ENROLMENT FORM

STUDENT NAME:

January 2015
Peregian Beach College – Enrolment Form

Student Information

Anticipated Year of Entry: 20____ Year Level: _____
Surname: __________________________ First Name(s):____________________ Sex: Male ☐ Female☐
Preferred Name: __________________ Date Of Birth: ________________ Telephone: __________
Residential Address: ____________________________________________ Post Code: __________
Postal Address: ________________________________________________ Post Code: __________
Student resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ *Other
*Other – Complete name and details: ________________________________
Are there any relevant Court Orders in place? ☐ Yes ☐ No
Citizenship (Attach copy of passport if Non Australian): __________
Current School: __________________ Year Level: ____ Reason for leaving _______________________
Emergency contact Name (if Parents are unavailable): _______________________________________
Relationship to Student: ____________________________ Telephone: __________________________

Medical Information

Medicare Number: __________________ Name of Card Holder__________________________
Doctor’s Name: __________________ Address: ______________ Telephone No_______________
Medical Condition: ___________________________________________________________________

Academic Details

Has your child ever received learning support from a previous school ☐ Yes ☐ No
Has your child been “Verified” or “Appraised” ☐ Yes ☐ No
If Yes, you are required to complete the Learning Support Assessment Form commencing on page 8.

Special requirements

If the student has any special requirements such as English as a second language, medical or physical
conditions requiring special medication or attention, correspondence to both parents or custody issues,
it is important that the College be informed. Please supply details in the space provided and/or attach
documentation if applicable.
### Sibling Information

(For assistance with continuing family involvement)

Siblings attending or enrolled at Peregian Beach College: (Complete only if applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>First year attended/enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________________________</td>
<td>____________________________</td>
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<tr>
<td>_______________________________________</td>
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<tr>
<td>_______________________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Peregian Beach College House (if applicable)  ________________________________

### Father/Parent 1/ Guardian 1 Information

<table>
<thead>
<tr>
<th>Father/Guardian Surname</th>
<th>First Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Marital Status:  ____________________ Residential Address (if different from student):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Post Code:</th>
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<tbody>
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</table>

Home Telephone:  ____________________  [ ] Tick if Silent  Fax:  ____________________

<table>
<thead>
<tr>
<th>Mobile:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Occupation:  ____________________ Business Hours Contact:  ____________________

<table>
<thead>
<tr>
<th>Employer’s Name:</th>
<th>Employer’s Address:</th>
<th>Post Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Mother/Parent 2/ Guardian 2 Information

<table>
<thead>
<tr>
<th>Mother/Parent Surname:</th>
<th>First Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Marital Status: ____________________ Residential Address (if different from student):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Post Code:</th>
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<tbody>
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</tbody>
</table>

Home Telephone:  ____________________  [ ] Tick if Silent  Fax:  ____________________

<table>
<thead>
<tr>
<th>Mobile:</th>
<th>Email Address:</th>
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<tbody>
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</tbody>
</table>

Occupation:  ____________________ Business Hours Contact:  ____________________

<table>
<thead>
<tr>
<th>Employer’s Name:</th>
<th>Employer’s Address:</th>
<th>Post Code:</th>
</tr>
</thead>
<tbody>
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</table>

### Student Gender/Culture/Country of Birth

**Sex of Student:**  
1. [ ] Male  
2. [ ] Female

**Is the student of Aboriginal or Torres Strait Islander Origin?**

No…………………[ ] Yes, Aboriginal …………[ ] Yes, Torres Strait Islander…………………

Yes, Both Aboriginal and Torres Strait Islander…………………………………………………

**In which country was the Student born?** Australia………………………………………………

Other - please specify…………………………………………………………………………………………
Peregian Beach College – Enrolment Form

**Language other than English spoken at home**

Does the student or their father/guardian or their mother/guardian speak a language other than English at home? (If more than one language indicate the one spoken most often.)

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>father/parent 1/</th>
<th>mother/parent 2/</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Guardian 1</td>
<td>Guardian 2</td>
</tr>
<tr>
<td>No</td>
<td>English only</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>Other – please specify</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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**Parental Education/Occupation Group**

What is the highest year of primary or secondary schooling the parents/guardians have completed?

