

Application for Enrolment

Years 1 - 12 Student Details

FORM B

Student Details *Before completing application forms please read the Application for Enrolment Guide & Enrolment Policy booklet*

Surname (legal name) _____	Surname (known as) _____	Provide ID photo of student here
First name _____	Preferred name _____	
Middle name/s _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth _____	*Proof of date of birth eg birth certificate or passport must be provided	
Academic grade of entry _____ (eg. Year 7)	Calendar Year of entry _____ (eg. 2020)	
Country of Birth _____	Medicare Number _____ / _____	
* If the student is not born in Australia – Please provide a copy of students' passport and provide current visa details below		
Nationality of Student _____	*Provide proof of citizenship if not born in Australia and now an Australian citizen	
Visa number _____	Expiry Date _____	Arrival date _____

Does the child identify as any of the following descent? Aboriginal Torres Strait Islander both Aboriginal & Torres Strait Islander

Parent/Guardian Details *Those residing with student (Household 1) as listed on the Family Household Details form*

Parent (A) Name _____ Relationship of Parent A to Parent B → <input type="checkbox"/> Married <input type="checkbox"/> Partner	Parent (B) Name _____ Relationship of Parent B to ← Parent A <input type="checkbox"/> Married <input type="checkbox"/> Partner
Relationship of Parent (A) to the student listed on this application <input type="checkbox"/> Natural Parent <input type="checkbox"/> Step-Parent by marriage <input type="checkbox"/> Partner of natural parent <input type="checkbox"/> Other (ie guardian, relative) please specify _____	Relationship of Parent (B) to the student listed on this application <input type="checkbox"/> Natural Parent <input type="checkbox"/> Step-Parent by marriage <input type="checkbox"/> Partner of natural parent <input type="checkbox"/> Other (ie guardian, relative) please specify _____

Language

Does the student speak a language other than English at home? No English only

Yes First language spoken is: _____ Second language spoken is: _____

School History

Current and or previous schools attended including name of childcare or kindergarten (from most recent)

1 (Current) _____	Grade/s _____
2 _____	Grade/s _____
3 _____	Grade/s _____

Has the student been expelled, requested to leave, suspended, or refused admission to another school? Yes -provide reason for leaving No

Application connections

Is this student a sibling of a **currently enrolled** or **previously enrolled** student of Genesis Christian College? _____ Yes No

Is this student a **sibling of a student currently on the waiting list** for Genesis Christian College? _____ Yes No

Has this student been previously enrolled at Genesis Christian College? Grades _____ Years _____ Yes No

Did either parent attend Genesis Christian College as an Alumni or Past Student? _____ Yes No

Past students name _____ Years attended _____ Class of _____ Sports House _____

Application for Enrolment fee payment notification

Westpac online payment details www.genesis.qld.edu.au/payments-orders → Westpac online payments → Other school activities → Enrolment Application fee (as Event/Activity) → Complete details → Print receipt → Attach receipt to Application form

Date of payment ____/____/____ Receipt no _____ Amount \$ _____

\$110 Application for Enrolment fee per student Please attach on-line payment advice to the Application for Enrolment form

Shared Parenting Arrangements

Are there current Family Law Orders pertaining to this student? Date of Issue: _____ Expiry Date: _____ Yes No

Is there a current Protection Order which involves this student? *If yes please provide copy of order* _____ Yes No

Are there Shared Parenting Arrangements? *If yes please provide copy of plan* _____ Yes No

Is there an Equal **50/50 Shared Household** arrangement? Where the student lives in two households an equal amount of time. Yes* No

In the case of 50/50 Equal Shared Parenting, each parent household must complete a separate **Family Household Details form (FORM A)*

Is there a current Parenting Plan, Statement of Agreement or informal verbal agreement pertaining to this student? _____ Yes No

Are both natural parents in agreement to enrolling this student at Genesis Christian College? _____ Yes* No

**Agreement of enrolment must be provided in writing by the non-residential parent – this can be in the form of a letter, email, court order, parenting plan etc*

Is this child A Ward of the State In Foster Care In the process of being adopted *Provide relevant documentation*

Non-residing Parent/Household 2

In the event that one or both natural parents do not permanently reside with the student, information regarding the enrolled student (ie school reports) will be sent to both households. For data purposes Households that are 50/50 equally shared, will be known as Household 1 and 2.

