




# Application for Waiting List

## Prep Year – Student Details

It will not be necessary to complete the Year 1-12 Form B if starting year of entry is Prep. Please read the Application for Enrolment Guide & Enrolment Policy handbook

### Child's Details

Surname (**Legal Name**) \_\_\_\_\_ Surname (**Known as**) \_\_\_\_\_  
First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Middle Name/s \_\_\_\_\_ Gender  Male  Female  
Date of Birth\* \_\_\_\_\_ \*Proof of date of birth eg. birth certificate or passport must be provided   
Calendar Year of entry (e.g. 2019) \_\_\_\_\_ Medicare Number \_\_\_\_\_  
Country of Birth\* \_\_\_\_\_ \*If the child is not born in Australia – Please provide a copy of child's passport and provide below current visa details   
Nationality\* \_\_\_\_\_ \*Provide proof of citizenship if child was not born in Australia and is 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

### Parents/Guardians *Those residing with child (Household 1) as listed on the Family Household Details form*

**Parent (A) Name** \_\_\_\_\_ **Parent (B) Name** \_\_\_\_\_  
Relationship of above named to **Parent (B)** →  Married  Partner Relationship of above named to **Parent (A)** ←  Married  Partner  
Relationship of **Parent (A)** to the child listed on this application Relationship of **Parent (B)** to the child listed on this application  
 Natural Parent  Natural Parent  
 Step-Parent by marriage  Step-Parent by marriage  
 Partner of natural parent  Partner of natural parent  
 Other (ie guardian, relative) please specify \_\_\_\_\_  Other (ie guardian, relative) please specify \_\_\_\_\_

### Language

Does the child speak a language other than English at home?  
 Yes First language spoken \_\_\_\_\_ Second language spoken \_\_\_\_\_  
 No English only  
 Not yet speaking

### Childcare/Kindergarten

Current \_\_\_\_\_ Address \_\_\_\_\_ Ph \_\_\_\_\_

### Application connections

Is this child a sibling of a **currently enrolled** or **previously enrolled** student at Genesis Christian College? \_\_\_\_\_  Yes  No  
Is this student a **sibling of a student currently on the waiting list** for Genesis Christian College? \_\_\_\_\_  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](http://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 payment advice to the Application for Enrolment form**

Complete this page only if child's natural parents do not reside in the same household ... otherwise proceed to page 3

## Shared Parenting Arrangements



Are there current Family Law Orders pertaining to this child? Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  Yes  No

Is there a current Protection Order which involves this child? *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? *The child 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 child? \_\_\_\_\_  Yes  No

Are both natural parents in agreement to enrolling this child 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 Household 2.*

Who is the child's Non-Resident or Household 2 parent/s?  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

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

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

- 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)*

*Non-residing parent details only on this page*

**Child's Needs**

Does this child have/had any of the following medical, physical or intellectual conditions?

Vision _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Autism (including ASD, Asperger's) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Premature Birth _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cerebral Palsy _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Developmental Delay _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Serious Illness _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Impairment _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any physical needs _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma/other _____	<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	Allergies (including food allergies) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food intolerances _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Operations/surgery/serious accidents _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADD/ADHD _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any medical needs not listed _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No


Are there any conditions not listed above, likely to affect the child's ability to participate completely in school life? \_\_\_\_\_  Yes  No  
*(e.g. classroom learning, classroom environment, sports, camps, excursions, social relationships)*

If you have ticked **Yes** to any of the above please provide descriptive information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Specialist Services**

Has the child visited or been referred to any of the following Specialists?

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	Physiotherapist _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Optometrist _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counsellor/psychologist _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other: \_\_\_\_\_ 

If you have ticked **Yes** to any of the above please provide additional descriptive information and attached documentation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Terms and Conditions of Application for Prep waiting list**

- This Application has been completed providing full and frank disclosure
- All required documentation has been attached.
- This Application is a registration on the Prep waiting list and is not a guarantee of an available position or 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.