APPLICATION FOR ENROLMENT
EMMAUS COLLEGE
48 East Street, Jimboomba

An ecumenical P-12 College working with the Anglican, Catholic, Lutheran & Uniting faith traditions

STUDENT NAME: _____________________________
YEAR LEVEL: ___________ YEAR OF ENROLMENT: ___________

Application Fee
- I/We acknowledge and agree to pay $100 on application for initial enrolment of one or more children in the family enrolling for the same calendar year.
- Enrolment applications for sibling/s for future calendar years will incur a $50 Application Fee.
- I/We acknowledge that this Application Fee is non-refundable after interview.

Acceptance Fee
- If enrolment is approved, I/we acknowledge and agree to pay the Acceptance Fee of $150 per student to confirm enrolment at Emmaus College.
- I/We acknowledge that this Acceptance Fee is non-refundable.

Parent/Legal/Guardian/ Caregiver Signature: ________________________________
Date: ______________________

Checklist ☐ (ALL APPLICABLE DOCUMENTATION MUST BE ATTACHED AT TIME OF LODGEMENT OF APPLICATION.)

OFFICE USE ONLY

• Birth Certificate - Must be furnished ☐ YES ☐ NOT APPLICABLE
• Australian Citizenship Papers ☐ YES ☐ NOT APPLICABLE
• Current Visa ☐ YES ☐ NOT APPLICABLE
• Current Passport ☐ YES ☐ NOT APPLICABLE
• Health Care Documentation ☐ YES ☐ NOT APPLICABLE
• Baptism Certificate (If student is baptised Anglican, Catholic, Lutheran or Uniting) ☐ YES ☐ NOT APPLICABLE
• Learning, Health or Medical Assessment Report ☐ YES ☐ NOT APPLICABLE
• Legal Documentation ☐ YES ☐ NOT APPLICABLE
• Copy of latest School Report - Must be furnished (if the child has already attended school) ☐ YES ☐ NOT APPLICABLE
• Copy of latest NAPLAN Report – If Applicable ☐ YES ☐ NOT APPLICABLE

APPLICATION INFORMATION INTERVIEW INFORMATION ENROLMENT CONFIRMATION

<table>
<thead>
<tr>
<th>Lodgement Date</th>
<th>Date</th>
<th>Time</th>
<th>Date Received</th>
<th>Interviewer</th>
<th>Interviewer’s Signature</th>
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<tr>
<td>Application Fee Paid</td>
<td>$_________</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Interviewer’s Signature</td>
<td>Start Date</td>
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<tr>
<td>Receipt No.</td>
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<td>☐ No</td>
<td>Principal’s Acceptance</td>
<td>☐ Yes</td>
<td>☐ No</td>
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<td>Special Circumstances</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Date</td>
<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td>BCE Student ID:</td>
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<td></td>
<td>Code:</td>
<td></td>
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<td>eMinerva Entry:</td>
<td>Confirmation Letter:</td>
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<td>House:</td>
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<tr>
<td>Action:</td>
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<td>Class:</td>
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</tbody>
</table>

Version:190914
Enrolment Application Checklist

Application will not be accepted without these documents -

The following documents are required to be lodged with the application:

- Birth Certificate (*must be furnished*)
- Baptism Certificate (*if applicable*)
- Copy of latest Semester School Report (*must be furnished if child is already at another school*)
- Copy of latest NAPLAN Report (*if applicable*)

If not born in Australia or not an Australian Citizen:

- Australian Citizenship Documentation
- Current Visa
- Current Passport

Other additional documentation where applicable:

- Health or Medical Assessment Reports
- Learning Assessment Reports
- Any Parenting or Family Orders or other Legal Documentation

Information Access Permission – Page 3:

- Must be completed and signed

Applications must be completed and signed by both parents (*if applicable*), legal guardians or caregivers (*documentation to be supplied*).
INFORMATION ACCESS PERMISSION

In accordance with the Enrolment Application Procedures and the Brisbane Catholic Education Privacy Statement, permission is given by the parent/s or guardian/s of a student to allow the Principal or school representative to contact, collect and record any relevant information (either orally or via documentary material or reports) about the child.

I/We ………………………………………………………………………………………………………………………………………………………………… (Parent/Guardian) hereby authorise and direct the Principal or School Representative of Emmaus College Jimboomba, to collect information (either orally or via documentary material) from the following, who may hold relevant information in relation to my child ………………………………………………………………………………(name) ………………………………………………….(date of birth)

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Personnel</th>
<th>Contact Details</th>
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</thead>
<tbody>
<tr>
<td>Current School/Kindergarten</td>
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<tr>
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<td>Medical:</td>
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<td>General Practitioner</td>
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<td>Paediatrician</td>
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<td>Additional Services:</td>
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<tr>
<td>Speech Pathology</td>
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<td>Occupational Therapy</td>
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<td>Physiotherapy</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Guidance Officer</td>
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<td></td>
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<tr>
<td>Guidance Counsellor</td>
<td></td>
<td></td>
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<tr>
<td>Advisory Visiting Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand and acknowledge that the information will be shared and stored by Brisbane Catholic Education organisation strictly for the purpose of enrolment application and ongoing education provision.

