

APPLICATION FOR ENROLMENT

ENROLLING SCHOOL	
Preferred Commencement Date	

PART A: STUDENT AND FAMILY DETAILS

Name of Student	Legal Given Names	
	Legal Family Name	
	Preferred Name	
Home Address <i>The student's primary place of residence</i>	No. and street name	
	Suburb	
	Postcode	

Postal Address (if different from above):	Postcode:
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Date of Birth	/ /	What is the student's sex?	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Current Year Level:	Proposed Year Level:	Learner's Unique Identification (LUI) Number: <i>Years 10 – 12</i>
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Place of Birth (town or city):	Country of Birth:
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Is the Student an Australian Citizen/Permanent Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please note: If your answer to the above question is 'No' you may need to complete the alternative International Student Enrolment Application, or provide supportive documentation to confirm Visa Status or Residency Status.

Sibling Details

Student's place in family <i>(please circle)</i>	1	2	3	4	5	6
Name of Sibling	Currently Enrolled in Adventist Education	Year Level	Previously enrolled in Adventist Education	Name of Adventist School currently or previously enrolled in	May be enrolled in the future	
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	

PART A: STUDENT AND FAMILY DETAILS - CONTINUED

Is the student of Aboriginal or Torres Strait Islander origin?			
No <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/>
Does the student speak a language other than English at home?			
No, English only <input type="checkbox"/>	OFFICE USE ONLY Code 1201	Yes, other <input type="checkbox"/> please specify:	OFFICE USE ONLY Code

PART B: STUDENT'S EDUCATIONAL HISTORY

Previous School(s)	State	Year Level	Semesters Attended

Education Requirements - ATTACHMENT REMINDER

Has the student received any of the following? If yes, additional information may be requested to process enrolment. This information may assist us to understand if the student has academic/special needs.

	Yes	No		Yes	No
English skills support	<input type="checkbox"/>	<input type="checkbox"/>	Visual impairment support	<input type="checkbox"/>	<input type="checkbox"/>
Speech/Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment support	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	Teacher Aide support	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics skills support	<input type="checkbox"/>	<input type="checkbox"/>	English as a Second Language support	<input type="checkbox"/>	<input type="checkbox"/>
Professional Social/Emotional support	<input type="checkbox"/>	<input type="checkbox"/>	Gifted and Talented Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Has the student repeated a year? If yes, indicate which year level – Year _____				<input type="checkbox"/>	<input type="checkbox"/>
Has the student been prevented from attending school (suspended, or excluded) as a consequence of serious behavioural issues?				<input type="checkbox"/>	<input type="checkbox"/>
Has the student been diagnosed with a disability or learning difficulty (e.g. Autism Spectrum Disorder, Dyslexia or Speech and Language Difficulties)? If yes, please attach documentation.				<input type="checkbox"/>	<input type="checkbox"/>
Has the student been verified under the Education Adjustment Program?				<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please indicate which category/categories:

- Autism Spectrum Disorder
- Hearing Impairment
- Physical Impairment
- Vision Impairment
- Intellectual Disability
- Speech-Language Impairment
- Social Emotional Disorder

Hope Adventist School reserves the right to deny admission or terminate an enrolment contract when full disclosure of a student's need has not been provided, or if the student is not eligible to be enrolled.

PART C: MEDICAL & EMERGENCY INFORMATION

Medicare Number	Private Health Fund
Reference Number	Expiry
Family Doctor	Family Doctor contact phone

Does the student have a physical disability? (If yes, please attach documentation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Swimming ability of the student	Excellent <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Poor <input type="checkbox"/>
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Medical Conditions					
	Yes	No		Yes	No
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Phobia	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	<input type="checkbox"/>
Operations	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Recent illness	<input type="checkbox"/>	<input type="checkbox"/>	Asthmatic	<input type="checkbox"/>	<input type="checkbox"/>
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
Fits, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Special diet	<input type="checkbox"/>	<input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>
Eyesight	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Travel sickness	<input type="checkbox"/>	<input type="checkbox"/>	Other:		

Details of medical conditions or medical action plans (including details of medication required to be brought to school). Please attach additional sheet if more space is required.

