

# 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) \_\_\_\_\_

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**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

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

**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 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Residential Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Residential Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Occupation \_\_\_\_\_

Employer/Business \_\_\_\_\_

Own Business  Yes  No

Phone (*home*) \_\_\_\_\_

Phone (*work*) \_\_\_\_\_

Mobile \_\_\_\_\_

Email (*home*) \_\_\_\_\_

Email (*work*) \_\_\_\_\_

**EMERGENCY CONTACT**

These persons must be available for contact in an emergency should the parents or guardian's 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 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	<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**

**MEDICATION DETAILS**

- 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

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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  No

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

**SERIOUS ILLNESSES, OPERATIONS AND ACCIDENTS**

Details \_\_\_\_\_

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**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? \_\_\_\_\_

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

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

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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 \_\_\_\_\_

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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

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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*).

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Please add any other medical information which may be helpful.

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## 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

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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](http://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 \$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](mailto: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)**

\$120 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



[www.suncoastcc.qld.edu.au](http://www.suncoastcc.qld.edu.au)

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