Who is this child's Non-Resident or Household 2 parent? Child's Mother Child's Father

Parent/Guardian (C) Details

Parent/Guardian (D) Details

Title Dr Mr Ms Mrs Other please specify _____

Title Dr Mr Ms Mrs Other please specify _____

First Name _____

First Name _____

Surname _____

Surname _____

Relationship of **Parent C** to **Parent D** → Married Partner

Relationship of **Parent D** to **Parent C** ← Married Partner

Relationship of **Parent (C)** to child

- Natural Parent
- Step-Parent by marriage
- Partner of natural parent
- Other (ie guardian, relative) please specify _____

Relationship of **Parent (D)** to child

- Natural Parent
- Step-Parent by marriage
- Partner of natural parent
- Other (ie guardian, relative) please specify _____

Non-residing Parent/Household 2 Contact Details

Parent (C) as above

Parent (D) as above

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Mobile no. _____

Mobile no. _____

Email _____

Email _____

Non-residing Parent/Household 2 Address Details

Residential Address _____ Suburb _____ State _____ Pc _____

Mailing Address _____ Suburb _____ State _____ Pc _____

(Only if different from residential address)

Christian Faith Commitment

Does the student attend church, Sunday school or youth group? Yes No

Name of current or previous Church (Children/youth activities) _____

Attendance Regular (weekly/fortnightly) Occasional (monthly) On Special Occasions (Christmas/Easter)

Student Needs Profile

Medical Needs Does this student have any of the following medical needs?

Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serious illnesses, operations or accidents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma/ Respiratory Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to any medical needs please provide detailed information

Specialist Services Has this student attended or is scheduled to attend any of the following Specialist services?

State/Child Guidance/Counsellor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specialist Clinic (Hospital/ Private)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audiologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Psychologist/Consultant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist/Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (e.g. Optometrist)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to any specialist visits please provide name of specialist/clinic, year of first visit and further information

Educational Needs/Disability/Impairment Has your child ever been diagnosed/verified or suspected as having any of the following?

Autism/Asperger's	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning Difficulty/Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attention Deficit Disorder ADD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attention Deficit Hyperactivity Disorder ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Language Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obsessive Compulsive Disorder OCD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify) _____			

If Yes to any educational needs please provide detailed information

Educational Adjustment Programs (EAP)/Ascertainment

Has the student been assessed as Gifted and Talented? Yes Area/s: _____

Has the student repeated a year level? Yes Year _____

Has the student been accelerated a year level? Yes Year _____

Has the student received learning enrichment/support? Yes Year _____

Has the student received an Educational Adjustment program? Yes* * Is this current? Yes No
Category HI VI PI ASD IU Level _____

Psychological/Emotional/Pastoral Care Needs

Has the student been victimised or bullied in a previous educational setting? Yes No

Does the student have any social difficulties with other children? Yes No

Does the student suffer from any psychological conditions? e.g. depression, anxiety Yes No

Does the student require support in regards to specific emotional needs? e.g. loss of parent, trauma, social stresses, phobias? Yes No

Are any of the listed conditions above likely to affect the student's ability to participate fully in school activities? Unsure Yes No
(e.g. classroom learning, socialisation, sport, camps, excursions etc)

Dietary Needs

Does the student have any dietary needs? Yes – please specify _____ No

Does the student have any food allergies? Yes – please specify _____ No

If you have answered YES to any of the above questions, please provide supporting documentation and attach reports, or more information to this application form.

Terms and Conditions of Application for Enrolment

- This Application has been completed providing full and frank disclosure
- All required documentation has been attached.
- This Application is a registration on the waiting list and is not a guarantee of an available position or offer of enrolment
- Parents are responsible for keeping the College informed of any changes in family circumstances in writing via email or post to the Registrar
- Parents are responsible for keeping the College informed of any emergent conditions both during the application process and whilst the child is in attendance at Genesis Christian College of any medial, learning, or psychological condition of the student that may affect their academic performance, mental, physical or social health, safety of ability to participate fully as a member of the College community.

Information Release

Privacy Information: Genesis Christian College collects information about students to enable the College to provide appropriate education and support for each student and to discharge duty of care. Permission for release of information is obtained upon application for enrolment for this purpose. A request may be made by the College on behalf of parents to obtain school records or make contact with teachers and other professionals to assist in the education and support of students

Parental permission to release information

Parent/Guardian Name: _____ Signature: _____

Relationship to student: _____ Date: _____



DO NOT COMPLETE - SCHOOL USE ONLY BELOW

TO	FROM
Attention:	Name: Lynn Swanson
Title:	Title: Enrolments Registrar
School/facility:	Date:
Address:	Address: PO Box 5206, Brendale Q 4500
Phone:	Phone: (07) 3882 9000
Fax:	Fax: (07) 3882 1581
Email:	Email: enrolments@genesis.qld.edu.au

The following student has

made an application for enrolment at Genesis Christian College or has been enrolled at Genesis Christian College

STUDENT NAME	DOB	YEAR LEVEL	DATE OF ENROLMENT

Please provide the following information as applicable for this student

- | | |
|---|---|
| <input type="checkbox"/> Prep Year report | <input type="checkbox"/> Guidance Officer/Learning Support report |
| <input type="checkbox"/> NAPLAN Results <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9 | <input type="checkbox"/> EAP Level: |
| <input type="checkbox"/> Most recent school report | <input type="checkbox"/> G & T report |
| <input type="checkbox"/> SETP | <input type="checkbox"/> Other |
| <input type="checkbox"/> School Transfer Note | <input checked="" type="checkbox"/> Any relevant information as necessary |

Your time and assistance is greatly appreciated

Lynn M Swanson

Mrs Lynn M Swanson
Enrolments Registrar

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