

# Carmel Adventist College

Seventh-day Adventist Schools (Western Australia) Ltd. Trading as Adventist Christian Schools (WA)  
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## APPLICATION FOR STUDENT ENROLMENT

### STUDENT INFORMATION

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Indigenous Students:  Aboriginal  
 Torres Strait Islander  
 Both

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Address (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Application Date: \_\_\_\_\_

In which calendar year is entry desired: 20 \_\_\_\_\_

Class in which to be enrolled: 7 8 9 10 11 12

Boarding required:  No  
 Yes – 7 day  
 Yes – 5 day

Residency Status:

Australian Citizen  
 Permanent Resident Visa No: \_\_\_\_\_  
 Temporary Resident Visa No: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

*(if PR or TR supply copy of visa & passport)*

Languages spoken at home:

> Primary language: \_\_\_\_\_

> Other languages: \_\_\_\_\_

Student mobile: \_\_\_\_\_

Student email: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Most recent school attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pupil's previous academic level of work was:  Above average  Average  Below average

Describe any special learning difficulties with which your child will require assistance:  
\_\_\_\_\_  
\_\_\_\_\_

List any special academic achievements or awards: \_\_\_\_\_  
\_\_\_\_\_

### TRANSPORT INFORMATION

Please specify the mode of transport your child will use to travel to and from the College:

Private  Car  School Bus  Other (Specify) \_\_\_\_\_

Will your child/children be using the Adventist Christian Schools Bus Service?  Yes  No

## PARENT/GUARDIAN INFORMATION

| FATHER   | MOTHER   | GUARDIAN/CARER   |
|--|--|--|
| Surname: _____   | Surname: _____   | Surname: _____   |
| First name: _____  | First name: _____  | First name: _____  |
| Title: Mr / Pr / Dr  | Title: Mrs / Ms / Miss / Dr  | Title: Mr / Mrs / Ms / Miss / Dr   |
| Nationality: _____   | Nationality: _____   | Nationality: _____   |
| Religion: _____  | Religion: _____  | Religion: _____  |
| Occupation: _____  | Occupation: _____  | Occupation: _____  |
| Home Phone: _____  | Home Phone: _____  | Home Phone: _____  |
| Work Phone: _____  | Work Phone: _____  | Work Phone: _____  |
| Mobile: _____  | Mobile: _____  | Mobile: _____  |
| Email: _____   | Email: _____   | Email: _____   |
| Marital Status: _____  | Marital Status: _____  | Marital Status: _____  |
| English Spoken: <input type="checkbox"/> Yes <input type="checkbox"/> No   | English Spoken: <input type="checkbox"/> Yes <input type="checkbox"/> No | English Spoken: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Languages: _____   | Other Languages: _____   | Other Languages: _____   |
| <b>Please specify below the highest level of Non School Education achieved:</b><br>Bachelor degree & Above, Advance Diploma/Diploma, Certificate 1-4, No non-school. |  |  |
| Father   | Mother   | Guardian   |

## OTHER CHILDREN IN THE FAMILY

| Name  | School | Age   | Enrolled/Applying | Year  |
|-------|--------|-------|-------------------|-------|
| _____ | _____  | _____ | Y N               | _____ |
| _____ | _____  | _____ | Y N               | _____ |
| _____ | _____  | _____ | Y N               | _____ |
| _____ | _____  | _____ | Y N               | _____ |

## FAITH/RELIGION INFORMATION

Family's Religion: \_\_\_\_\_ Place of worship: \_\_\_\_\_

Regularly attends church:

> Father  Yes  No      Has the Applicant been baptised?  Yes  No

> Mother  Yes  No      Baptism date (SDA only): \_\_\_\_\_

## BEHAVIOURAL INFORMATION

Indicate your child's level of past conduct:  Excellent  Good  Poor

Has your child ever been refused admission to another school, suspended, expelled or had disciplinary difficulties?

Yes  No      If yes, give details: \_\_\_\_\_

\_\_\_\_\_

## REFEREES

Please give the name and telephone number of two referees for the application.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL/HEALTH INFORMATION

Indicate the level of your child's general health:  Excellent  Good  Poor  Fair

Describe any health concern (physical or emotional) or problems of which the College should be aware i.e. ADHD, Mental Health issues, Diabetes etc. \_\_\_\_\_

*(Please attach relevant documentation from health professionals involved i.e. Psychologists, Paediatrician)*

Yes  No Does the student have any allergies or disabilities? If yes, give details.

