



CARMEL

ADVENTIST COLLEGE



NOTE: PLEASE PRINT ALL ANSWERS IN BLOCK LETTERS.

STUDENT INFORMATION

Family name: _____ To commence Grade ____ in Term ____ Year ____

Given name/s: _____ My child is:

Preferred name: _____ Aboriginal & Torres Strait Islander

Date of birth: ____ / ____ / ____ Age: _____ Aboriginal

► *Attach a copy of their birth certificate to this application.* Torres Strait Islander

Gender: Male / Female / Other _____ None of the above

Country of birth: _____ Residency status:

Nationality: _____ Australian citizen

Residential address: _____ Permanent resident Visa No: _____

_____ Postcode: _____ Temporary resident Visa No: _____

_____ Postcode: _____ Expiry Date: ____ / ____ / ____

Postal address (if applicable): _____ Date entered Australia: ____ / ____ / ____

_____ Postcode: _____ Passport number: _____

Student USI number (secondary only): _____ ► *If Permanent or Temporary Resident, please attach a copy of your child's visa & passport with this application.*

Language spoken at home: _____

YOUR PRIVACY IS IMPORTANT

The administration of Carmel Adventist College collects information of a personal and sensitive nature as part of the application process and enrolment of your child/children at the school. The collection and storage of this information is governed by our Privacy Policy set down in accordance with the *Privacy Amendment (Private Sector) Act 2000* which regulates the way private sector organisations, including non-government schools and systems, handle 'personal information' of individuals. The information collected may be passed to a third party if required, but only in accordance with the requirement of the Act. Our full Privacy Policy is available for the general public on the school's website: www.carmelcollege.wa.edu.au The school's enrolment practices comply with the *School Education Act 1999*, the *Disability Discrimination Act 1992* and the *Disability Standards for Education 2005*.

EDUCATIONAL INFORMATION

Name of most recent school attended: _____

Email address of school: _____

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

► *Please attach most recent school report and NAPLAN test results.*

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

► *If there are any special learning difficulties, please attach copies of their specialist reports or Independent Education Plan.*

List any special academic achievements or awards: _____

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

If yes, please specify: _____

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

TRANSPORT INFORMATION

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

Walk Car Transperth bus School bus service Other: _____

► *If **School bus service**, please attach completed bus travel application form.*

PARENT / GUARDIAN INFORMATION

Parent / Guardian 1

Relationship to child: _____

Title: Miss / Ms / Mrs / Mr / Pr / Dr / Other _____

Family name: _____

Given name/s: _____

Preferred name: _____

Nationality: _____

Parent / Guardian 1 is:

Aboriginal & Torres Strait Islander

Aboriginal

Torres Strait Islander

None of the above

Religion: _____

Occupation: _____

Home phone: _____

Work phone: _____

Mobile: _____

Email: _____

Marital status: _____

Language/s spoken other than English: _____

Address is the same as child's

Address is different to child's. If yes, please provide: _____

Postcode: _____

Is English spoken at home?: Yes No

Parent / Guardian 2

Relationship to child: _____

Title: Miss / Ms / Mrs / Mr / Pr / Dr / Other _____

Family name: _____

Given name/s: _____

Preferred name: _____

Nationality: _____

Parent / Guardian 2 is:

Aboriginal & Torres Strait Islander

Aboriginal

Torres Strait Islander

None of the above

Religion: _____

Occupation: _____

Home phone: _____

Work phone: _____

Mobile: _____

Email: _____

Marital status: _____

Language/s spoken other than English: _____

Address is the same as child's

Address is different to child's. If yes, please provide: _____

Postcode: _____

Is English spoken at home?: Yes No

OTHER CHILDREN IN THE FAMILY

Name:	School attending:	Age:	Enrolled / applying:	Year:
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

STUDENT'S FAITH / RELIGION

Student's religion or church: _____

Place of worship: _____

They attend worship services: Weekly Fortnightly Monthly Quarterly Yearly

Is your child a baptised Christian?: Yes No Baptism date: ____/____/____

Baptism location: _____

Would your child like additional studies about Jesus and the Bible? Yes No Maybe

Is your child involved in serving others in the community and/or church? Yes No

If so, please share details: _____

REFEREES

Please provide two referees for your child.