Mark one box only in each column:

<table>
<thead>
<tr>
<th></th>
<th>Father/parent 1</th>
<th>Mother/parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guardian 1</td>
<td>Guardian 2</td>
</tr>
<tr>
<td>Year 12 or equivalent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Year 11 or equivalent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Year 9 or equivalent or below</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*Persons who have never attended school, mark ‘Year 9 or equivalent or below’*

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

<table>
<thead>
<tr>
<th></th>
<th>Father/parent 1</th>
<th>Mother/parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guardian 1</td>
<td>Guardian 2</td>
</tr>
<tr>
<td>Bachelor degree or above</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Advance diploma/Diploma</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Certificate I to IV (including trade certificate)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No non-school qualification</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

What is the occupation group of the father/parent 1/guardian1?  ………………..

What is the occupation group of the mother/parent 2/ guardian 2?  ………………..

*Please select the appropriate occupation group from Page 7.*

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 box above.
I/We have read and agreed with the application conditions and information collection notice set out on the following page. I enclose:

☐ $100.00 per enrolment application

I/We understand that payment of this fee & lodgement of this Application will give my child a chronological registration on the College’s Application for Enrolment list.

I/We give permission for our child’s name, photo or work to be published

(as outlined at Section 7 of the Information/Collection Notice below)  ☐ Yes  ☐ No

________________________________________  ______________________
Father/Guardian                            Mother/Guardian

Date: ________________________________

NB: This form is an application only and does not constitute an offer of placement.

**Enrolment Process**

For a future enrolment, once the application is received the steps in the enrolment process normally include:

- An invitation to an enrolment information day up to two years prior to enrolment.
- The offer of a place and an acceptance process which follows the enrolment information day in the year prior to entry.
- Orientation day for Prep enrolled students in the October prior to commencement year.

For an immediate enrolment, once an application is accepted by the Head of College, in order to secure your child’s place, parents/guardians are asked to pay a non-refundable once only per family enrolment fee of $200.00. At this point you will also be required to complete an Enrolment Contract.

**Withdrawal**

When an enrolment is formally accepted and an Enrolment Contract is signed, please note that a full term’s notice in writing is required if for any reason you decide to withdraw your child from this College.

Failure to do this may result in you being liable to pay the equivalent of a Full term’s fees.

**Nationally Consistent Collection of Data of School Students with a Disability (NCCD)**

I/we understand that I/we can opt-out of the NCCD and this will mean that the College does not provide de-identified data about my child to the Australian Government and I/we will therefore not be eligible for funding that may be provided to the College.

I/we choose to opt-out: ____________________________  ____________________________

Father/Guardian                            Mother/Guardian
1. The College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’s enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your child.

2. Some of the information we collect is to satisfy the College’s legal obligations, particularly to enable the College to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health, for example, notification of contagious diseases and Child Protection Laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, medical practitioners and people providing services to the College, including visiting teachers, (sport) coaches and volunteers, and reporting to Government Departments as required by law.

6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.

7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information and images such as academic and sporting achievements, pupil activities and other news is published in the College newsletter and website, external magazines and newspapers, and for other proper school purposes.

8. Parents may seek access to personal information collected about them and their child by contacting the College. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College’s duty of care to the pupil or where pupils have a right to provide information in confidence.

9. The College from time to time may wish to coordinate parent support or organise fundraising activities. Information received from you may be used to contact you. It may also be disclosed to persons authorised to assist in the College’s fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

10. We include your contact details such as your name, address and home telephone number in a class list and College directory. This is made available to other parents in the year group. If you do not agree to this you must advise the Head of College.

11. The normal functioning of Peregian Beach College I.T. system involves logging and recording Internet activity and e-mail messages. The Internet activity and e-mails are periodically analysed for reasons of system maintenance and security. These details will only be used for internal purposes at PBC.

12. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and the reason why so that they can access that information if they wish and that the College does not usually disclose the information to third parties.
At Peregian Beach College we require the support and enthusiasm for fund-raising events and activities. You as a member of the College play an important part. All parents are warmly encouraged to participate in the monthly meetings held.

Parents also play a significant part in Support Groups to assist in the major co-curricular areas of the College. If you have an expertise and/or enthusiasm for any specific area, please enquire at the College administration office.

**Parent Support**

**Payment Information**

**PERSON(S) RESPONSIBLE FOR PAYMENT OF FEES AND CHARGES**

Name & address of person(s) responsible for payment of accounts:

Name: __________________________ Email: _______________________________

Postal Address: _______________________________________________________

Signed: __________________________

Please identify the payment in the description by name and where available invoice number.

