



Enrolment Form

Complete the Enrolment Form and lodge with the Enrolments Officer at South Coast Baptist College.

- Please ensure you have already completed the Registration Form and paid the Application Fee prior to completing this form.
- Please complete a separate form for each child and answer all questions (even if your child has siblings enrolled at the College).
- Full disclosure of your child's learning needs is essential.

This Enrolment Form will not be processed until all sections are completed in full and the following documents are included:

1. Copy of Birth Certificate.
2. Copy of Visa/Citizenship Certificate/Passport if born outside Australia.
3. Copy of Immunisation Records (printed no earlier than 2 months prior to submission).
4. Copy of most recent School Year Reports (last two Semesters).
5. Copy of most recent NAPLAN Report (if applicable).
6. Specialist Reports (if applicable).
7. Court sanctioned residence, parental responsibility or contact orders (if applicable).

Student Details

Preferred Year of Entry: 20_____ In What Year Level? (Circle) K PP 1 2 3 4 5 6 7 8 9 10 11 12

Male Female Date of Birth: ____/____/____

Surname: _____ First Name: _____ Other Names: _____

Preferred Name: _____

Student Address: _____

Student Mobile: _____ Student Email: _____

Country of Birth: Australia Other: _____ (see next question)

If the student was not born in Australia, documentation must be provided to show approval to study in Australia:

Australian Citizen Permanent Resident Temporary Resident for Visa Sub Class

Date of Arrival in Australia: ____/____/____ Please attached documentation

Is the student of Aboriginal and/or Torres Strait Island Origin? Neither

Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

Does the student identify with a non-English speaking culture? No Yes

If yes, what culture/s? _____

Does the student speak a language other than English at home: No Yes

If yes, what language/s? _____

Education History

School	Dates attended	Reason for leaving

Has the student ever repeated a year or been advanced a year at school? No Yes

If yes, what year & the reason: _____

Have there been any school-based documented behavioural concerns at another school? No Yes

If yes, please specify: _____

Has the student every been suspended, excluded or expelled from school, or been convicted of a criminal offence?

No Yes If yes, please specify: _____

Has the student received or attended any of the following (please tick all that apply):

- Academic Extension Programme Remedial Assistance ESL Assistance
 Clinical Assessment for Learning Difficulties Personal Counselling Individual Education/Action Plan
 Specialised agencies, special schools, units or centres

Please specify: _____

My child experiences the following learning difficulty, behavioural difficulty or mental health disorder:

Education Plans (IEP/CAP) are available from the previous school? No Yes

The following specialists or agencies are currently working with my child: _____

Student Interests

Please provide some information about the successes and interests of your child, including involvement in any community/outside school activities (e.g. Guides, Scouts, dance, sporting teams, music, volunteer work, Church involvement, etc).

What is your child passionate about? _____

Has your child received any Outstanding Achievement Awards or Awards of any kind (e.g. sporting, academic, etc) over the past five years (e.g. Mathematics or English Competitions, Interschool, State sport, public speaking, etc)?

Student Medical Information

Does your child have an existing medical/health condition? No Yes (please provide details)

Does your child regularly or frequently take a prescribed medication? No Yes (please provide details)

Does your child have any physical impairment that may affect his/her involvement in Physical Education or Sport?

No Yes (please specify) _____

Please provide copies of any assessments, professional reports and education plans developed for your child.

Doctor's Details

Doctor's Name: _____ Name of Practice: _____

Contact Phone Number: _____

Medicare & Private Health Insurance

Medicare Number: _____ Reference No: _____

Medical/Hospital Fund Name (if applicable) _____

Member Number: _____ Ambulance Cover: No Yes

Paracetamol/Antihistamine Consent

I/We hereby consent, and have accepted responsibility for, the administration of paracetamol/antihistamine as per the recommended dosage, to my child/ren (listed over page), by a Student Services Officer, for the relief of pain. I am/We are aware that Primary School parents/guardians will be contacted before paracetamol is administered.

Signatures: _____
Mother/Guardian 1 Father/Guardian 2 Date

Student Welfare

Are there any Family Court sanctioned residency, parental responsibility or contact orders relating to the child/ren?