Name:	Occupation:	Phone:
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

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

Describe any physical or emotional health concerns, or problems of which the School should be aware (e.g. ADHD, Mental Health issues, Diabetes, Asthma, Anaphylaxis etc.) _____

► *Please attach documentation from relevant health professionals i.e. Psychologists, Paediatricians, **Medical Action Plans**.*

Does your child have any allergies or disabilities? Yes No

If yes, please specify: _____

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

If yes, please specify: _____

► *Please attach a copy of your child's up-to-date immunisation records with this application.*

Does your child take regular medication? Yes No

If yes, please specify: _____

Does the student have ambulance cover? Yes No

Is the student a member of a private health fund? Yes No

Name of health fund: _____ Membership number: _____

Medicare number: _____ Child's reference number on card: ____ Expires: ____ / ____

Family doctor: _____ Telephone: _____

Emergency contact details (*NOT a parent/guardian*):

Name: _____

Phone number: _____ Relationship: _____

I authorise for paracetamol medication to be given to my child as required:

Yes No If yes, what dose is usually given?: _____

Signature: _____ Date: _____

(Note: Unless this section is signed, NO medication can be given to the student)

FAMILY COURT ORDERS

Has the Family Court placed any restrictions upon parental access to the student? Yes No

► *If yes, please attach a copy of the relevant parts of the Court Order to this application (i.e. parental access)*

If yes, please give details: _____

FINANCIAL INFORMATION

Fee payer 1 responsible for fees: _____

Tick if postal address is the same as 'Parent / Guardian 1' from 'Parent / Guardian information section'

Postal address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Drivers licence number: _____ D.O.B: _____

Fee payer 2 responsible for fees (*if applicable*): _____

Tick if postal address is the same as 'Parent / Guardian 2' from 'Parent / Guardian information section'

Postal address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Drivers licence number: _____ D.O.B: _____

I/We will jointly and/or separately be responsible for the payment of fees charged.

I/We will pay each fee billing by the due date.

I/We understand that any overdue fee accounts may be subject to debt collection and I/we will incur any costs associated with the process.

Fee payer 1 signature: _____ Date: _____

Fee payer 2 signature: _____ Date: _____

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

Position: _____ FTE: _____

Company/Department: _____

GENERAL INFORMATION

How did you first hear about this school?: Search engine Social media Friends
 Other _____

Reason for selecting this school for your child's education:

CONDITIONS OF ENROLMENT

To be signed by the student's Parents/Guardians:

- I/We realise that my/our child will be involved in an Adventist Christian school and will support the philosophy, purpose, vision, mission and values of the school.
- I/We support and will follow the school regulations and policies, including the Community Code of Conduct (available on the school website www.carmelcollege.wa.edu.au/about-our-school/school-policies).
- I/We enclose all the supporting documents as requested and will provide any further required information concerning the student's education and medical history.
- I/We consent to the release of appropriate medical information in case of emergency and authorise the school to initiate any medical assistance necessary to urgently attend to our child's needs if they are physically injured while under the school's care, understanding that the school will make its best efforts to contact me/us in such an unlikely event.
- I/We give permission for the school to use photographs of my/our child in marketing and promotional material.
 Alternatively, I/We DO NOT give permission for the school to use any photographs of my/our child.
- My/our child understands the need to follow the school's Behaviour Management Policies and Procedures and the relevant consequences for breaching this policy (Behaviour Related Policies are available in the Handbook on the website www.carmelcollege.wa.edu.au/enrolments/handbook).
- Primary school Parents/Guardians ONLY:* I/We have explained the school rules (available in the Student

Handbook on the website, to my child. www.carmelcollege.wa.edu.au/enrolments/handbook).

I/We declare, to the best of our knowledge, that all the information disclosed on this form is true and correct.