The preferred method of payment for fees and other charges is by EFT to:

Peregian Beach College  BSB: 304-163  Account: 0002999

**Office Use Only**

STUDENT IDENTIFICATION NUMBER: __________________________

Payment details

**Registration Fee:** ($100 per student – non refundable)

Date Received: ___________________ Receipt No.: ___________________

Amount Paid: ___________________ Entered PC: ___________________

**Enrolment Fee:** ($200 per family – non refundable)

Date Received: ___________________ Receipt No.: ___________________

Amount Paid: ___________________ Entered PC: ___________________

**Supporting documentation**

Birth Certificate ☐  Immunisation records ☐  Recent School Reports ☐

Transfer of student records requested ☐

Application Accepted

__________________________________________  _______________________

Chris Shirley  (Head of College)  Date
### LIST OF PARENTAL OCCUPATION GROUPS

#### Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/departament head in industry, commerce, media or other large organisation. Public service manager (Section head or above), regional director, health/education/police/fire services administrator. Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director] Defence Forces [Commissioned Officer, Defence Forces Commissioned Officer, Defence Forces Commissioned Officer, Defence Forces Commissioned Officer, Defence Forces Commissioned Officer]

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.


Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship’s captain/officer/pilot, flight officer, flight instructor, air traffic controller]

#### Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, financial/investment/insurance broker, credit/loans officer]

Retail sales/service manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

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


Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising, specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces [senior Non-Commissioned Office, Defence Forces Commissioned Officer, Defence Forces Commissioned Officer, Defence Forces Commissioned Officer, Defence Forces Commissioned Officer]

#### Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

#### Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hosiptality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor telemarketer, shelf stacker]

Assistant/aide [trades’ assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces [ranks below senior NCO not included above]

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]
LEARNING SUPPORT ASSESSMENT FORM

Has your child been assessed by any of the following Specialist Services?

<table>
<thead>
<tr>
<th>Specialist Services</th>
<th>Y/ N</th>
<th>Name of Centre</th>
<th>Date of First Visit</th>
<th>Is your child attending now?</th>
<th>Copy of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>State / Child Guidance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Speech Pathologist</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
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<tr>
<td>Physiotherapist</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Psychiatrist</td>
<td></td>
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<tr>
<td>Specialist Clinic (Hospital / Private)</td>
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<tr>
<td>Audiology Clinic</td>
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<tr>
<td>Educational Psychologist</td>
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<tr>
<td>Paediatrician</td>
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<tr>
<td>Other (eg Optometrist)</td>
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</tbody>
</table>

Medical History - Please circle appropriate response

<table>
<thead>
<tr>
<th>Hearing Concerns</th>
<th>Yes / No</th>
<th>Allergies</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Concerns</td>
<td>Yes / No</td>
<td>Other</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

If you have answered YES to any of the above, please supply details. Attach copies of specialist’s reports if available:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Learning History - Has your child been diagnosed with any of the following?

<table>
<thead>
<tr>
<th>Specialist Services</th>
<th>Y/ N</th>
<th>Is your child attending now?</th>
<th>Copy of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Spectrum Disorder (including Aspergers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Visual Impairment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intellectual Disability</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical Impairment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Social / Emotional Impairment</td>
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<td></td>
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<tr>
<td>Speech Language Impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditions / Behaviours that interfere with Learning e.g. ADHD / OCD</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Difficulty</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES to any of the above, please supply detailed information below. Please attach copies of reports from specialists to this form.

Education Adjustment Profile

Has your child been Verified and/or Profiled in the past? Yes / No
If YES, please circle the category/ies of Verification/s.

<table>
<thead>
<tr>
<th>ASD</th>
<th>HI</th>
<th>VI</th>
<th>ID</th>
<th>PI</th>
<th>SED</th>
<th>SLI</th>
</tr>
</thead>
</table>

Is this Profile current? Yes / No (Please supply copies of all documentation)
LEARNING SUPPORT ASSESSMENT FORM  (Continued)

Educational Adjustment Profile (EAP)

Has your child received a formal EAP Level in the past? Yes / No
If YES, state level (2, 3, 4) _____________ Is this Appraisal current? Yes / No

If you have answered YES to any of the above, please supply details below. Documentation related to Profiling should be provided.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Medication - Please list any medication that your child is taking regularly

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is there any other information that the College should be aware of in order to meet your child’s educational needs? e.g. Chronic illness, broken schooling, physical coordination, history of learning and/or organisational difficulties (Maths, English, spelling, phonics, reading), past learning support, accessibility of specialised equipment. Please supply FULL details.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did you hear about us?

☐ Advertisement  ☐ Website  ☐ Word of Mouth  ☐ Other (please specify)_______________

Information on this form is true and complete.

Father / Guardian 1 Signature: _______________________________ Date: _______________

Mother / Guardian 2 Signature: ____________________ ___________ Date: _______________

Thank you for completing this important information. Information supplied will be treated confidentially.