Signature: ................................................................. Date: ..........................................................
APPLICATION FOR ENROLMENT

This form is to be completed in conjunction with the Notes Booklet.
When completing this form, please PRINT CLEARLY in blue or black pen.

Name of School: 
EMMAUS COLLEGE

School Suburb: 
JIMBOOMBA

Please circle the Year Level and indicate the Year for which the enrolment is required.

Prep | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | Yr 7 | Yr 8 | Yr 9 | Yr 10 | Yr 11 | Yr 12
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | ---

Start Date: D D / M M / Y Y Y Y  
Student’s current Year Level is: Yr _____ or Not Applicable

STUDENT INFORMATION

Section 1: Student Personal Details
A legible copy of the student’s Birth Certificate (and Change of Name Certificate, if applicable) must be attached.

Legal Surname: 

Legal First Name: 

Other Given Name(s): 

BCE Student Id: (If known): S __ __ __ __ __ __

Preferred Surname: (to be used only with Principal’s approval)

Preferred First Name: (If different from Legal First Name)

Date of Birth: D D / M M / Y Y Y Y

Gender*:  
- Male  
- Female

Section 2: Student Cultural Background

Country of Birth*:  
In which country was the student born?
- Australia  
- Other (Please specify) __________________________

Indigenous Status*:  
Is the student of Aboriginal or Torres Strait Islander origin?
- No  
- Yes, Aboriginal  
- Yes, Torres Strait Islander  
- Yes, Both Aboriginal and Torres Strait Islander

First Language Spoken:  
What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?
- English  
- Other (Please specify) __________________________

Main Language Spoken at Home*:  
Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
- No, English Only  
- Yes, Other (Please specify) __________________________

Other Language Spoken at Home:  
Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?
- No  
- Yes, Other (Please specify) __________________________
Section 3: Student Citizenship

Country of Citizenship:
In which country does the student currently hold citizenship?

☐ Australia  (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)

☐ Other Country (Please specify) ____________________________________________

Proceed to Section 5: Current/Previous Schooling

Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student’s Visa, Passport (including passport number) and Health Care documentation must be attached (Health care details only required for those on Student Visas).

Country of Passport Issue: ____________________________
Visa Sub-Class Number: ____________________________
Visa Expiry Date: ____________________________

Date of Entry to Australia: ____________________________
Health Care Number: ____________________________
Health Care Expiry Date: ____________________________

Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any Transfer Documentation should be attached (if applicable).

<table>
<thead>
<tr>
<th>School Name</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Contact Number (if known)</th>
<th>Year Level(s)</th>
<th>Attended From (Date)</th>
<th>Attended To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
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<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Student’s Religion ____________________________

Has the student been baptised?

☐ Yes.  A legible copy of the student’s Baptismal Certificate must be attached and details of any Sacraments Received should be provided below

☐ No.

Sacraments Received:

☐ Baptism  Date Received DD / MM / YY Parish _________________________ Suburb ________________________

☐ Reconciliation  Date Received DD / MM / YY Parish _________________________ Suburb ________________________

☐ Eucharist  Date Received DD / MM / YY Parish _________________________ Suburb ________________________

☐ Confirmation  Date Received DD / MM / YY Parish _________________________ Suburb ________________________
### Section 7: Related Persons’ Personal Details

**Parent/Legal Guardian/Caregiver 1**

<table>
<thead>
<tr>
<th><strong>Legal Surname:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal First Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Given Name(s):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Surname:</strong> <em>(If different from Legal Surname)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred First Name:</strong> <em>(If different from Legal First Name)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>Mr</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
<td>D D / M M / Y Y Y Y</td>
</tr>
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</table>

**Parent/Legal Guardian/Caregiver 2**

<table>
<thead>
<tr>
<th><strong>Legal Surname:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal First Name:</strong></td>
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### Section 8: Related Persons’ Cultural Background

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<thead>
<tr>
<th><strong>Country of Birth:</strong></th>
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</thead>
<tbody>
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<td>Australia</td>
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| **Religion:** |  |

| **Parish of Worship:** *(If applicable)* |  |

**Parent/Legal Guardian/Caregiver 2**

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</tbody>
</table>

| **Religion:** |  |

| **Parish of Worship:** *(If applicable)* |  |
Section 9: Related Persons’ General Information

Parent/Legal Guardian/Caregiver 1

Occupation Group*: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- 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, 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.

