

Educating students in Christian leadership for tomorrow's generation.

KING'S CHRISTIAN COLLEGE



ENROLMENT FORM

COLLEGE MISSION STATEMENT

Educating students in Christian leadership for tomorrow's generation



KING'S CHRISTIAN COLLEGE
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BURLEIGH MDC QLD 4220

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APPLICANT'S NAME: _____

CURRENT SCHOOL: _____

ENROLMENT SOUGHT FOR YEAR LEVEL: _____ ENTRY YEAR: _____

PART A: Student Details

Surname: _____ Christian names: _____

Preferred Name: _____

Address: _____

_____ Postcode: _____

Date of Birth (include a copy of Birth Certificate or Extract). Yes ___ / ___ / ___ Gender M F

Denomination: _____ Family Church: _____

Is your family actively involved in the Church? Yes No

Pastor: _____ Contact No: _____

SIBLINGS:

Has this applicant any siblings who currently attend, may be enrolled in the future or are past students of the College?

Name	D.O.B.	M <input type="checkbox"/>	F <input type="checkbox"/>	
_____				Current <input type="checkbox"/> Future <input type="checkbox"/> Past <input type="checkbox"/>
_____				Current <input type="checkbox"/> Future <input type="checkbox"/> Past <input type="checkbox"/>
_____				Current <input type="checkbox"/> Future <input type="checkbox"/> Past <input type="checkbox"/>

Applicant's Country of Birth: _____

Aboriginal/Torres Strait Islander: Yes No

PART B: PARENT/GUARDIAN'S DETAILS

It is appreciated that applicants' family backgrounds differ widely. The following information is sought as part of the College's pastoral care and to avoid errors in the mailing of accounts and correspondence.

STUDENT RESIDES WITH (Please tick relevant box)

Mother & father Mother Father Grandparents Legal guardians

MARITAL STATUS (Please tick relevant box)

Single Married Widowed Divorced Separated Defacto

DETAILS RELATING TO (Please tick relevant box)

Father Stepfather Other Relationship

Surname _____ Christian names _____

Title Mr Mrs Dr Ms Miss

Home phone no. _____ Business phone no. _____

Email address _____ Mobile phone no. _____

Current occupation _____ Place of work _____

Residential address _____

Postal address (if different from above) _____

DETAILS RELATING TO (Please tick relevant box)

Mother Stepmother Other Relationship _____

Surname _____ Christian Names _____

Title Mr Mrs Dr Ms Miss

Home phone no. _____ Business phone no. _____

Email address _____ Mobile phone no. _____

Current occupation _____ Place of work _____

Residential address _____

Postal address (if different from above) _____

Religion _____ Birth Country _____

Country of Citizenship _____

Family Matters (IF APPLICABLE)

Copies of Parenting Court Order / Parental Agreement are required. Please Attach.

Please inform the College of any changes to Court Orders/ Parental Agreement .

Is there a Family Court Residential Order (Custody)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Family Care and Protection Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there Parental Agreements in place? Eg. Where student resides, if yes provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

COLLEGE TRANSPORT DETAILS

Is bus required? Yes No If yes, nearest cross street or bus stop: _____

SCHOOLING HISTORY:

List all schools/pre-schools. Please forward previous 2 years' school reports-originals or copies (originals will be returned).

YEAR	YEAR LEVEL	SCHOOL	NAME

LANGUAGE

Language/s other than English HEARD at home? _____

Language/s other than English WRITTEN at home? _____

Have you advised your present school that you are leaving? Yes No

Contact person at that school: _____

Do you have any outstanding fees owing? Yes No

Has the applicant repeated a year at school? Yes No

If yes, year repeated: _____

Reason: _____

Have there been behavioural concerns at another school? Yes No

Please Specify: _____

Has the applicant received any of the following?

(Please tick (✓), give details and note when and where.)

Gifted and Talented Assistance: _____

Remedial Assistance: _____

ESL Assistance: _____

Professional Assessment for Learning Difficulties: _____

Professional Counselling: _____

Does the applicant have any impairment that may affect his/her circumstances at the College?

Hearing Eyesight Physical Speech/Language Psychological

Behavioural Other medical Other _____

Does the applicant have any physical impairment that may affect his/her involvement in physical education or sport?

Yes No

Please Specify: _____

Has the applicant been ascertained for academic problems or learning difficulties? Yes No

Level 1 2 3 4 5 6

Approximate Date of Ascertainment: _____

School: _____

Copy of reports attached: Yes No

Is the applicant required to be included in the College's Learning Support Program/Unit? Yes No

I/we _____ give permission for King's Christian

College to contact schools previously attended by my/our child _____

to request the release and forwarding of files and information pertaining to my child.

Signature/s _____

APPLICANT'S INTERESTS AND OTHER ACTIVITIES

SPORT:		
MUSIC:	Interested <input type="checkbox"/>	
Instrumental: <input type="checkbox"/>	Currently Learning: <input type="checkbox"/> Length of Time: _____ Years Months	
Vocal: <input type="checkbox"/>	Instrument:	
ACADEMIC		

EMERGENCY CONTACTS (Other than parents)

Parents *must update this information as necessary*....

Name	Telephone	Relationship
1.		
2.		

