

Application for Enrolment

Kindergarten To Year 12



Welcome to St John's Anglican College. To enable our staff to process your application for enrolment please follow the procedure outlined below and ensure that you have attached all documentation requested.

Without this information your application may not progress.

- Step 1.** Complete all details on the Application for Enrolment form, and forward it to the College, together with:
- A copy of your child's Birth Certificate or Passport**
 - If your child was not born in Australia please provide residency details
 - A copy of your child's two most recent school reports (if applicable)
 - A copy of your child's most recent NAPLAN test or any other standardised tests (if applicable)
 - Any other supporting documentation you may have eg most recent sporting or performing arts results (if applicable)
 - The Application Fee - \$100 per student - please note that this is not refundable
 - Enclosed in the admissions guide is a copy of the Enrolment Agreement which you are required to read prior to the submission of this Application.
- Step 2.** We will acknowledge receipt of your application, place your child's name in our enrolments database and request an interview with you and your child.
- Step 3.** Following your interview, you will be advised in writing of the availability of a place for your child.
- Step 4.** If your application is successful, you will need to return to the College:
- Your Enrolment Agreement, signed by both parents where applicable
 - Your non-refundable Enrolment Entrance fee of \$300 and your once only Family Enrolment fee \$300.
- Further information will be sent to you prior to your child's commencement at the College. Please return any forms promptly to enable us to prepare for your child's entry to the College.
- Step 5.** If you have any questions during this process, please do not hesitate to contact our Registrar.

St John's Anglican College adheres to the Australian Privacy Principles as set out in the *Privacy Act 1988 (Cth)*. Further details are available in the College's Privacy Procedure located on the St John's website – www.stjohnsanglicancollege.com.au

Contact Details: The Registrar
St John's Anglican College
PO Box 4078, FOREST LAKE QLD 4078
Phone (07) 3372 0111, Fax (07) 3372 0192
Email registrar@sjac.qld.edu.au

Applicant

Student Surname _____ First Name _____ Middle Name _____

Residential Address _____ P/Code _____

Year of Entry 20 _____ Proposed Year Level (please circle) - K P 1 2 3 4 5 6 7 8 9 10 11 12

Kindergarten – Please tick preferred days of attendance

Monday, Tuesday and alternate Wednesday or Fulltime

Thursday, Friday and alternate Wednesday After and Before Kindergarten Care (If required)

Will your Kindergarten student require a place in Prep?

Do you hold a Government Concession Card?

Office use only

Family code _____ Student code _____ Date processed _____

Amount paid \$ _____ Receipt number _____ Date received _____

Student Details

Surname _____ First Name _____ Middle Name _____

Known as _____ Gender Male Female

Date of Birth _____ Religious Denomination _____

Country of Birth _____ Nationality _____

Language spoken at home _____

(if more than one, indicate the one spoken most often)

Is the student of Aboriginal descent Yes No

Is the student of Torres Strait Islander descent Yes No

Is the student an Australian citizen Yes No

For non-Australian citizens, please provide the information requested below and also provide a copy of the current visa

Visa sub-class _____ Expiry Date ___/___/___ Passport Number _____ Country of issue _____

Date of arrival in Australia ___/___/___

Name and date of birth of sibling/s **Note: A separate Enrolment form and application fee is required for each enrolling student**

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Enrolment Information

Proposed year of entry 20____ Term: 1 2 3 4 Proposed year level: _____

Other family members currently or previously enrolled at St John's Anglican College: _____

(Please give name, relationship and years attended)

Present School/Child Care Centre _____ Years attended _____

Previous School _____ Years attended _____

Interests and Abilities

Please detail your child's sporting, cultural or interest groups including clubs or associations they may belong to –

Student Needs Profile

We need to know if your student has any condition that may impact on full participation in the school program, or require special medication, attention or support. Please indicate if the student has any of the following, and provide details. Attach additional information if space is insufficient.

Learning difficulties No Yes _____ Medical condition No Yes _____

Allergies No Yes _____ Regular medication No Yes _____

Physical disability No Yes _____ Social difficulties No Yes _____

Psychological condition No Yes _____ ESL Support No Yes _____

Gifted and talented No Yes _____ Other *provide details* No Yes _____

Note: non-disclosure of any special needs may lead to a review of the enrolment.

