







1. Student Details

Student's Legal Name	Legal surname or family name as shown on birth certificate <input type="text"/> First given name <input type="text"/> Second given name <input type="text"/> Preferred given name (not nickname please) <input type="text"/>
Has this student been known by any other names?	Other surname/s <input type="text"/> Other given name/s <input type="text"/>
Date of birth  Please attach a copy of the Birth Certificate	Date Month Year _ _ / _ _ / _ _ _ _
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medicare number	
In which class will the student be enrolling?	K <input type="checkbox"/> * P <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> * Kindergarten QLD funded program runs Mon, Tues & Thurs. Limited places may be available for students not eligible for the 3 day Kindergarten QLD funded program. If not seeking enrolment in the 3 day Kindergarten QLD funded program, which day/s is student seeking enrolment? Mon <input type="checkbox"/> Tues <input type="checkbox"/> Thurs <input type="checkbox"/>
From what year/date is enrolment sought?	
Does the student identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Both Aboriginal & TSI
In which country was the student born?	
Is the student an Australian citizen?  Please attach copies of citizenship or visa papers (where applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify citizenship & visa class <input type="text"/> <input type="text"/> Country of citizenship Visa class (number)

2. Education.	
Current school  Please attach copies of the last two (2) school reports (if applicable). This may include NAPLAN report	School <input type="text"/> Grade <input type="text"/> Years attended <input type="text"/>
Reason for leaving current school	
3. In Depth Needs	
NB Incomplete or inaccurate information may jeopardise enrolment	
Has the student any special needs? E.g. areas of giftedness, areas of challenge (social, spiritual, academic, physical, personal, emotional etc)  Please provide full details Please attach copies of any reports or assessments	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details:
Has the student received (either for a weakness or strength) additional assistance, Teacher Aide assistance, outside school tutoring or such things as speech therapy or occupational therapy?  Please attach copies of any reports or assessments	Educational support <input type="checkbox"/> Yes <input type="checkbox"/> No Extension work <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: EAP level (If applicable) EAP 2 <input type="checkbox"/> EAP 3 <input type="checkbox"/> EAP 4 <input type="checkbox"/> Other <input type="checkbox"/> _____
Does the student require any extra support or facilities other than those already provided for in a general classroom and school environment?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details:
Does the student or family hold a Health Care Card or Australian Government Concession Card?	<input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, please attach copy of card (kindergarten enrolments only)
Is there any other information that you consider would be helpful in the nurture and education of your child?	
Student health details are to be provided on the attached Student Health Record Card	

4. Information about the family

This information assists us in being sensitive to your particular circumstances at interview

With whom does the student live?

Both parents all the time

* Mother All the time Part of the time

* Father All the time Part of the time

*Other

* please refer to section 5- **Additional Information**

Sibling Detail

This information will not appear in database unless sibling attends this school

Student's position in family? _____

Sibling 1

D.O.B

Sibling 2

D.O.B

Sibling 3

D.O.B

Sibling 4

D.O.B

Sibling 5

D.O.B

Sibling 6

D.O.B

Information re: Father / Guardian

Information re: Mother / Guardian

Surname

Surname

Given name(s)

Given name(s)

Preferred Name

Preferred Name

Title (e.g. Mr, Dr)

Title (e.g. Mrs, Ms, Dr)


Marital Status

Marital Status

Faith Statement: (Please tick only ONE statement which best captures father & mother's / guardian's faith statement)

Father

Mother

1. I am a practising Christian and I am part of a church community  (Please provide a reference from a pastor or your church community leader)
2. I see myself as a Christian but do not attend church regularly
3. I am sympathetic to Christian values but do not hold to any specific faith expression
4. I do not view myself as a Christian but I am happy to send my child to a Christian School

My/ our church community is (if applicable)

I/ We worship (eg weekly/ monthly)

I/ We are members of the Toowoomba Christian Parent Controlled Day School Association?

Yes No

Information re Father/ Mother/ Guardian continued on next page

4. Information about the family (continued)

Information re: Father / Guardian

(If information is the same for both mother and father please provide data in father's section only)

Residential address This must not be a post office box

Mailing title (eg. Mr & Mrs D Smith)

Street number and name

Suburb or town

Postcode

Mailing address

Please leave blank if same as residential address

Street number and name

Suburb or town

Postcode

Contact numbers

Home phone

Mobile phone

Work phone

Email

Fax

Occupation

Employer

Are the individuals listed above, the natural parents of the child?

