



calvary  
CHRISTIAN COLLEGE

*Right Start. Bright Future*

## APPLICATION FOR ENROLMENT

4722 9201 | [www.calvary.qld.edu.au](http://www.calvary.qld.edu.au) | 569 Bayswater Rd, Mt Louisa

Administered by Calvary Temple Christian Colleges Ltd trading as Calvary Christian College. CRICOS 02033G



## STUDENT DETAILS

Surname:..... Christian Names: .....

Preferred Name: ..... Gender: M ☐ F ☐ Date of Birth: .....

Residential Address: .....

..... Post Code:.....

When do you want your child to start at the College? ..... In what year level?.....

Nationality: ..... Country of Birth:.....

Date of Arrival in Australia: ..... Visa Number and Type: .....

If the student is not an Australian Citizen – please provide a copy of the student's passport showing current visa details.

Language spoken at home: ☐ English ☐ Other (please specify) .....

First language spoken at home by the student: .....

Is the student of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Aboriginal ☐ Torres Strait Islander

(For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes.)

Is the student part of an Australian Defence Force Family? ☐ Yes ☐ No

How will the student travel to school? (e.g. car, bus, bike, walk) .....

## SCHOOLING HISTORY

Current School/Early Learning Centre: .....

Year Level:..... Reason for leaving: .....

Has your child ever been accelerated (skipped a year) or repeated a year? ☐ Yes ☐ No If yes, please give details: .....

.....

Has your child ever been suspended, expelled or excluded from another school or child care facility? ☐ Yes ☐ No

If yes, please give details: .....

.....

Has your child ever been involved in disciplinary action resulting from involvement in/with bullying, fighting, drugs, alcohol or

tobacco? ☐ Yes ☐ No If yes, please give details:.....

## HOUSEHOLD DETAILS

### FATHER (as per child's birth certificate)

#### Relationship to Mother

☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other .....

Living with student ☐ Yes ☐ No

First Name: ..... Surname: ..... Title: .....

Date of birth: ..... Drivers Licence Number: .....

Residential Address: .....

..... Post Code: .....

Postal Address (if different from home address): .....

.....

Home Ph: ..... Work Ph: ..... Mobile: .....

Email: .....

Nationality: ..... Country of birth: .....

Occupation: .....

Employer: ..... Church denomination: .....

### MOTHER (as per child's birth certificate)

#### Relationship to Father

☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other .....

Living with student ☐ Yes ☐ No

First Name: ..... Surname: ..... Title: .....

Date of birth: ..... Drivers Licence Number: .....

Residential Address: .....

..... Post Code: .....

Postal Address (if different from home address): .....

.....

Home Ph: ..... Work Ph: ..... Mobile: .....

Email: .....

Nationality: ..... Country of birth: .....

Occupation: .....

Employer: ..... Church denomination: .....

## OTHER CAREGIVERS/GUARDIANS

If your child is NOT living with the birth father and birth mother at the one address, please complete details relating to any caregivers who are not birth parents, but who live with the child.

### First Primary Caregiver (Guardian 1)

Relationship to Mother/Father ☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other .....

Relationship to Student: .....

First Name: ..... Surname: ..... Title: .....

Date of birth: ..... Drivers Licence Number: .....

Residential Address: .....

..... Post Code: .....

Postal Address (if different from home address): .....

.....

Home Ph: ..... Work Ph: ..... Mobile: .....

Email: .....

Nationality: ..... Country of birth: .....

Occupation: .....

Employer: ..... Church denomination: .....

### Second Primary Caregiver (Guardian 2)

Relationship to Mother/Father ☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other .....

Relationship to Student: .....

First Name: ..... Surname: ..... Title: .....

Date of birth: ..... Drivers Licence Number: .....

Residential Address: .....

..... Post Code: .....

Postal Address (if different from home address): .....

.....

Home Ph: ..... Work Ph: ..... Mobile: .....

Email: .....

Nationality: ..... Country of birth: .....

Occupation: .....

Employer: ..... Church denomination: .....

## CUSTODY AND PARENTING ARRANGEMENTS

If birth parents are no longer living together, is there a joint consensus to enrol this student at Calvary Christian College?

☐ Yes ☐ No If No, please explain: .....

.....  
.....