Immunisation History			
	Yes	No	Date
Measles	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
German Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Meningococcal	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Contacts (other than parents)	
Name:	Name:
Address:	Address:
Contact phone:	Contact phone:
Relationship to student:	Relationship to student:

PART D: PARENT/CARER DETAILS

Parent 1/ Carer 1	Parent 2/ Carer 2
Title:	Title:
First name:	First name:
Surname:	Surname:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Home phone:	Home phone:
Mobile:	Mobile:
Email: <i>(newsletters and other communications are sent via email)</i>	Email: <i>(newsletters and other communications are sent via email)</i>
Relationship to student:	Relationship to student:
Religious Affiliation/Local Church Currently Attending:	Religious Affiliation/Local Church Currently Attending:
Is Parent 1/ Carer 1 an ex-student of Adventist Education? Yes <input type="checkbox"/> School _____ No <input type="checkbox"/>	Is Parent 2/ Carer 2 an ex-student of Adventist Education? Yes <input type="checkbox"/> School _____ No <input type="checkbox"/>

COMMONWEALTH GOVERNMENT COLLECTION INFORMATION

The following information is required for the collection and reporting of information on student background characteristics in all government and non-government Schools by all Education Ministers.

The State, Territory and Commonwealth Education Ministers have made decisions that now require all government and non-government Colleges/Schools to comply with a new data collection and reporting arrangements.

All Schools must collect information on the gender, indigenous status, geographical location, socioeconomic background and language background of School students to fulfill their functions and obligations under State, Territory and Australian Government legislation.

All information which could identify or would reasonably identify individuals to whom particular background characteristics is removed from national reporting so that no personal information is reported publicly.

PART D: PARENT/CARER DETAILS - CONTINUED

Does Parent 1/ Carer 1 or Parent 2/ Carer 2 speak a language other than English at home?

Parent 1/ Carer 1	No, English only <input type="checkbox"/>	OFFICE USE ONLY Code 1201	Yes, Other <input type="checkbox"/> Please specify:	OFFICE USE ONLY Code
Parent 2/ Carer 2	No, English only <input type="checkbox"/>		Yes, Other <input type="checkbox"/> Please specify:	OFFICE USE ONLY Code

What is the highest year of primary or secondary school the parents/ carers have completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) Mark one box only in each column

	Parent 1/ Carer 1	Parent 2 /Carer 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"/>

What is the occupation group of:

Parent 1/ Carer 1?*

Parent 2/ Carer 2?*

*Please select the appropriate parental/carer occupation group from the attached list (1, 2, 3 or 4).

- 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 space above.

LIST OF PARENTAL OCCUPATION GROUPS

Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals

- **Elected officials** (mayor parliamentarian, alderperson, trade union secretary, board member)
- **Senior executives/general managers/department heads in industry, commerce, media or other large organisation**
- **Public sector manager** (public service manager (section head or above), regional director, hospital/health services education)
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** (Commissioned Officer)

Qualified 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** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)
- **Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)
- **Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)
- **Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)
- **ICT** (computer systems manager, designer, software and applications programmers)
- **Science** (all scientists)
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
- **Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group 2: Other business managers/professionals and associate professionals

- **Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/ construction, manufacturing, mining, wholesale, import/export, transport business manager)
- **Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)
- **Finance** (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)
- **Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)
- **Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)
- **Sportsperson** (coach, trainer, sports official, sportsperson)

Associate professionals generally have diploma/technical qualifications and support managers and professional

- **Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**
- **Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
- **Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)
- **Defence Forces** (senior non-Commissioned Officers [NCO])
- **Other** (library assistant, museum/gallery technician, research assistant, proof reader)

Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

Tradespeople generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

Advanced/intermediate clerical, office, sales, carer and service staff

- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
- **Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
- **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/ supervisor, inspectors and regulatory officers)

Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers

- **Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/ forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/ refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

Sales office, hospitality staff and other assistants

- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
- **Office** (typist, word processing/data entry/business/keypad/machine operator, receptionist, office assistant, general clerk)
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
- **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Defence Forces ranks below senior NCO

PART D: PARENT/CARER DETAILS - CONTINUED

What is the level of the highest qualification the parents/ carers have completed?

Mark one box only in a column

	Parent 1/ Carer 1	Parent 2/ Carer 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"/>

Are there any of the following legal, care and protection matters:

If yes, please provide documentation

	Yes	No
Formal legal arrangements in place where parents are separated	<input type="checkbox"/>	<input type="checkbox"/>
Children and young people in the care of the State	<input type="checkbox"/>	<input type="checkbox"/>

PRIVACY STATEMENT

Hope Adventist School, operated by Seventh-day Adventist Schools (South Queensland) Limited, collects personal information about pupils and their parents/guardians before and during the course of a pupil's enrolment in the School. The purpose for collecting this information is to enable the School to provide schooling for your son/daughter. We comply with the Privacy Legislation relating to private sector organisations effective from 21 December 2001.