No Yes *If yes, please attached copy of orders (Note: The College is lawfully bound to uphold Court Orders).*

Living Arrangements

Student resides with (tick all that apply):

Mother & Father together Mother Father Legal Guardian/s Other (please explain):

If shared custody, please explain current arrangement: _____

Who should the College communicate with on day to day matters: Mother Father Legal Guardian

Who should receive school reports? Mother Father Legal Guardian

Parent/Guardian Information

Parent/Guardian 1

Title: _____ Surname: _____ First Name: _____ DOB: ___ / ___ / ___

Mobile Number: _____ Email: _____

Home Phone: _____ Relationship to child/ren: _____

Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Defence Personnel: No Yes FIFO Worker: No Yes

Non-Aboriginal: No Yes Aboriginal No Yes Torres Strait Islander No Yes

Country of Birth: _____ If born overseas, Arrival Date in Australia: _____

Nationality: _____ Main Language Spoken: _____

Religion: _____

Australian Government Information Collection

School Education Level Completed: Year 12 Year 11 Year 10 Year 9 or below

Highest Qualification Completed: Bachelor Degree or above Advanced Diploma/Diploma
 Certificate I to IV No non-school qualification

Parent/Guardian 2

Title: _____ Surname: _____ First Name: _____ DOB: ___ / ___ / ___

Mobile Number: _____ Email: _____

Home Phone: _____ Relationship to child/ren: _____

Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Defence Personnel: No Yes FIFO Worker: No Yes

Non-Aboriginal: No Yes Aboriginal No Yes Torres Strait Islander No Yes

Country of Birth: _____ If born overseas, Arrival Date in Australia: _____

Nationality: _____ Main Language Spoken: _____

Religion: _____

Australian Government Information Collection

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Emergency Contact

In the case of an emergency, the following contacts must be available during school hours. In all cases, the College endeavours to contact the parents/guardians first. Please add contacts other than parents/guardians. The College is authorised to contact and, if necessary, release our child/ren to any of the following persons:

1st Contact Name: _____ Mobile Number: _____
Relationship to student: _____ Second Number: _____

2nd Contact Name: _____ Mobile Number: _____
Relationship to student: _____ Second Number: _____

SCBC Affiliation

Are parents/student past students of South Coast Baptist College (formerly known as Maranatha Christian College):

No Yes If yes, please indicate finishing year for: Mother _____ Father _____ Student _____

Enrolment Agreement/Consent

Acknowledgement and Consent

- I/We, the undersigned, consent to my child's enrolment at South Coast Baptist College. Both parent's signatures are required for the application to proceed except where the Family Court has ordered sole responsibility or allocated sole responsibility for education matters to one parent. In such instances, a copy of the Orders must be included with the Enrolment Form.
- I/We acknowledge I/we have read and agree with the Enrolment Policy.
- I/We acknowledge that I/we have read and agree with the Privacy Policy.
- I/We agree to the College seeking and gaining information held by previous or present school(s) and other agencies. This includes confidential school psychological information and school records.
- I/We agree to our child's student files being forwarded to another education provider if they transfer from the College.
- I/We agree to keep the College informed of any specialist, emotional or social concerns which may arise concerning our child and give permission to the College to access information relating to these.
- I/We give permission for South Coast Baptist College to use information about my/our son/daughter, including name, age, year group, photographs, schoolwork and details of achievements for promotional purposes. These include College prospectus, newsletters, magazines, newspaper articles, advertisements, flyer and electronic media (e.g. Facebook, College's website, etc). The College will not provide this information for use by third parties without express permission.

Signature of Mother/Guardian 1: _____ Date: _____

Signature of Father/Guardian 2: _____ Date: _____

Promotional Consent

Your child's name and photograph are automatically permitted to appear in College newsletters and promotional material, including on-line material. If parents/guardians do not wish this to occur, please indicate by placing a cross in the circle, sign and date:

No _____ _____ _____
Mother/Guardian 1 Father/Guardian 2 Date

ICT Acceptable Use Policy

All students are required to abide by the ICT Acceptable Use Policy. This Policy is supplied with enrolment paperwork or can be downloaded from the College's website. Any misuse of ICT may result in disciplinary action. Students will not be issued with ICT access unless this is completed. Please sign to state you have read and will abide by this Policy.

Mother/Guardian 1 Father/Guardian 2 Student

Tuition Fees

In signing the below:

- I/We acknowledge that I am/we are jointly and individually liable for all fees and charges stated in the College's Financial Information Schedule relating to this student, including the payment of the \$250 Enrolment Fee and the \$600 Family Bond upon acceptance of placement. For existing families, a \$100 Existing Family Enrolment Fee is required, upon acceptance of a placement.
- I/We acknowledge I am/we are jointly and individual liable for any expenses, costs or disbursements incurred by South Coast Baptist College in recovering any outstanding monies including Debt Collection Agency Fees and Solicitor's costs.

Complete Section A or Section B

Section A – Both parents/guardians are responsible for fees and charges:

Signature of Mother/Guardian 1: _____ Date: _____

Signature of Father/Guardian 2: _____ Date: _____

OR

Section B – Person/s responsible for the payment of fees and charges:

PERSON 1

Title: _____ Surname: _____ Given Name/s: _____

Address: _____

Mobile: _____ Second Number: _____ DOB: _____

Email Address: _____

Signature of Person 1: _____ Date: _____

PERSON 2

Title: _____ Surname: _____ Given Name/s: _____

Address: _____

Mobile: _____ Second Number: _____ DOB: _____

Email Address: _____

Signature of Person 1: _____ Date: _____