### To be completed if applicable

Are there any Family Law Orders or any other formal orders pertaining to this student? ☐ Yes ☐ No

Who is the legal guardian of the child? ☐ Mother ☐ Father ☐ Guardian 1 ☐ Guardian 2

Is this student:

A Ward of the State? ☐ Yes ☐ No

In the process of being adopted? ☐ Yes ☐ No

In Foster Care? ☐ Yes ☐ No

Living with extended family? ☐ Yes ☐ No

If Yes, please explain: .....

.....  
.....

Copies of parenting court orders, protection orders, and parental agreement either formal or informal must accompany this application.

With whom does the College communicate with regarding day to day matters?

☐ Mother ☐ Father ☐ Guardian 1 ☐ Guardian 2

Which caregivers would you like to receive newsletters, school reports etc.?

☐ Mother ☐ Father ☐ Guardian 1 ☐ Guardian 2

Are there any cultural considerations regarding this student that the College should be aware of? .....

.....  
.....

## OTHER CHILDREN IN THE FAMILY

Name: ..... Gender: M ☐ F ☐ Date of Birth: .....

Current School: ..... Year Level: .....

Name: ..... Gender: M ☐ F ☐ Date of Birth: .....

Current School: ..... Year Level: .....

Name: ..... Gender: M ☐ F ☐ Date of Birth: .....

Current School: ..... Year Level: .....

## EMERGENCY CONTACTS - OTHER THAN PARENTS

It is the responsibility of the parents/guardians to keep emergency contacts up to date.

Name: ..... Relationship to the Student: .....

Phone: ..... Mobile: .....

Name: ..... Relationship to the Student: .....

Phone: ..... Mobile: .....

## AUTHORISED TO COLLECT

Person(s) other than parents authorised to collect student from the College.

Name: ..... Phone: .....

Name: ..... Phone: .....

## BILLING RESPONSIBILITY

Please give details of the person/s responsible for tuition/College fees. Fees will be invoiced to an account in the name/s of the parent/guardian/s whose signature/s appears on the enrolment contract. (Alternative arrangements may be requested by providing details in writing, together with signed authorisation by all parties concerned). Please be aware your account remains the responsibility of the person signing the enrolment contract. Tuition/College fees must be paid by Direct Debit/Credit Card/Centre Pay each month.

Name: ..... Phone: .....

Billing address: .....

Relationship to Student: .....

## MATTERS OF FAITH

I/We accept that the College is a faith-based school. I/We understand that the College is founded on the basis of Biblical Christian Values with the Bible as the inerrant word of God. As a parent/guardian of a student enrolled at Calvary Christian College, I/We support the five key values which provide the foundation for everything we do. These values are founded in scripture "Well done good and faithful servant" Matthew 25:21. I/We agree to respect the College's Christian beliefs and support its stated policies and procedures.

I/We confirm that I am/we are seeking a Biblical Christian education for our child and will support the College in its faith endeavours and accept that the student will participate fully through attendance and effort in faith-based activities and subjects as presented and planned by the College.



## STUDENT LEARNING AND DEVELOPMENT

To enable us to have Nationally Consistent Collection of Data, please complete the following:

Has a specialist ever assessed the student for developmental, learning or behavioural characteristics? ☐ Yes ☐ No

If yes, please give details and attach any related documentation to this application: .....

Please complete the table below, if you answer Yes to any of the conditions, please provide details and any medical reports.

	Yes	No	Details
ADD/ADHD			
Anxiety Disorder			
Auditory Processing Difficulty			
Autism/Aspergers			
Dyslexia			
Eating Disorder			
Hearing Impairment			
Intellectual Impairment			
Learning Difficulties			
Mental Health Concerns			
Premature birth			
Physical Impairment			
Social/Emotional			
Self-Harm			
Speech/Language Difficulty			
Vision Impairment			
Other (please give details)			

If your child has one of the listed special needs, how does it impact on the student as a learner and in the school environment? Please attach details:.....

Has your child received 'Learning Support' assistance? ☐ Yes ☐ No

If yes, for which subjects/skill area? .....

Has your child ever been ascertained or had an EAP (Education Adjustment Program) or an IEP

(Individual Education Plan)? ☐ Yes ☐ No

If yes, please give details and provide copies of documentation:.....

Do you give permission for your child to be referred for Learning and Development testing if required? ☐ Yes ☐ No



## PHYSICAL DEVELOPMENT AND HEALTH

Medicare Number (including student's reference number on card and expiry date):.....

Student's family doctor: .....

Address: ..... Phone number: .....