Details of student needs

Parent Details

Please note: 1) If natural parents are not living together, please attach copies of Family Court Orders or any Legal Documents relating to the care of this student.

2) In the case of parent separation both parents must accept responsibility for payment of College Fees.

Father / Guardian

Title Mr Dr Other

Surname _____

First name _____ Middle name _____

Natural parent of child Yes No Legal Guardian

Lives with student Yes No Part time

Address Details

Residential _____

_____ P/Code _____

Correspondence _____

_____ P/Code _____

(if different from above)

Accounts _____

_____ P/Code _____

(if different from above)

Drivers License No _____ State _____

Contact Numbers

Mobile _____

Home _____

Work _____

Email _____

Occupation – Father

Occupation _____

Employer _____

*Occupation Group 1 2 3 4

(see Note below) have not worked in past 12 months

Payment of College Fees Please nominate who will accept primary responsibility for payment of College Fees,

if different from parents _____

Postal address: (All accounts will be sent to this address unless otherwise specified):

_____ P/Code _____

Education – Father

*Highest school education Yr 12 Yr 11

Yr 10 Yr 9 or below

Unknown

* Highest non-school Bachelor Degree or above

qualification Diploma or Associate Diploma

Certificate I – IV (trades)

No non-school qualification

Unknown

*Main language spoken at home

Father _____

Mother _____

Education - Mother

*Highest school education Yr 12 Yr 11

Yr 10 Yr 9 or below

Unknown

* Highest non-school Bachelor Degree or above

qualification Diploma or Associate Diploma

Certificate I – IV (trades)

No non-school qualification

Unknown

Note: The information requested at * above is required by government for collecting information on student background characteristics as part of national reporting on student outcomes. See www.mceecdya.edu.au for further details. For the purposes of this reporting, please use the following classifications of Occupation Groups:

Group 1 – Senior management in a large organization (business, government or defence) and qualified professionals

Group 2 – Other business managers, arts/media/sportspersons and associate professionals

Group 3 – Tradesmen/women, clerks and skilled office, sales and service staff

Group 4 – Machine operators, hospitality staff, assistants, labourers and related workers.

Reason/s for Application

What has prompted you to enrol your child at St John's Anglican College?
(Please tick any which may apply)

- School reputation Christian ethos Range of Co-curricular activities Response to enquiries VET opportunities
 Academic standards Pastoral care Facilities and grounds School size Tertiary Pathways

Other _____ Personal recommendation by _____

Conditions of Enrolment

I/We understand that this is an Application for Enrolment, and does not guarantee my child a place at the College.

I/We confirm that we are providing all relevant information in regard to my child's educational, social and medical status that may impact on his/her participation in the full College program, and will inform the College if there is any change in this information whilst my child is enrolled at the College.

I/We confirm that I am a custodial parent/guardian of the child named in this Application for Enrolment, and that I/we apply for this enrolment with the full knowledge and consent of any and every person having any right to their custody or guardianship.

I/We authorise the College to collect information from my child's previous school/s. I/We consent to the personal information provided by me to be used in accordance with the School's Privacy Policy which is available on the College website.

I/We understand that any offer of enrolment provides a place for my/our child until the completion of Year 12. One full term's notice is required if the student is to leave the College before this or one term's fee will be charged. Upon acceptance of a place for my/our child at St John's Anglican College, I/We agree, both for me/us and on behalf of my/our child, to be bound by these and all other College Policies and Rules, including any changes that may be made in them from time to time.

I/We understand that all College rules, Policies and changes will be detailed in College publications and on the College website www.stjohnsanglicancollege.com.au.

I/We confirm that the Enrolment Agreement has been read and understood.

I hereby apply for the enrolment of (student's name) _____ at St John's Anglican College.

Signatures (ALL PARTIES MUST SIGN)

Father/Guardian _____ Mother/Guardian _____

Date ____ / ____ / ____

Date ____ / ____ / ____

_____ Date ____ / ____ / ____

Signed on behalf of St John's Anglican College:

Application Fee Payment

Enrolment Application and enclose \$100 Application Fee (inc GST)

Date ____ / ____ / ____

Fee Payment Cash Cheque payable to St John's Anglican College Credit Card (details below)

My Credit Card details are-

MasterCard Visa Credit Card number:

Expiry Date ____ / ____ Amount (inc GST) \$ _____

Signature and Name on Card: _____