I/We apply to have our child named in this application to be considered for enrolment at this school.

Parent / Guardian 1

Name: _____

Signature: _____ Date: _____

Parent / Guardian 2

Name: _____

Signature: _____ Date: _____

STUDENT AGREEMENT

To be signed by Year 7-12 Students ONLY:

I realise this is an Adventist Christian school and I will support the philosophy, purpose, vision, mission and values of the school.

I understand my rights and responsibilities as a student of the school and will follow the Student Handbook (available on the school website www.carmelcollege.wa.edu.au/enrolments/handbook).

I would like to be considered for enrolment at this school.

Name: _____

Signature: _____ Date: _____



If you have any questions about the application process, please contact the school office

PRIMARY CAMPUS

(08) 9291 6399

primary.admin@cac.wa.edu.au

SECONDARY CAMPUS

(08) 9293 5333

secondary.admin@cac.wa.edu.au

OFFICE USE ONLY

Application received: _____	Birth certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interview date: _____	Immunisation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Commencement date: _____	Bus travel form: <input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation letter: _____	Student code: _____
Visa number: _____	Family code: _____
Visa expiry date: _____	SIRS: _____
Non-refundable enrolment fee: _____	MCEETYA: _____
Receipt number: _____	



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- Complete the Enrolment Application form**
- Complete the Bus Travel form** (*if applicable*)
- Complete the Information Consent form**

- Pay enrolment application fee** - \$250 per student. EFT and cash facilities available. Non-refundable, however \$150 will be credited to your first term's fees if you proceed with the enrolment.

Remember to attach your child's:

- Birth certificate** - A copy of the original, including any change of name documents.
- Child's visa documentation** (*if applicable*) - If both parents are born outside of Australia, please supply a copy of **child's and parents'** passport OR Australian citizenship certificate. Your child's name must be on one of these.
- Parents citizenship documentation** (*if applicable*) - If both parents are born outside of Australia, please supply a copy of proof of permanent residency (e.g. sticker in passport or Australian citizenship certificate).
- Immunisation records** - Note: This is the 'AIR statement' **not** the 'health book'.

Under the *Public Health Act 2016 (WA)*, the school requires proof that your child's immunisations are up-to-date for their age or they are on a catch-up schedule. The only acceptable documentation for this purpose is the child's immunisation history statement from the Australian Immunisation Register (AIR) which can be accessed through:

- Your MyGov website account
- Medicare Express Plus App
- Visiting a Medicare or Centrelink office or
- Calling the AIR General Enquiries Line on 1800 653 809 to request a copy be posted to you.

The date of the immunisation statement should be current and **within two months** of the date of enrolment. **For 3 year old and 4 year old kindy we are legally not allowed to enrol your child without up-to-date immunisations.**

- MCEETYA Australian government data collection form** - Please email primary.admin@cac.wa.edu.au or secondary.admin@cac.wa.edu.au for a copy
- School report** - Your child's most recent report.
- NAPLAN test results** (*if applicable*) - Required for year 4 and higher
- Specialist assessment reports** (*if applicable*) - e.g. Occupational therapy, speech pathology, psychological, Independent Education Plan (IEP)
- Health documentation** (*if applicable*) - e.g. Medical Action Plans for conditions (such as asthma), reports from Psychologists or Paediatricians.
- Medicare card** - A photocopy of the original
- Relevant parts of a family court order** (*if applicable*) - *i.e. parental access and financial*

- Submit all of the above to the front office.**



NOTE: PLEASE PRINT ALL ANSWERS IN *BLOCK LETTERS*.

PARENTAL CONSENT FOR INFORMATION AND ASSESSMENTS TO BE SHARED

Name of student: _____

Name of parent/guardian: _____

Relationship to child: _____

I give Parental Consent for assessments and information to be shared with and between Carmel Adventist College and other authorities. For example, the Department of Health, CDC, AISWA inclusive education, medical and therapy service providers, community health nurse, other schools, or other third parties as required.

Parent/guardian's signature: _____

Date: _____



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