Health Care Card Number (Expiry Date): .....

Private Health Fund and Number: .....

Has your child been immunised? ☐ Yes ☐ No Are immunisations up to date? ☐ Yes ☐ No

If NO, please state reason: .....

Has physical development been normal? ☐ Yes ☐ No If no, please give details: .....

List any medication your child is taking regularly: .....

Please complete the table below, if you answer Yes to any of the conditions, please provide details and any medical reports.

	Yes	No	Details
Allergies e.g.: Food, Ointments, Band-aids/ elastoplasts, Drugs (including anaesthetic and penicillin), Plants, Animals or Other			
Anaphylaxis			
Asthma or respiratory problems Puffer/Spacer required?			
Back, bone, joint or muscular problems			
Brain or head injury			
Blackouts/Dizzy Spells			
Chronic fatigue			
Diabetes			
Epilepsy			
Heart problems			
HIV/Hepatitis A,B,C etc.			
Kidney problems			
Headaches/Migraine			
Phobias			
Recent illness			
Serious illness, operations or accidents			
Skin problems			
Tourette Syndrome			
Travel Sickness			

Other important medical information which the College should be aware of: .....

## PSYCHOLOGICAL / PASTORAL CARE NEEDS

Has this student been victimised or bullied in a previous educational setting? ☐ Yes ☐ No

Does this student suffer from any psychological conditions? e.g. depression, anxiety? ☐ Yes ☐ No

Does this student require Pastoral Care in regards to specific emotional needs? e.g. loss of a parent, trauma, social stresses,

phobias? ☐ Yes ☐ No If yes, please provide details: .....

.....

.....

Are any of the listed conditions above likely to affect the student's ability to participate fully in College activities? (e.g. classroom learning, socialisation, sport, camps, excursions etc..) ☐ Yes ☐ No

If yes, please provide details: .....

.....

.....

If you have answered **YES** to any of the above questions and have any supporting documentation or reports, please attach information to this application form.

## CONSENTS

### 1. Request for Medical Assistance

In the event of accident or illness I authorise the staff to seek any medical attention that my child should require and agree to meet any expense incurred. ☐ Assistance Permitted ☐ No Assistance Permitted

### 2. Consent for Medication and Minor First Aid Assistance

I [give/do not give] my permission for sunscreen, topical ointment [i.e. stingoos, savlon, stop itch, betadine, calamine lotion] band aids, bandages, over the counter Paracetamol, Antihistamine or other reasonable first aid the school feels necessary at the time to be administered to my child. ☐ Assistance Permitted ☐ No Assistance Permitted

### 3. Consent for Photographs or Video images for marketing purposes

I [give/do not give] consent to the College using photographs or video images of my child for the purpose of advertising and/or promotional material for the College (eg newsletters, awards nights, chapel and assemblies etc.). ☐ Permitted ☐ Not Permitted

### 4. Consent for Swimming – Water Sports/Training

I [give/do not give] consent for my child to attend College swimming activities at any pool that the College utilises for swimming purposes including lessons, competitions etc., in each year that my child attends the College. ☐ Permitted ☐ Not Permitted

### HOW DID YOU HEAR ABOUT CALVARY CHRISTIAN COLLEGE?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Word of mouth                       | <input type="checkbox"/> Newspaper advertising | <input type="checkbox"/> Billboard         |
| <input type="checkbox"/> Internet research / College website | <input type="checkbox"/> Calvary Buses         | <input type="checkbox"/> Radio advertising |

Other – please explain:.....  
 .....

### WHY DID YOU CHOOSE TO APPLY TO ENROL YOUR CHILD/REN AT CALVARY CHRISTIAN COLLEGE?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic / Educational reputation | <input type="checkbox"/> Class sizes       | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Christian Values                  | <input type="checkbox"/> Proximity to home | <input type="checkbox"/> Facilities    |
| <input type="checkbox"/> Other – please explain: .....     |  |  |

### ENROLMENT PRIORITY

Enrolment priority is given to:

1. Siblings of current College students.
2. Students from families who desire a Christian education for their student and support the ethos of the College.
3. Maintaining a gender balance in each class and year level.
4. Special circumstances at the Principal's discretion.
5. Dates of received applications for enrolment.

Places can only be offered if there are vacancies in the required year level. Please note that until all necessary documents or reports are received and the application fee is paid, we cannot proceed with the application process.

