



STUDENT ENROLMENT APPLICATION FORM

Information about the student	
Student's Legal Name	Legal Surname or Family Name <input type="text"/>
	Legal First Given Name <input type="text"/>
	Legal Second Given Name(s) <input type="text"/>
	Preferred First Name (if different) <input type="text"/>
Has this student been known by any other names?	Other Surname <input type="text"/>
	Other Given Names <input type="text"/>
Date of Birth	___/___/____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Year Level in which the student is enrolling?	KG PP 1 2 3 4 5 6 7 8 9 10
Calendar Year and Term of Enrolment	Year <input type="text" value="20__"/> Term <input type="text"/>
Is the student an Australian Citizen?	<input type="checkbox"/> Yes, by birth
	<input type="checkbox"/> Yes, by Naturalisation. Country of birth <input type="text"/>
	<input type="checkbox"/> No. Nationality <input type="text"/>
If the student is not an Australian Citizen	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident
	Passport Number <input type="text"/>
	Visa Type/Number <input type="text"/>
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes, Aboriginal
	<input type="checkbox"/> Yes, Torres Strait Islander
Does the student speak a language other than English at home? ▪ If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No, English only
	<input type="checkbox"/> Yes, other – please specify <input type="text"/>
Religious Information	<input type="checkbox"/> Yes (please specify) <input type="text"/>
	<input type="checkbox"/> None

Information about the family	
Please indicate the family status of this enrolment	<input type="checkbox"/> New Family (Never been to GBC before) <input type="checkbox"/> Existing Family (Have siblings currently at the College) <input type="checkbox"/> Returning Family (Left GBC and are now returning)
Family Make Up	Who does the student live with? <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other (Please specify) <input style="width: 100%;" type="text"/> Number of children in family <input style="width: 20px;" type="text"/> Student's position in the family <input style="width: 20px;" type="text"/> Siblings also attending GBC: <input style="width: 100%; height: 30px;" type="text"/>
Family Residential Address (This must not be a post office box)	Mailing title eg. Mr & Mrs D Smith <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> Suburb or Town <input style="width: 60%;" type="text"/> Postcode <input style="width: 20%;" type="text"/> <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/>
Family Mailing Address (Leave blank if the same as residential address)	Address <input style="width: 100%;" type="text"/> Suburb or Town <input style="width: 60%;" type="text"/> Postcode <input style="width: 20%;" type="text"/> <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/>
Email Addresses (for newsletters etc)	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>
Home Telephone Number	Telephone <input style="width: 60%;" type="text"/> Silent? Yes/No
Parents or Guardians not living with the child who are to receive correspondence	Given Names <input style="width: 100%;" type="text"/> Surname <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> Suburb or Town <input style="width: 60%;" type="text"/> Postcode <input style="width: 20%;" type="text"/> <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/>

Father / Stepfather / Guardian	Mother / Stepmother / Guardian
Surname <input type="text"/> Given Name(s) <input type="text"/> Title (e.g. Mr, Mrs, Ms, Dr) <input type="text"/>	Surname <input type="text"/> Given Name(s) <input type="text"/> Title (e.g. Mr, Mrs, Ms, Dr) <input type="text"/>
Occupation <input type="text"/> Name of workplace for contact during College hours <input type="text"/> Work Telephone _____ Mobile Telephone _____	Occupation <input type="text"/> Name of workplace for contact during College hours <input type="text"/> Work Telephone _____ Mobile Telephone _____
Country of birth <input type="text"/> Nationality <input type="text"/>	Country of birth <input type="text"/> Nationality <input type="text"/>
Resident Status <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident Visa Code <input type="text"/> <input type="checkbox"/> Temporary Resident Visa Code <input type="text"/>	Resident Status <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident Visa Code <input type="text"/> <input type="checkbox"/> Temporary Resident Visa Code <input type="text"/>
Aboriginal or Torres Strait Islander origin <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	Aboriginal or Torres Strait Islander origin <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Do you speak a language other than English at home? ■ If more than one language, indicate the one that is spoken most often. <input type="checkbox"/> No, English only <input type="text"/> <input type="checkbox"/> Yes, other – Please specify <input type="text"/>	Do you speak a language other than English at home? ■ If more than one language, indicate the one that is spoken most often. <input type="checkbox"/> No, English only <input type="text"/> <input type="checkbox"/> Yes, other – Please specify <input type="text"/>
What is the highest year of primary or secondary school the parent or guardian has completed? (For persons who have never attended school, tick 'Year 9 or equivalent or below') <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification the parent or guardian has completed?. Mark one box only. <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification	

Academic Information

Last school attended in WA, Interstate or Overseas

State or Country

Has the student ever been: Suspended No Yes
Expelled No Yes

If yes, please give details:

Have there been any behavioural issues at a previous school?

No
 Yes If yes, please give details:

Average academic grade of student: A-B B-C C-D D-E

Is the student receiving academic assistance or speech therapy?

No
 Yes If yes, please give details:

Does the student require any extra support or facilities other than those already provided for in a general classroom and school environment?

No
 Yes If yes, please give details:

Are there any previous/current/future assessments of the student by outside agencies?

No
 Yes – please provide copies of documentation

Are there any Court parenting orders concerning residence, contact, child maintenance, education, health or other specific issues relating to this student?

