to suspend/exclude/expel the student for any cause judged to be sufficient. This includes conduct that may bring the school into disrepute. Where discipline may involve suspension or expulsion of the student, no action will be taken until after the student (*and the family*) have been allowed an adequate opportunity to respond (natural justice).
5. The College may search lockers, bags and property, including electronic devices in the possession of the student where it is reasonable for it to do so or as part of a general or random search, of the College. The College may confiscate forbidden or dangerous property. The College reserves the right to exclude any person, irrespective of whether they are a parent or not, from entering on or remaining on College property or participating in College activities, where the College reasonably believes it is in the best interests of a student or the College that the person be excluded.
6. Uniform - I accept that the student must comply strictly with all aspects of College uniform requirements and expectations of personal presentation. It is the desire of the College that each student be identifiable as a member of the College community.

7. Fees - The College relies on the payment of fees to fund its educational services to students. The College seeks to be a good steward of monies received and to keep fees as reasonable and economical as possible.

Unless otherwise agreed in writing with the College, I understand that the parents or guardians are **jointly and severally liable for the payment of fees and levies.**

The College will determine the fees for each year before the commencement of the year to which the fees will apply. If the fees for a year are increased by more than 10% from those of the previous year, this contract may be terminated by parents, by giving notice in writing to us within fourteen (14) days of the date on which we notify you of the increase and without penalty.

I undertake to pay the required College fees and levies in full as they become due. I understand that late payment will attract an additional charge, and that non-payment of monies owing will entitle the College to cancel this enrolment contract and terminate my child's enrolment, although any fees or monies outstanding will remain my liability.

I understand that if I voluntarily withdraw my child/children from the College, I must give written notice to the Principal of not less than one full term's notice prior to withdrawal. If I fail to do so, I accept that I am liable and will pay for one full term's fees and levies per child in lieu of such notice.

I acknowledge that if my child is asked to leave the College for disciplinary reasons, the current term's fees and levies are still payable.

8. Termination*

The College may terminate this contract when

- the student is excluded/expelled;
- mutual trust and the condition that both we and you work in partnership and cooperation in the best interests of the College breaks down;
- there is a breach of contract by you (including non-payment of fees and failure to support the faith or ethos of the College);
- there is a failure of the student to attend College on a regular basis.

Parents may terminate when

- written notice is provided to us;
- they consider the College is not providing the educational experience or opportunities they contracted for, parents fail to, or are unwilling to pay fees or to honour payment options entered into.

**It is expected that termination by either party would follow only after numerous communications and efforts to remedy the issues of concern.*

9. Publication of Student Photos and/or Names - I/We understand that personal information collected from students is regularly disclosed to their parents/guardians. On occasions, images and information such as academic and sporting achievements, student activities and other news will be used by the College for the purpose of creating marketing material to market the College externally. This marketing material could take the form of College newsletters, magazines, yearbook and may also be published on the College website www.suncoastcc.qld.edu.au. Marketing material may also be disclosed to third parties, Sunshine Coast Independent School Sports Association, Education QLD Representative School Sports (e.g. media channels) for the purpose of promoting the College to the general public community.

10. This Contract is governed by the laws of Queensland

11. This Contract lasts the whole time the Student is enrolled at the College.

This Contract does not in itself represent the whole of the contractual agreement. The whole of the Agreement includes those policies which are referred to on page 9 in this Application for Enrolment document as well as on the College website www.suncoastcc.qld.edu.au.

For married and defacto couples, both parents must sign below in BOTH sections

SIGNATURES OF ALL PARENTS/GUARDIANS

Signature _____ Full Name _____ Date ____/____/____

Signature _____ Full Name _____ Date ____/____/____

SIGNATURES OF ALL PERSON/S RESPONSIBLE FOR FEES

Signature _____ Full Name _____

Relationship to Student _____ Date ____/____/____

Signature _____ Full Name _____

Relationship to Student _____ Date ____/____/____

IMPORTANT NOTE

Final responsibility for the payment of fees rests with the person who signs this Application Form. Therefore, if an arrangement has been made with another person to pay the fees and they default, the College has no alternative than to pass the account back to the original applicant.

ADDITIONAL INFORMATION

What are your reasons for choosing Suncoast? _____

Please list your main expectations for your child's schooling _____

PARENT CHECKLIST

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THIS APPLICATION. PLEASE TICK THE ITEMS INCLUDED (**Copies ONLY please**)

- Birth certificate (**copy**). If student was not born in Australia, proof of residential status will also need to be provided, eg. passport, citizenship certificate.
- Recent school reports – 2 years where available (*not applicable to Prep applicants*)
- Last NAPLAN Test/s Eg. Year 3, 5, 7, 9 testing
- A recent photo of the student – a digital photo on plain paper is fine (*small please*)
- An Enrolment Registration Fee of \$120 per family. **THIS IS A NON-REFUNDABLE ADMINISTRATION FEE. Optional payment methods are available. Please phone the Business Office on 07 5451 3656. Direct deposit details: BSB 034-204 ACC 145098.**
- Copy of both parents/guardians driver's licence
- Reports from doctors or specialist (*where applicable*)
- All other reports as requested or indicated

Please return to: The Enrolment Officer
 PO Box 5254
 SUNSHINE COAST MC QLD 4560
 P: 07 5451 3600 F: 07 5442 2212
 E: info@suncoastcc.qld.edu.au

OFFICE USE ONLY

Signature on behalf of Suncoast Christian College:

Signature _____ Date ____/____/____

BUSINESS OFFICE USE ONLY

Enrolment Registration Fee (*per family*)

\$120 Rec _____ Date ____/____/____ **NON REFUNDABLE**

Confirmation Fee (*per student*)

\$240 Rec _____ Date ____/____/____ (*Maximum of \$500 per family*) **NON REFUNDABLE**

International Application Fee (*per student*)

\$303 AUD Rec _____ Date ____/____/____ **NON REFUNDABLE**

Mission Statement

Suncoast Christian College exists to provide Christ-centred education that promotes life-long learning, develops excellence and Christian Character, and fosters social responsibility.

SUNCOAST
CHRISTIAN COLLEGE



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