5. If a place is not available your child's name will be held on a waiting list until you inform us otherwise.
6. If your application for enrolment is unsuccessful you will be notified in writing by the Principal as soon as possible.
7. If your application for enrolment is successful a place will be offered in writing as soon as possible after the interview
8. Acceptance of the offer is required within 7 days by returning the signed Enrolment Contract and completed direct debit form (which sets out the terms and expectations of the parties) and any other documentation sent with the letter of offer.

### WHAT WILL HAPPEN NEXT?

1. Further information may be sought if required or if the application is incomplete.
2. The Principal will view your application and will advise the College Registrar if the application is to proceed to the interview stage.
3. We will invite you, along with your child/ren to attend an interview with the Principal, or his representative. An interview does not mean that a place has or will be offered.
4. Children from new and existing Calvary families are required to attend an interview.

### ADDITIONAL INFORMATION

Parents please check and tick boxes once completed.  
 Enclosed with this application I have included:

- |  |
|--|
| <input type="checkbox"/> \$100 application fee per family – non refundable                               |
| <input type="checkbox"/> Copy of most recent school reports  |
| <input type="checkbox"/> Copy of most recent NAPLAN results  |
| <input type="checkbox"/> Copy of birth certificate   |
| <input type="checkbox"/> Copy of immunisation records  |
| <input type="checkbox"/> Copy of any specialist reports (if applicable)                                  |
| <input type="checkbox"/> Copies of Formal Court Orders or Informal Separation Agreements (if applicable) |
| <input type="checkbox"/> Copy of Visa (if applicable)  |



## DUTY OF DISCLOSURE

I/We have supplied all documentation and information requested at the time of application for each student as a condition of enrolment, including the following:

- full and frank disclosure of the student's previous education or interrupted education, disabilities and learning difficulties
- medical conditions and safety issues
- behaviour issues
- court orders and parenting arrangement

I/We accept that failure to disclose all relevant information may result in cancellation of an enrolment.

Name of Father: ..... Signature of Father: .....

Date: .....

Name of Mother: ..... Signature of Mother: .....

Date: .....

Name of Guardian: ..... Signature of Guardian: .....

Date: .....

Name of Guardian: ..... Signature of Guardian: .....

Date: .....







## DATA COLLECTION

This information is required by the Queensland Government on education and Youth Affairs for assessment and reporting purposes. Information collected from this form is covered by the College's Privacy Policy.

Name of Student: ..... Preferred Name: .....

Home address of student: .....

..... Post Code:.....

1. Gender: Male ☐ Female ☐

2. Is the student of Aboriginal or Torres Strait Islander origin? ☐ Aboriginal ☐ Torre Strait Islander ☐ No

(For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes.)

3. In which country was the student born? ☐ Australia ☐ Other – please specify:.....

4. Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English only	Student	Father/Guardian 1	Mother/Guardian 2
Yes, please specify			

5 (a). What is the highest year of primary or secondary school the parents/guardians have completed?

(For persons who have never attended school, mark 'Year 9 or equivalent or below.') Mark one box only in each column

	Father/Guardian 1	Mother/Guardian 2
Year 12 or equivalent		
Year 11 or equivalent		
Year 10 or equivalent		
Year 9 or equivalent or below		

5(b). What is the level of the highest qualification the parents/guardians have completed? Mark one box only in each column

	Father/Guardian 1	Mother/Guardian 2
Bachelor degree or above		
Advanced diploma/Diploma		
Certificate I to IV (including trade certificate)		
No non-school qualification		

6(a). What is the occupation group of the father/guardian1? .....

6(b). What is the occupation group of the mother/guardian2?.....

Please select the appropriate parental occupation group from the list below.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

## LIST OF PARENTAL OCCUPATION GROUPS (FOR QUESTION 6)

**Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.

**Public service manager (Section head or above)**, regional director, health/education/police/fire services administrator

**Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]

**Defence Forces Commissioned Officer**

**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing professional**

**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

**Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

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

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]

**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]

**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional**

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

**Defence Forces senior Non-Commissioned Officer**

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

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

**Skilled office, sales and service staff.**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

**Group 4: Machine operators, hospitality staff, assistants, labourers and related workers Drivers, mobile plant, production/processing machinery and other machinery operators.**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

**Office assistants, sales assistants and other assistants.**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

### FOR OFFICE USE ONLY

Date Received ..... Interview Date .....

Start Date ..... Application Fee .....





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