

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 First Name _____ Preferred Surname _____

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, NAPLAN results, which will help Suncoast Christian College assist/extend your child.

Siblings	Year of Birth	Current School	Year Level

PARENT/ GUARDIAN 1:

Title: Mr Mrs Ms Dr Other _____

Surname _____

Given Names (*In Full*) _____

Preferred First Name _____

Relationship To Parent (2) If Listed

Married Partner Other _____

Past Student Yes No

DOB _____

Country Of Birth _____

Nationality _____

Postal Address _____

_____ PostCode _____

Residential Address _____

_____ PostCode _____

Occupation _____

Employer/Business _____

Own Business Yes No

Phone(home) _____

Phone(work) _____

Mobile _____

Email(home) _____

Email(work) _____

PARENT/ GUARDIAN 2:

Title: Mr Mrs Ms Dr Other _____

Surname _____

Given Names (*In Full*) _____

Preferred First Name _____

Relationship To Parent (1) If Listed

Married Partner Other _____

Past Student Yes No

DOB _____

Country Of Birth _____

Nationality _____

Postal Address _____

_____ PostCode _____

Residential Address _____

_____ PostCode _____

Occupation _____

Employer/Business _____

Own Business Yes No

Phone(home) _____

Phone(work) _____

Mobile _____

Email(home) _____

Email(work) _____

Please note that a significant proportion of College Communication (Newsletters, Event Flyers, and Excursion Notices) occurs via email.

EMERGENCY CONTACT

These persons must be available for contact in an emergency should the parents or guardians listed previously be unavailable.

CONTACT 1

Title: Mr Mrs Ms Dr Other _____

Surname _____

First Name _____

Phone(home) _____ (mobile) _____

Relationship to Student _____

CONTACT 2

Title: Mr Mrs Ms Dr Other _____

Surname _____

First Name _____

Phone(home) _____ (mobile) _____

Relationship to Student _____

RELIGIOUS BACKGROUND & COMMUNITY (OPTIONAL)

The College would like to collect this information to better understand the family context and for the purposes of providing pastoral care and support to the whole family.

PARENT/GUARDIAN 1:

Religious affiliation: _____ Do you belong to a church or faith/religious community? Yes No

If yes, please provide details: _____

PARENT/GUARDIAN 2:

Religious affiliation: _____ Do you belong to a church or faith/religious community? Yes No

If yes, please provide details: _____

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, Protection Orders, and/or Permission to Care documents relating to the student.

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)

Are there any Court Orders, Parenting Plans or Protection Orders relating to the student? Yes No

Copies attached? Yes No

Do the parents have Equal Shared Parental Responsibility? Yes No

Does a parent have Sole Parent Responsibility? Yes No

STUDENT PERSONAL DEVELOPMENT

The following details assist the College to plan for the 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?	Yes / No	Name of Centre	Date of first visit	Is your child attending now?	Copy of report
Specialist Services					
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head injury (Eg. knocked unconscious)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Do you give our first aid personnel permission to administer paracetamol (S2 drug)? Yes No

Can your child participate in a full PE Program? Yes No

SERIOUS ILLNESSES, OPERATIONS AND ACCIDENTS

Details _____

ALLERGIES

Does 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 No

Do 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.

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	<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 (Eg. ADD, ADHD, OCD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Please specify)	<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 has developed policies and procedures to support its mission and *Educational Philosophy and Aims* and to be a safe and secure environment for students, staff and the community. Key policies are available on the College Website. www.suncoastcc.qld.edu.au.

We have considered the policies available on the College Website and understand and accept these policies. We will actively support their implementation.

- Parent handbook
- Primary/Secondary Behaviour management policy
- School uniform policy
- Parent code of conduct
- Child protection policy
- Concerns and complaints policy
- Privacy policy

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 Application Fee of \$125 per family. **THIS IS A NON-REFUNDABLE ADMINISTRATION FEE. Optional payment methods are available. Please phone the Business Office on 07 5451 3600. 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

I/We permit the College to make any enquiries it deems necessary as to the student's enrolment at previous schools, including access to academic records, behavioural history and/or other matters the College considers relevant. We authorise and direct that any previous school or medical or allied health provider provide information to the College upon receiving their request.

SIGNATURES OF ALL PARENTS/GUARDIANS

Signature _____ Full Name _____ Date _____

Signature _____ Full Name _____ Date _____

BUSINESS OFFICE USE ONLY

Enrolment Application Fee (*per family*)

\$125 Rec _____ Date _____ **NON REFUNDABLE**

International Application Fee (*per student*)

\$330 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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