Doctor's Name	Telephone	Address

PART D: Payment of Fees

- In order to keep fees at a modest level, and at the same time provide much needed facilities for the future, it is an expectation that parents will honour their fee obligations.
- Should you ever need to discuss financial issues, please contact the Operations Manager.
- Fees will not be allowed to accumulate.
- I/We understand that all costs incurred from any debt recovery actions will be paid by me/us.
- I/We consent to the College obtaining a financial report about my/our credit worthiness from relevant credit agencies and former schools attended by my/our child/children.
- Upon acceptance and prior to commencement, a once only family enrolment fee of \$300.00 is due and payable.
- Written notice of one full term, or payment of one term's fees in lieu of notice, is required if your child leaves the college.

Fee Payer Details

Surname: _____ Initials: _____

Billing address: _____

Title Mr & Mrs Mr Mrs Ms Other

Relationship to student: _____

Signature/s: _____

Applicant in receipt of: **Austudy** Yes No **Abstudy** Yes No

Other: _____

AGREEMENT (To be filled out at the interview)

I, _____, agree to comply with the College policy. I further agree that should I be involved in a breach of the policy, I undertake to assist the College in its data collection concerning the breach and further to comply with any pastoral support programs and discipline responses as may be decided as appropriate by the College in the circumstances.

I have read the agreement and understood my obligations under it.

Student: _____ Age: _____ Signature: _____

Dated: _____ day of _____ 20 _____

OFFICE USE ONLY

Account code: _____ House: _____ Bus number: _____

Student code: _____ Application fee date received: _____

Medical form received Birth certificate Reports

Enrolment fee paid Passport (copied) References

Interviewed by: _____

Date commenced: _____

Departure date: _____

Comments: _____

This file must be kept until: _____

KING'S CHRISTIAN COLLEGE

ENROLMENT CONTRACT (PART B)

Primary (CRICOS code 007647D) Years 1-7
Junior High School (CRICOS code 011467G) Years 8-10
Senior High School (CRICOS code 015896J) Years 11-12

CONDITIONS OF ENROLMENT

For the Parents/Legal Guardians of the Student:

Student Name: _____

Student Code: _____

Parent's/Guardian's Names: _____

1. I/We, the undersigned, being the parent/s or legal guardian/s of the student named in this application accept the offer of a place for my/our son/daughter made by King's Christian College. In the consideration of the College's offer, I/We jointly and severally undertake and agree to the following terms:
2. I/We undertake to be responsible for and to pay tuition fees no later than the second week of the term in which they are charged and all other fees charged as they fall due. Where circumstances prevent meeting this commitment, I/We undertake to enter formal alternative arrangements as soon as possible but no later than the second week of that term.
3. I/We undertake that every effort will be made to ensure that my/our child will not be absent from the College without leave of absence being granted by the College and that the term dates, as advertised by the College will be adhered to. Students absent without leave being granted may forfeit credit for assessments missed during their absence.
4. If my child is to leave the school, I/We agree to give written notice to the College no later than the first day of the term at the end of which it is intended that he/she should leave; or if it is intended that he/she should leave the College during a term, no later than the first day of the immediately preceding term, or to pay one term's fees in lieu of such notice.
5. I/We fully support the Christian values of the College and subscribe to the teaching as set forth in the College prospectus and agree to my/our child submitting to the College's faith assignments and academic, dress and disciplinary regulations as may be instituted by the Principal and leadership of the College from time to time.
6. I/We undertake to support and work in cooperation with the College promoting the best interest of all students and the College Community.
7. I/We understand and agree that the College does not insure the student's property of any description.
8. I/We have read, understand and agree to abide by the conditions of the Textbook Lending Scheme. I/We also empower King's Christian College to receive on my/our behalf, the Queensland State Secondary Textbook Allowance.
9. I/We agree to abide by and encourage my/our child to abide by the conditions of enrolment detailed here.
10. I/we confirm I/we have given complete disclosure of my child's history and will update the College with any changes that would affect my child's enrolment.
11. The student will participate in all normal devotional, curricular, sporting and extra curricular activities conducted with the approval of the College, such as work-experience and College camps, excursions and functions.
12. With reference to the above or in the case of an emergency not covered by the above, I/We consent to my child's travelling by College bus or any form of public or private transport where such transport is considered in the reasonable opinion of the College to be necessary or desirable.
13. In the event of any medical emergency arising in which the College considers it impossible or impractical to communicate with the undersigned parents/guardians, the College will take all reasonable care of a student suffering accident or illness but will not be responsible for the costs of any ambulance, medical or dental attention or treatment administered to the student in such event, nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating the student including attention provided by College nursing staff.
14. I/We agree to the use of my/our child's Photo or details for College publications.
15. In this agreement the expression 'Principal' includes any Acting Principal or his delegate for the time being carrying out the duties of or exercising the authority of the Principal as delegated by the Principal or the Governing Board.
16. I/We understand that all costs incurred from any debt recovery actions will be paid by me/us.
17. I/We consent to the College obtaining a financial report about my/our credit worthiness from relevant credit agencies and former schools attended by our child/children.
18. I/We agree to advise the College of previous or pending bankruptcy actions that would compromise the payments of College fees.

_____ Date ___/___/___

Signature of mother/or legal guardian

_____ Date ___/___/___

Signature of father/or legal guardian

_____ Date ___/___/___

Signature of person responsible for fees if not the above

OFFICE USE ONLY

Interviewed by: _____ Date: ___/___/___

Account Code: _____ House: _____ Bus Number: _____

Student No: _____ Application fee date received ___/___/___ Yes No

Medical Form Received: _____ Yes No

Enrolment Fee Paid: _____ Yes No