Information re: Mother / Guardian

Residential address This must not be a post office box

Mailing title (eg. Mr & Mrs D Smith)

Street number and name

Suburb or town

Postcode

Mailing address

Please leave blank if same as residential address

Street number and name

Suburb or town

Postcode

Contact Numbers

Home phone

Mobile phone

Work phone

Email

Fax

Occupation

Employer

Mother Yes *No

Father Yes *No

If no, please specify relationship _____

*please refer to section 5- **Additional Information**

Preferred billing address

Father / Guardian address residential mailing

Mother/ Guardian address residential mailing

School newsletters will be sent by default to listed email address

Please see the office if you do not have access to email or if this arrangement is not suitable for your family

5. Additional information

Not applicable for students who live with both natural parents all the time. Please continue to section 6

Are there (or have there been) any legal orders concerning residence, custody, contact, child maintenance, education, health or other specific issues relating to this student?

No Yes



If yes, please attach a copy of the order. (Originals will need to be sighted at your enrolment interview)

Other persons with parental responsibility for this student (if any)

Adult 1

Relationship to student:

Surname

Given name(s)

Preferred Name

Title (e.g. Mr, Mrs, Ms, Dr)

Adult 2

Relationship to student:

Surname

Given name(s)

Preferred Name

Title (e.g. Mr, Mrs, Ms, Dr)

Mailing address

Please leave blank if same as residential address

Street number and name

Suburb or town

Postcode

Mailing address

Please leave blank if same as residential address

Street number and name

Suburb or town

Postcode

Contact numbers

Home phone

Mobile phone

Work phone

Email

Fax

Contact Numbers

Home phone

Mobile phone

Work phone

Email

Fax

Occupation

Employer

Occupation

Employer

Who is to receive school correspondence?

Unless legal orders indicate otherwise, both residential and non-residential parents will receive significant information and documents about the student

Mother _____ Father _____

Adult 1 _____ Adult 2 _____

6. CONDITIONS OF ENROLMENT

Student (full name): _____

As part of this enrolment application I/we accept that:

1. EDUCATION

Glenvale Christian School (GCS) is an independent Christian Parent Controlled School.

The School Board and the Principal have the authority to run the School. We (the parent/s or guardian/s) will be bound by and duly observe any responsibilities, regulations and policies of the School which the Association, Board and the Principal may adopt from time to time.

The School delivers a Biblically grounded curriculum where the authority of God's word is taught to every student.

Upon acceptance of enrolment, we (the parent/s or guardian/s) will willingly support and encourage the Christian belief and character of the School, both directly & indirectly.

The School does not guarantee a particular level of achievement for any student. Achievement depends greatly on the individual attributes of the student and the student's willingness to work for their own education. The School will act in the best interests of the student and the student body generally.

If the School Board in consultation with the Principal believes that a mutual trust and cooperation between us, as parent/s or guardian/s, and the School has broken down to the extent that it adversely impacts on that relationship, then we understand that the School Board may require us to remove our child from the School.

2. CODE OF CONDUCT

Students will comply with the Student Code of Conduct which includes:

- Behaving in a God-honouring way in and out of School;
- Respecting and obeying authority and School rules;
- Exhibiting Christian love to others through displaying respect and honor to others, and being courteous, kind and fair to others;
- Striving to do everything to the best of one's ability, at all times;
- Speaking the truth at all times;
- Showing loyalty by being well groomed through wearing the School uniform correctly;
- Respecting and caring for property, personal and that of others.

3. DISCIPLINE (APPLICABLE FOR PREP – YEAR 6 ENROLMENTS)

We (the parent/s or guardian/s) acknowledge the important partnership between School and home and agree to have regular contact with the Principal throughout any discipline process involving our child.

The School may discipline the student for failure to comply with directions given by a person in authority or for failure to comply with School policies and rules. These failures may occur on or off the School grounds.

The Principal may suspend a student from the School, and the Board may terminate the enrolment of a student on the grounds of unsatisfactory conduct or performance, or failure to abide by the ethos and rules of the School. Discipline will be administered in accordance with the School Discipline Policy. The Discipline Policy will be discussed in detail during the enrolment interview.

4. SCHOOL PROGRAM

Students are required to participate fully in the life and program of the School, including such things as camps, excursions, all GCS sporting carnivals (either as competitors or assistants), Christian studies, assemblies, relevant extra-curricular events and sport.

We (the parent/s or guardian/s) agree to take an active part in the activities of the School and cooperate with the School in providing Christian education.

Students and parents are expected to abide by all School policies regarding acceptable use of computers, including the Internet. We (the parent/s or guardian/s) agree to our child having access to the Internet at School.

5. HEALTH

When necessary, and when the School requests it, we (the parent/s or guardian/s) will provide current health and medical information that is relevant to our child participating in and attending School and School-related activities.

We (the parent/s or guardian/s) understand that the School reserves the right to send a student home from the School or require the student to be collected from School if he or she is too ill to remain at the School, and that the School will decide if this is the case.

If our child is absent from School for any reason, we (the parent/s or guardian/s) agree to notify the office on the day of absence and /or send a note of explanation on the day of their return to School.

