

CARMEL ADVENTIST COLLEGE PRIMARY



Seventh-day Adventist Schools (Western Australia) Ltd. Trading as Adventist Christian Schools (WA)
ABN: 53 105 583 935 CAN: 105 583 935
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APPLICATION FOR STUDENT ENROLMENT

STUDENT INFORMATION

Surname: _____

Given names: _____

Date of Birth: _____

Age: _____

Gender: Male / Female

Country of Birth: _____

Nationality: _____

Residential Address: _____

Postal Address (if applicable): _____

Student Mobile (if applicable): _____

In which calendar year is entry desired: 20 _____

Class in which to be enrolled: 3YO Kindy 4YO Kindy PP 1 2 3 4 5 6

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)

Languages spoken at home:

Primary language : _____

Secondary language: _____

EDUCATIONAL INFORMATION

(for students transferring from another school)

Name of most recent school attended: _____

Address of school: _____

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

If yes, please complete a Bus Application form.

PARENT/GUARDIAN INFORMATION

FATHER	MOTHER	GUARDIAN/CARER
Surname: _____	Surname: _____	Surname: _____
First name: _____	First name: _____	First name: _____
Title: Mr Pr Dr <i>(Circle)</i>	Title: Mrs Pr Dr <i>(Circle)</i>	Title: Mr Mrs Pr Dr <i>(Circle)</i>
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: _____
Relationship: _____	Relationship: _____	Relationship: _____
Non School Education: A) Bachelor degree & above. B) Advance Diploma/Diploma. C) Certificate 1-4. D) No on-school. (This information is collected for the purpose of the Government statistics. Please specify below)		

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/Church: _____ Place of Worship: _____

Regularly attends church: **Father** Yes No **Mother** Yes No

Has the applicant been baptised? Yes No Baptism Date (SDA only): _____

BAHAVIOURAL 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, please specify: _____

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 etc.) _____

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

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.

Paradol/Paracetamol Yes No Dose: _____ Signature: _____

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

FINANCIAL INFORMATION

Person Responsible for fees: _____

Postal address: _____

Telephone: _____ Mobile: _____

Email: _____

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

Signature: _____ Date: _____

FAMILY COURT ORDER

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.

GENERAL INFORMATION

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

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.

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 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.
4. 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.
5. 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.
6. 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.
7. 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 car, understanding that the College will make its best efforts to contact me/us in such an unlikely event.
8. I/We have read the College Handbook and agree to abide by its contents.
9. I/We give permission for the College to use photographs of my/our child in promotional material, newsletters and media articles.
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 agree to pay all tuition and other fees as they fall due, pertaining to my/our child's enrolment
15. I/We understand that failure to settle school accounts may result in termination of enrolled student.
16. I/We understand if our account is referred to debt collection I will be responsible for all costs incurred.

PARENT/GUARDIAN DECLARATION: _____ (signature) **DATE:** _____

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ENROLMENT CHECKLIST

- Enclose non-refundable enrolment fee as per handbook
- Enclose a copy of Birth Certificate
- Up to date Immunisation records
- Enclose a copy of Student Reports for the previous twelve months
- If parents or students are born outside of Australia, please supply copies of Visa, Passport or Australian Citizenship Certificate
- Declaration of 'Conditions of Enrolment'