Highest School Level*: What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark “Year 9 or equivalent or below”.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

Highest Qualification Level*: What is the level of the highest qualification the parent/caregiver has completed?

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

Occupation: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Parent/Legal Guardian/Caregiver 2

Occupation Group*: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- 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, use the person’s last occupation.
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Interests: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.
### Section 10: Related Persons' Address Information

#### Parent/Legal Guardian/Caregiver 1

**Residential Address Details**
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

**Postal/Correspondence Address Details**
- **Post Office Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

**Residential (Alternative) Address Details**
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

#### Parent/Legal Guardian/Caregiver 2

**Residential Address Details**
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

**Postal/Correspondence Address Details**
- **Post Office Address:**
- **Suburb/Town:**
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- **Postcode:**
- **Country (if not Australia):**

**Residential (Alternative) Address Details**
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**
## Section 11: Related Persons' Contact Information

### Parent/Legal Guardian/Caregiver 1

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Telephone Number:</strong></td>
<td>( ) ______ ______</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>Mobile Telephone Number:</strong></td>
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<tr>
<td><strong>Email Address:</strong></td>
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<td>[ ]</td>
</tr>
<tr>
<td><strong>Work Telephone Number:</strong></td>
<td>( ) ______ ______</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>Work Mobile Telephone Number:</strong></td>
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<tr>
<td><strong>Work Email Address:</strong></td>
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<tr>
<td><strong>Comments:</strong></td>
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### Parent/Legal Guardian/Caregiver 2

<table>
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<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Telephone Number:</strong></td>
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<tr>
<td><strong>Mobile Telephone Number:</strong></td>
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<td>[ ]</td>
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<tr>
<td><strong>Email Address:</strong></td>
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<tr>
<td><strong>Work Telephone Number:</strong></td>
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<tr>
<td><strong>Work Mobile Telephone Number:</strong></td>
<td>______ ______ ______</td>
<td>[ ]</td>
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<tr>
<td><strong>Work Email Address:</strong></td>
<td></td>
<td>[ ]</td>
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<tr>
<td><strong>Comments:</strong></td>
<td></td>
<td>[ ]</td>
</tr>
</tbody>
</table>

## Section 12: Related Persons' Relationship to the Student

### Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student?  *(Tick one (1) only)*

- [ ] Mother
- [ ] Father
- [ ] Step Mother
- [ ] Step Father
- [ ] Foster Mother
- [ ] Foster Father
- [ ] Grandmother
- [ ] Grandfather
- [ ] Home Stay Parent
- [ ] Sister
- [ ] Brother
- [ ] Half Sister
- [ ] Half Brother
- [ ] Step Sister
- [ ] Step Brother
- [ ] Foster Sister
- [ ] Foster Brother
- [ ] Home Stay Sister
- [ ] Patient
- [ ] Aunt
- [ ] Uncle
- [ ] Niece
- [ ] Nephew
- [ ] Cousin
- [ ] Friend
- [ ] Doctor
- [ ] Dentist
- [ ] Legal Guardian  *(for Dept. of Communities only)*
- [ ] Care Provider
- [ ] Counsellor/Social Worker
- [ ] Agent
- [ ] Reg. Exchange Org

### Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student?  *(Tick one (1) only)*

- [ ] Mother
- [ ] Father
- [ ] Step Mother
- [ ] Step Father
- [ ] Foster Mother
- [ ] Foster Father
- [ ] Grandmother
- [ ] Grandfather
- [ ] Home Stay Parent
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- [ ] Care Provider
- [ ] Counsellor/Social Worker
- [ ] Agent
- [ ] Reg. Exchange Org
### Section 12: Related Persons’ Relationship to the Student

(continued...)

#### Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**
- ☐ Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1st  2nd
- ☐ No

**Legal Guardian:**
If this person is not a birth or adoptive parent, then legal documentation must be attached.
- ☐ Yes
- ☐ No

**Caregiver:**
A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
- ☐ Yes
- ☐ No

**Main Contact:**
A student must have one (1) main contact.
- ☐ Yes
- ☐ No

Is this person to receive any of the following forms of Communication?

- **Report Cards/Progress Reports:** ☐ Yes  ☐ No
- **Newsletters:** ☐ Yes  ☐ No
- **Invitations:** ☐ Yes  ☐ No
- **School Portal Access:** ☐ Yes  ☐ No

**Does this person reside with the student?**
- ☐ Yes
- ☐ No

**Does this person require the assistance of an interpreter?**
- ☐ Yes
- ☐ No

#### Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**
- ☐ Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1st  2nd
- ☐ No

**Legal Guardian:**
If this person is not a birth or adoptive parent, then legal documentation must be attached.
- ☐ Yes
- ☐ No

**Caregiver:**
A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
- ☐ Yes
- ☐ No

**Main Contact:**
A student must have one (1) main contact.
- ☐ Yes
- ☐ No

Is this person to receive any of the following forms of Communication?