No
 Yes – Please provide a copy of the order

If any information provided to the College is found to be false, the College reserves the right to withdraw any offer of enrolment.

Health Information

The College has a legal duty of care for the student whilst he/she is at college or participating in College activities. To fulfil that duty the College needs to be made aware of any special care or other needs your child may have.
Please disclose all relevant information.

Medical conditions that we should know about.

- Please list any medical conditions, such as asthma, diabetes and any allergies

Medical Condition

1

2

3

Is there any other Health Information that would affect your child’s learning? For example, does the student have a diagnosis of ADHD, Autism, Dyslexia?

If yes – please provide copies of any documentation or reports

- Yes – Please give details below
 No

Does the child take any regular medication?

- Yes – Please give details below
 No

Doctor’s Information

Doctor’s Name

Clinic Name

Clinic Address

Phone Number

Medicare and Health Insurance

Medicare Number

Expiry

Private Health Provider

Insurance Number

Ambulance Cover Yes No Provider

<p>Vaccinations</p> <p>Has the student been immunised?</p> <p>If 'Yes' evidence of vaccination can be:</p> <ul style="list-style-type: none"> ▪ The child's health record book ▪ Signed document on doctor's letterhead ▪ Signed document on council letterhead ▪ Medicare Letter ▪ A printout from the Health Insurance commission's Immunisation register. 	<p><input type="checkbox"/> Yes – tick those given</p> <p><input type="checkbox"/> No</p> <p>Usual vaccinations up to 5 years of age</p> <p>Hepatitis B Vaccine (HEB)..... <input type="checkbox"/></p> <p>Combined Diptheria Tetnus Pertussis (DTP) <input type="checkbox"/></p> <p>Poliomyelitis Oral or Injectable (OPV) <input type="checkbox"/></p> <p>Haemophilus Influenzae Type B (HIB) <input type="checkbox"/></p> <p>Measels, Mumps & Rubella (MMR) <input type="checkbox"/></p> <p>Varicella (Chickenpox) (VZV) <input type="checkbox"/></p> <p>Pneumococcal (PCV) <input type="checkbox"/></p> <p>Additional vaccinations</p> <p>Diptheria and Tetnus (CDT) <input type="checkbox"/></p> <p>Influenza (FLU) <input type="checkbox"/></p>
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Thank you for choosing to register your child at Goldfields Baptist College. In order to assist with prompt processing of your application, we request that you provide the following documents:
(please tick)

- Completed Enrolment Application Form
- Signed Conditions of Enrolment
- Birth Certificate
- Passport/Visa details (if not an Australian Citizen)
- Immunisation Records
- Most Recent School Report (if applicable)
- Most Recent NAPLAN Results (if applicable)

If you have included any additional information, please specify:

Please return your completed Enrolment Application Form, along with an Application Fee of \$50 per student, to the College.

If you have any questions regarding enrolment applications, please contact Mrs Caroline Vogel on 9022 7535 or email vogelc@gbc.wa.edu.au.

The College's enrolment practices comply with the School Education Act 1999, the Disability Discrimination Act 1992 and the Disability Standards for Education 2005.

Conditions of Enrolment

As part of this Enrolment Application, we accept that:

1. Goldfields Baptist College is an independent Christian School. We are prepared to support the Christian ethos of the College.
2. A condition of entry to the school is that parents and guardians agree to accept the authority of the Board and the Principal to run the College. They will be bound by and duly observe any rules and regulations and all policies of the College which the Principal and Board may adopt from time to time.
3. The purpose of the College is to provide a balanced quality education in which spiritual, moral, intellectual, cultural, social and physical development takes place.
4. Students are required to attend camps and/or excursions organised for their classes.
5. Students are required to wear the correct College Uniform to encourage them to take pride in their personal appearance, as well as developing a sense of belonging and responsibility. Parents will supply the Uniform and other equipment needed by the student, including textbooks.
6. Students are to care for the buildings, furniture and equipment of the College with families being responsible financially, for any damage caused through a deliberate act, carelessness or neglect.
7. Students may not leave the College property during school hours without the permission of appropriate College authorities.
8. Parents are encouraged to take an active part in the activities of the school and cooperate with the College in providing their children's education.
9. Parents are required to pay the College fees and any other charges in the timescale given, unless arrangements have been made with the Principal.
10. The Principal reserves the right to suspend or to dismiss any student from the College on the grounds of unsatisfactory conduct or performance, or failure to abide by the ethos and rules of the school.
11. The College does not insure or accept liability for the student's property of any description.
12. Students and Parents are expected to abide by all College policies regarding acceptable use of computers including the internet. A specific computer use agreement must be signed by both the parent and the student for admission to the Secondary College.

We have read these statements and conditions of enrolment and request that our child be admitted as a student to Goldfields Baptist College. We recognise that this is not a guarantee of enrolment but an Application for Enrolment.

We understand that when enrolment is accepted a non-refundable fee of \$150.00 is payable in addition to the \$50 per student application fee, on receipt of which the enrolment will be confirmed.

We declare that to the best of our knowledge, all the information provided on this application is true and correct.

NOTE: Any misleading or inaccurate information may render this application null and void.

Father / Stepfather / Guardian

Name:

Signed:

Date:

Mother / Stepmother / Guardian

Name:

Signed:

Date: