



CARMEL

ADVENTIST COLLEGE

Established 1907

APPLICATION TO ENROL 3 Year Old Kindy - Year 12

OUR MISSION

To provide a caring Christian environment where students can work, learn and play, whilst endeavouring to achieve their full spiritual, social, mental and physical development.

PRIMARY CAMPUS

Address: 18 First Ave, BICKLEY WA 6076
T: (08) 9291 6399 **F:** (08) 9291 9850
E: primary@carmelcollege.wa.edu.au

SECONDARY CAMPUS

Address: 210 Glenisla Rd, CARMEL WA 6076
T: (08) 9293 5333 **F:** (08) 9293 5307
E: secondary@carmelcollege.wa.edu.au

www.carmelcollege.wa.edu.au

ADMISSION PROCEDURES

We are pleased to receive your enrolment application to Carmel Adventist College for your child's education. To enable us to provide you with an outcome of your application, please provide copies of the following applicable supporting documentation, for ***each child*** applying.

Step 1 - Application

Please submit the following to College Administration:

Please tick:

- Enrolment application
- Your child's birth certificate (*including any change of name documents*)
- Your child's immunisation records
- Your child's most recent school report and NAPLAN test results
- Your child's specialist assessment reports (*Occupational Therapy/Speech/Psychological/IEP*)
- Your child's visa documentation (*if applicable*). If parents are born outside of Australia, please supply copies of visa, passport or Australian citizenship certificate
- Copy of medicare card (*Year 7 - 12 only*)
- Court orders (*if applicable*)
- Non-refundable enrolment application fee of \$250 per student (Note: \$150 will be credited to your first term's fees if you proceed with the enrolment).

Step 2 - Interview and Offer

- Parents/Guardians to submit the completed application along with the listed supported documents.
- The Principal considers the application, if necessary refers to the School Council, and an outcome will be provided. The Principal may request an interview with the Parents/Guardian, before an outcome is reached.
- If interview is required, families will be notified within 5 working days of the outcome.
- All offers are forfeited if the enrolment fee is not paid; or the student fails to commence at the agreed date.

If you have any queries in regards to this application, please do not hesitate to contact the relevant Enrolment Officer:

Primary Campus: Narelle Duncan
Ph: 9291 6399
E: primary@carmelcollege.wa.edu.au

Secondary Campus: Julie McCutcheon
Ph: 9293 5333
E: secondary@carmelcollege.wa.edu.au

THE PRINCIPALS

JANINE TAYLOR **(PRINCIPAL—PRIMARY CAMPUS)**

I believe that Carmel Adventist College Primary is a happy school with great spirit and a sense that anything and everything is possible. Our core aspirations are that during their time with us:

- every student will develop a deep love for learning that will stay with them for their entire life
- each student will recognise their God-given gifts, talents and natural abilities and will use and develop them to their full potential.

Tucked in amongst the trees in the beautiful Bickley Valley, the natural environment surrounding the school enriches the lives of those who study, work and play in its beauty and tranquillity.



MR NICHOLAS THOMSON **(PRINCIPAL—SECONDARY CAMPUS)**

It is well known that it takes a community to raise a child. A community is something we all want to belong to. It's something we often are willing to go to extremes to join and something that can change our lives for the better and enrich it in some way.

Carmel Adventist College offers all who walk through the gates a place of belonging, a community. Whether you are there as a student, a teacher or a family member, we need you to become a part of our Christ-centered, school community.

It is here that we seek to impart the knowledge and wisdom needed to guide you to make the best life choices. Choices that will one day bring about a change, not just to the individual, but to the wider community they are a part of.



APPLICATION FOR ENROLMENT

STUDENT INFORMATION

Surname: _____

Given names: _____

Date of birth: _____

Age: _____

Gender: Male / Female

Country of Birth: _____

Nationality: _____

Residential address: _____

_____ Post Code _____

Postal address (if applicable): _____

_____ Post Code _____

Student USI Number (Secondary Only): _____

Language spoken at home: _____

Student CRN Number : _____

In which calendar year is entry desired: 20 _____

Entry grade to be enrolled: _____

Is your child Aboriginal or Torres Strait Islander origin:

Aboriginal

Torres Strait Islander

Aboriginal & Torres Strait Islander

Residency Status:

Australian Citizen (please supply a copy if born outside Australia)

Permanent Resident (PR) Visa No: _____

Temporary Resident (TR) Visa No: _____

Expiry Date: _____ / _____ / _____

Date entered Australia: _____ / _____ / _____

Passport No: _____

(if PR or TR supply a copy of your child's visa & passport with application)

Does your child require Boarding (Secondary only - Years 7 - 12)

No

Yes - 7 days

Yes - 5 days

EDUCATIONAL INFORMATION

(for students transferring from another school)

Name of most recent school attended: _____

Address of school: _____

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: *(if yes, please supply copies of their Independent Education Plan (IEP) or Specialist reports)*

List any special academic achievements or awards: _____

Has your child ever been refused admission to another school, suspended, expelled or had disciplinary difficulties? Yes No

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

Private

Car

School Bus

Other (Specify) _____

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

If yes, please complete a Bus Application form which is in the prospectus and return with application.

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Surname: _____	Surname: _____
First name: _____	First name: _____
Title: Miss Ms Mrs Mr Pr Dr (Circle)	Title: Miss Ms Mrs Mr Pr Dr (Circle)
Nationality: _____	Nationality: _____
Religion: _____	Religion: _____
Occupation: _____	Occupation: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Marital Status: _____	Marital Status: _____
Is English spoken at home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is English spoken at home: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify language: _____	If no, please specify language: _____
Relationship: _____	Relationship: _____
Student resides with: (please tick) <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> stepfather <input type="checkbox"/> stepmother <input type="checkbox"/> guardian	

OTHER CHILDREN IN THE FAMILY

Name	School attending	Age	Enrolled/Applying	Year
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____

FAITH/RELIGION INFORMATION

Family's Religion/Church: _____ Place of Worship: _____

Regularly attends church: Father Yes No Mother Yes No

Has the applicant been baptised? Yes No Baptism Date _____

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 Fair Poor

Describe any health concern (physical or emotional) or problems of which the College should be aware (*ie. ADHD, Mental Health issues, Diabetes, Asthma, Anaphylaxis etc.*) _____

(Please attach relevant documentation from health professionals involved ie. Psychologists, Paediatrician, Medical Action Plans)

Does the student have any allergies or disabilities? If yes, please specify. Yes No

Has the student participated in the Health Department's immunisation schedule? Yes No
(Please supply the school with a copy of your up to date immunisation records with this application.)

Does the student take regular medication? If yes, please specify. Yes No

Does the student have Ambulance Cover? Yes No

Is the child a member of a Private Health Fund? Yes No

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: Please fill in dose normally given.

Panadol/Paracetamol Yes No Dose: _____

Ponstan/Naproxen Yes No Dose: _____ (*Years 7 - 12 only*)

Antihistamine Yes No Dose: _____ (*Years 7 - 12 only*)

Signature: _____ **(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 give details: _____

NOTE: Please attach a copy of the Court Order to this application form.

GOVERNMENT REQUIRED DATA COLLECTION

The following personal information is collected as part of this School's ongoing commitment to the National Reporting on Schooling in Australia Initiative.

For further information on the National Reporting on Schooling in Australia initiative, we refer to the Ministerial Council on Education, Early Childhood Development and Youth Affairs website <http://nap.edu.au/>

As with all personal information collected by the School, this personal information will be handled strictly in accordance with our Privacy Policy. A copy of our Privacy Policy may be obtained from the school office.

Name of student _____

1. 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

	Mother/Guardian 1		Father/Guardian 2
Year 12 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below.....	<input type="checkbox"/>	<input type="checkbox"/>

2. What is the level of the *highest* qualification the parents/guardians have completed?

Mark one box only in each column

	Mother/Guardian 1		Father/Guardian 2
Bachelor degree or above.....	<input type="checkbox"/>	<input type="checkbox"/>
Advanced diploma/Diploma.....	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)...	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification.....	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the appropriate occupation group from the attached list -

(a) What is the occupation group of the mother/guardian1?

(b) What is the occupation group of the father/guardian1?

Please note:

- 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 above box.

LIST OF PARENTAL OCCUPATIONAL GROUPS

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]

FINANCIAL INFORMATION

Person Responsible for fees: _____

Postal address: _____

Telephone: _____ Mobile: _____

Email: _____

Drivers Licence Number: _____ D.O.B: _____

- I/We will jointly and severally responsible for the payment of fees charged
- I/We will pay each fee billing by the due date
- I/We understand that any over due Fee accounts will be sent to the debt collectors and I/We will incur any costs associated with the process

Signature: _____ Date: _____

Signature: _____ Date: _____

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

Position: _____ Company/Department: _____

STUDENT AGREEMENT (10 YEARS AND ABOVE)

I promise to hold up the values of the College, by participating in all activities, maintain the standards of the College as a Christian institution and upholding the mission, vision and values of the school.

Student's signature: _____ Date: _____

How did you first hear about Carmel Adventist College: (circle) Radio, Newspaper, Friends, Other _____

GENERAL INFORMATION

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

GENERAL AGREEMENT

To be signed by the student's Parents/Guardians

- I/We apply to have our child named in this application to be considered for enrolment at Carmel Adventist College
- I/We enclose all the supporting documents as requested
- I/We will provide any further information concerning the students education and medical history
- I/We endorse and support the Christian values of Carmel Adventist College
- I/We consent to the release of appropriate medical information in case of emergency
- I/We declare, to the best of our knowledge, that all the information disclosed on this form is true and correct
- 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
- 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
- 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 it's best efforts to contact me/us in such an unlikely event
- I/We give permission for the College to use photographs of my/our child in promotional material, newsletters, school Facebook page and media articles

MOTHER/GUARDIAN DECLARATION: _____ (signature) DATE: _____

FATHER/GUARDIAN DECLARATION: _____ (signature) DATE: _____

SUBMIT APPLICATION

Please forward this application form with supporting documents and enrolment fee to:

Carmel Adventist College Primary
18 First Avenue, BICKLEY WA 6076 or
EMAIL: primary@carmelcollege.wa.edu.au

Carmel Adventist College Secondary
210 Glenisla Road, CARMEL WA 6076 or
EMAIL: secondary@carmelcollege.wa.edu.au

Thank you for your application