- **Report Cards/Progress Reports:** ☐ Yes  ☐ No
- **Newsletters:** ☐ Yes  ☐ No
- **Invitations:** ☐ Yes  ☐ No
- **School Portal Access:** ☐ Yes  ☐ No

**Does this person reside with the student?**
- ☐ Yes
- ☐ No

**Does this person require the assistance of an interpreter?**
- ☐ Yes
- ☐ No
Section 13: Student Address Information

Residential Address Details
- Same as Parent/Legal Guardian/Caregiver1
- Same as Parent/Legal Guardian/Caregiver2

Street Address: 
Suburb/Town: 
State: 
Postcode: 
Country (If not Australia): 

Residential (Alternative) Details (If required)
- Same as Parent/Legal Guardian/Caregiver1
- Same as Parent/Legal Guardian/Caregiver2

Street Address: 
Suburb/Town: 
State: 
Postcode: 
Country (If not Australia): 

Section 14: Student Contact Information

Contact Method Type
- Home Telephone Number: 
  ( ) ______ ______
- Mobile Telephone Number: 
  ______ ______ ______
- Email Address: 

Contact Method Type (If required)
- Home (Alternative) Number: 
  ( ) ______ ______
Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

☐ Yes. Provide details below.
☐ No. Proceed to Section 16: Student Specialist Assessments

<table>
<thead>
<tr>
<th>Condition</th>
<th>Requires Medication</th>
<th>Has Medical Action Plan</th>
<th>Brief Description of Condition and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus Type 1</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Febrile Convulsions</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

* Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student’s file.

Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (e.g. an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

☐ Yes. Provide details below and ensure a legible copy of any relevant health or medical assessment report(s) is attached.
☐ No. Proceed to Section 17: Educational Support Information
Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

☐ Yes. Respond to the questions below.
☐ No.  Proceed to Section 18: Legal Information

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

__________________________________________________________________________

__________________________________________________________________________

Has the student been diagnosed with a disability? If so, provide details.

__________________________________________________________________________

__________________________________________________________________________

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

__________________________________________________________________________

__________________________________________________________________________

If the student is from interstate or overseas, describe the educational support provided.

__________________________________________________________________________

Section 18: Legal Information

Is the student in Care of the State?

☐ Yes
☐ No

Are there any legal issues concerning the student of which the school should be aware?

☐ Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.
☐ No.  Proceed to Section 19: Sibling Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Legal First Name and Surname of the person for whom the document is issued</th>
<th>Effective From (Date)</th>
<th>Effective To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Parenting Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>☐ Parenting Agreement</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>☐ Domestic Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>☐ Apprehended Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>☐ Child Protection Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>☐ Other Caring Arrangement (Please specify)</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>☐ Legal Guardianship Documentation</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>
Section 19: Sibling Information

(a) Does the student have any school-aged siblings currently attending a BCE school?

☐ Yes. Provide details below.

☐ No. Proceed to Section 20: Additional Information

<table>
<thead>
<tr>
<th></th>
<th>Sibling 1</th>
<th>Sibling 2</th>
<th>Sibling 3</th>
<th>Sibling 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
</tr>
<tr>
<td>School Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resides with Student?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

(b) Does the student have younger siblings not yet attending school?

☐ Yes. Please provide child/ren’s names (including date of birth)

[Listing sibling details here is not regarded as an enrolment. An enrolment application is required for each student for any future enrolment.] Office Use Only: Younger siblings are not recorded in the Student Administration System.

Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

☐ Yes. Provide details below.

☐ No. Proceed to Check List

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________
**CHECK LIST**

Please complete **before** submitting the Application for Enrolment form

*Note that original documents will need to be sighted to finalise enrolment confirmation.*

Documents provided:

- Birth Certificate
  - [ ] Yes
  - [ ] No
- Australian Citizenship Documentation
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Current Visa
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Current Passport
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Health Care Documentation
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Current/Previous School Transfer Form
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Baptism Certificate
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Health or Medical Assessment Reports
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Legal Documentation
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable

**Signature(s)**

I declare that:

- I have completed this form in conjunction with the Notes Booklet which includes the BCE Collection Notice Form
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

<table>
<thead>
<tr>
<th>SIGNATURE of Parent or Legal Guardian</th>
<th>SIGNATURE of Parent or Legal Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT NAME of Parent or Legal Guardian</td>
<td>PRINT NAME of Parent or Legal Guardian</td>
</tr>
<tr>
<td>RELATIONSHIP to Student</td>
<td>RELATIONSHIP to Student</td>
</tr>
<tr>
<td>DATE SIGNED</td>
<td>DATE SIGNED</td>
</tr>
</tbody>
</table>

D D / M M / Y Y Y Y