Yes  No Has the student participated in the Health Department's immunisation schedule?

Yes  No Does the student take regular medication? If yes, give details.

Yes  No Does the student have Ambulance Cover?

Yes  No Is the child a member of a Private Health Fund. If yes,

Name of Health Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Expires: \_\_\_\_\_ Child's reference number on Card: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Emergency contact details (NOT parents):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

*I authorise the following medication to be given to my child as required (fill in dose normally given):*

Yes  No Panadol/Paracetamol Dose: \_\_\_\_\_

Yes  No Ponstan/Naprogesic Dose: \_\_\_\_\_

Yes  No Antihistamine Dose: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*(Must be signed for medication to be given to the student)*

## FINANCIAL INFORMATION

Person Responsible for Fees: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## GENERAL INFORMATION

Where did you first hear about Carmel Adventist College: \_\_\_\_\_

Reason for selecting Carmel Adventist College for your child's education: \_\_\_\_\_

Does any company of the Seventh-day Adventist Church employ either parent/ guardian?  Yes  No

## FAMILY COURT ORDER

Has the family court placed any restrictions upon parental access to the student?  Yes  No

If yes, please give details: \_\_\_\_\_

(Please attach a copy of the Court Order)

## CONDITIONS OF ENROLMENT

In this application for enrolment, 'College' means Carmel Adventist College and, where the content permits, 'our child' or 'the student' means the child referred to on the Application under the heading "Student Information", being the child in respect of whom this Application is made.

### PARENT/GUARDIAN DECLARATION

1. I/We declare, to the best of our knowledge, that all the information disclosed on this form is true and correct.
2. I/We agree that my/ our child will abide by the rules in force and that the continued attendance at the College is at the absolute discretion of the School Council.
3. I/We agree to pay all tuition and other fees as they fall due, pertaining to my/our child's enrolment.
4. I/We realise that my/our child will be involved in a Christian College and am/are willing to uphold and support the Christian philosophy and values of the College.
5. I/We agree to support the high academic standards of the College and will support this by providing a home environment conducive to learning by being positive and encouraging towards learning and providing adequate study time and place to meet homework and assignment requirements.
6. I/We recognise that for our child to progress academically, it is essential that we have confidence in the teachers and will therefore ensure that our child respects and obeys the College staff. Should we have issue with any staff member we will follow the due process of dealing with complaints.
7. I/We will ensure that my/our child will participate in school activities, as far as possible, that are held out of school hours, such as excursions, camps, presentations, accepting that the College will provide appropriate care.
8. I/We authorise the College to initiate any medical assistance necessary to urgently attend to our child's needs if they are physically injured while under the College's care, understanding that the College will make its best efforts to contact me/us in such an unlikely event.
9. I/We have read the College Handbook and agree to abide by its contents.
10. I/We give permission to the College to forward my/our child's educational records and other personal details to their new school if/when they transfer.
11. I/We agree to the financial obligations as outlined in this Application, the College Handbook and other official notices.
12. I/We have included the non-refundable application fee. (Note: This fee will be refunded if we are not able to offer you a position.)
13. I/We agree to actively support the schools organised Parents and Friends Association and its programs.
14. I/We understand that failure to settle school accounts may result in termination of an enrolled student.
15. I/We understand if our account is referred to debt collection I/we will be responsible for all costs incurred.

Yes  No I/We give permission for the College to use photographs of my/our child in promotional material (including the yearbook), newsletters and media articles.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT DECLARATION

I have read the College Handbook and I promise to co-operate in all activities of the College and to maintain its standards as a Christian institution as set out in the College Handbook.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ENROLMENT CHECKLIST

- Non-refundable enrolment fee as per handbook (\$250 per student, or \$425 per family)
- Copy of student reports for the previous twelve months
- Copy of student's birth certificate
- Copy of visa and passport (if applicable)
- Copy of medical/health information (if applicable)
- Signed medical permission
- Copy of family court order (if applicable)
- Signed declaration of 'Conditions of Enrolment' - Parent
- Signed declaration of 'Conditions of Enrolment' - Student