Please complete all the enrolment information as requested by the School. The enrolment will not be accepted if the requested information is not provided, and may void an enrolment if it is found that information has been omitted. It is all important and useful information and enables the School to fulfil its duty of care. It is stored securely (both electronic and hard copy) and used for School administrative purposes only. If you do not complete any part of the information requested it might have some bearing on how the School is able to respond to it, and meet the individual needs of each student/family. In particular, it is a requirement that health information is accurate and up to date and so we may, from time to time, request medical reports about your child(ren). A photograph of each child may be attached to the student records.

Personal information obtained by the School is for use by the School in the first instance, but may be disclosed to others for administrative, educational, chaplain and pastoral care purposes. This includes to other schools, government departments, medical practitioners and others providing services to the schools, including visiting specialist teachers and volunteers. Information may also be used for the compilation or analysis of statistics relative to public health or public safety. If the School has reason to suspect that unlawful activity has been, is being or may be engaged in, information relevant to such activities may be shared with the appropriate authorities.

On occasions information such as academic and sporting achievements, pupil activities and other news is published in School Newsletters, magazines and on our website. If you do not agree you must advise the School.

We may include your contact details in a class list and School Directory. If you do not agree you must advise the School.

If you provide the School with information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing this information to the School and why, so they can access that information if they wish and inform the School not to disclose the information to third parties.

You may have access to your stored information for the purposes of checking its accuracy by contacting the School Secretary in the first instance. If there are items that you consider need updating or correcting, you have the right to request such changes be made. Access may be denied where it could have an unreasonable impact

on the privacy of others, where it may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.

Information will not be disclosed to third parties for fundraising or marketing purposes without your consent.

A copy of the Seventh-day Adventist Schools (South Queensland) Limited Privacy Policy is available from your School.

PART E: PARENT/ CARER DECLARATION

I/We apply for admission of this student to **Hope Adventist School**;

I/We do hereby agree that **Hope Adventist School** can contact the student's previous school(s) for information;

I/We consent to the School obtaining a financial report about my/our credit worthiness from relevant credit agencies and former schools attended by the student;

I/We agree to advise the School of previous or pending bankruptcy actions that would compromise the payment of School fees;

If my child is enrolled in **INSERT NAME OF KINDY OR ELC CONNECTED TO THE SCHOOL**, I/we give permission for all relevant information (medical, legal documents and academic transition statements) to be shared with **Hope Adventist School** for the purposes of enrolling into the School.

I/We have attached relevant documentation (Applications will not be processed where relevant documentation is not supplied).

SIGNATURE OF PARENTS/CARERS

Parent 1/ Carers 1 Date

Parent 2/ Carer 2 Date

DOCUMENT CHECK LIST – CERTIFICATES, DOCUMENTS, RECORDS, REPORTS

Birth Certificate or Passport (ALL students)	<input type="checkbox"/>	Immunisation Record (ALL students)	<input type="checkbox"/>
Medical Documents (as applicable)	<input type="checkbox"/>	Two most recent School Reports (Years 1 to 12)	<input type="checkbox"/>
Medical/Diagnosis Reports (as applicable)	<input type="checkbox"/>	Educational Documents (as applicable)	<input type="checkbox"/>
Custody Documents (as applicable)	<input type="checkbox"/>		

PART F: MARKETING INFORMATION

How did you discover Hope Adventist School ? <i>(Please number in priority if more than one)</i>					
		Priority			Priority
Advertisement in print media	<input type="checkbox"/>		Electronic media (radio/television)	<input type="checkbox"/>	
News story in print media	<input type="checkbox"/>		Local Church	<input type="checkbox"/>	
Friend	<input type="checkbox"/>		Family member	<input type="checkbox"/>	
Internet search	<input type="checkbox"/>		School bus signage	<input type="checkbox"/>	
School Website	<input type="checkbox"/>		Local Christian Directory	<input type="checkbox"/>	
Referred by another school family (past or present)	<input type="checkbox"/>		Local Business Referrals	<input type="checkbox"/>	
Name of Referring Family:			Other (Description):		

OFFICE USE ONLY		
Date Application Received	Date of Interview	Outcome of Application
Date Outcome Letter posted	Registration Number	Date details entered into Synergetic
Class Allocated	Date to Commence	Referred by
Student ID	Debtor ID	Sporting House
Application Fee Paid	Receipt Number	
Principal	Accounts Officer	