If our child needs urgent hospital or medical treatment of any nature and the School is unable to contact us in an emergency or after making reasonable efforts, we (the parent/s or guardian/s) authorise the School to give authority for such treatment. We will indemnify the School, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.

6. COMMUNICATION

We (the parent/s or guardian/s) understand that the School will send communications (such as newsletters and School Reports) to us at the email and/ or addresses we supply on this Student Enrolment Application Form.

We (the parent/s or guardian/s) will advise the School of any changes to contact details or residential/ mailing addresses.

We (the parent/s or guardian/s) acknowledge that under Australian law where this is relevant both parents must receive information and be involved in decision-making about their child's education unless the courts have indicated otherwise.

7. PRIVACY

The School collects personal information about students at the School, their parents and people who care for them. The primary purpose of collecting the information is to enable the School to use the information for all actions connected with educating students.

Upon acceptance of enrolment, we (the parent/s or guardian/s) acknowledge and consent to the personal information being used for educational and ancillary purposes. Information will be used discreetly and in accordance with the School's privacy policy. The privacy policy may be viewed on the School website. A hard copy will be provided to anyone who requests it.

8. FEES

Acceptance of enrolment implies an agreement by the parent/s or guardian/s (joint and several) to pay the approved fee for each year on or before the due date. The School may charge interest as set by the Board, on overdue fees.

We (the parent/s or guardian/s) have carefully considered the financial commitment involved. We understand that the School may approve a partial remission of some fees in exceptional cases of genuine hardship, but that such fee remissions will normally only be considered after we apply in writing to the Business Manager, and the remissions are subject to the financial capacity of the Association at the time. We understand that fee remissions are only intended to assist families through a temporary period of need and, if granted, will normally only apply for a maximum of one year.

We (the parent/s or guardian/s) understand that fees, as set by the Board each School year, will be paid by either direct debit, direct bank transfer, cheque or in person to School. We understand that dishonour of direct debits, where the School is not at fault, will attract a fee as set by the Board to cover bank and administrative costs.


We (the parent/s or guardian/s) understand that both parents / guardians in signing the Condition of Enrolment accept joint and several responsibility for paying all school fees. We understand that "joint and several" responsibility for payment means that both parents / guardians are responsible to pay school fees. Accordingly, if one fails to pay the school fees, the other can be held responsible, irrespective of any arrangement between us or with another person (for example, a grandparent) as to who is to pay. We accept that the School will not enter into disputes arising from disagreements between parents /guardians over responsibility for paying school fees.

We (the parent/s or guardian/s) agree to provide, in writing, one full School term's notice of intention to leave the School (excluding holidays). If we do not provide one full term's notice of intention to cease enrolment, we (the parent/s or guardian/s) understand that the School reserves the right to withhold the enrolment deposit of \$200. The School commits resources on the basis of confirmed enrolments and will most likely suffer loss from early termination. The School may have trouble filling a student's position at short notice.

9. INDEMNITY

We (the parent/s or guardian/s) agree to indemnify the School against any loss or damage caused by any failure to comply with School rules or policies or by the wilful disobedience or reckless behaviour of the student.

The School does not insure or accept liability for the student's property of any description.

 Any misleading or inaccurate information will jeopardise an offer of enrolment.

✓ The details provided in the Enrolment Application Form are true and correct. If there have been any changes, please contact the School Office promptly.

We have read these statements and conditions of enrolment and request that our child be admitted as a student to Glenvale Christian School. We wish to be interviewed in this regard. We recognise that this is not an Enrolment form, but an Application for Enrolment. Having studied the School's Educational Philosophy and the Terms and Conditions on this form, we hereby accept this as the basis for our child's education on acceptance.

It is required that both parents sign, other than in the case of Legal Guardian or Sole Parent.

Father / Guardian		Mother / Guardian	
Name:	<input type="text"/>	Name:	<input type="text"/>
Signed:	<input type="text"/>	Signed:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

Checklist for enrolment	✓	x	n/a
1. I/ We have read Prospectus, Enrolment Policy and Enrolment Deposit Conditions			
2. Copy of Birth certificate			
3. Copy of citizenship or visa papers (as applicable)			
4. Copies of last 2 school reports (as applicable)			
5. Copies of any professional reports or assessments - academic and medical (as applicable)			
6. Copy of Health care card or Australian government pension concession card (kindergarten enrolment only)			
7. Pastor's reference (as applicable)			
9. Copies of legal papers regarding family status (as applicable)			
10. I/ We have read, understood and signed Conditions of Enrolment			
11. Completed Federal Government data collection form			
12. Completed student health record card			
13. Signed Authority to Publish Form			
14. Copy of any immunization certificates (as applicable)			
15. Completed Asthma management plan & or Allergy management plan (as applicable)			

Office use only		
Principal:	Signature:	Date:
Business Manager:	Signature:	Date:
Board Member:	Signature:	Date: