



## 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.
- All blue shaded sections are required to be signed by Parents/Guardians.

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 History Statement (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: \_\_\_\_\_

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 No.: \_\_\_\_\_

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

Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

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

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

Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

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

Nationality: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

Religion: \_\_\_\_\_

#### *Australian Government Information Collection*

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 Certificate I to IV  No non-school qualification

## 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:

1<sup>st</sup> Contact      Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Second Number: \_\_\_\_\_

2<sup>nd</sup> 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: _____ Mother/Guardian 1	_____ Date
Signature: _____ 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 that where less than one full Term's notice of withdrawal is given in writing to the Principal, one Term's College tuition fees (inclusive of GST) will be payable in lieu of notice. (Please see Enrolment Policy)
- 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: \_\_\_\_\_  
Mother/Guardian 1 Date

Signature: \_\_\_\_\_  
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: \_\_\_\_\_