

Application for Enrolment

Kindergarten To Year 12

Welcome to The Springfield Anglican College. To enable our staff to process your application for enrolment please follow the procedure outlined below and ensure that you have attached all documentation requested.



Without this information your application may not progress.

- Step 1.** Complete all details on the Application for Enrolment form, and forward it to the College, together with:
- A copy of your child's Birth Certificate or Passport
 - If your child was not born in Australia please provide residency details
 - A copy of your child's two most recent school reports (if applicable)
 - A copy of your child's most recent NAPLAN test or any other standardised tests (if applicable)
 - Any other supporting documentation you may have eg most recent sporting or performing arts results (if applicable)
 - The Application Fee - \$100 per student - please note that this is not refundable.

Step 2. We will acknowledge receipt of your application and place your child's name in our enrolments database.

Step 3. An interview with you and your child will be scheduled prior to commencement and, following this, you will be advised in writing of an offer of placement for your child.

- Step 4.** If your application is successful, you will need to return to the College:
- Your Enrolment Agreement, signed by both parents where applicable
 - Your non-refundable enrolment fees, which include the Entrance Fee of \$300 for each student and the once only Family Enrolment Fee of \$300 per family.

Further information will be sent to you prior to your child's commencement at the College.

Please return any forms promptly to enable us to prepare for your child's entry to the College.

Step 5. If you have any questions during this process, please do not hesitate to contact our Registrar.

The Springfield Anglican College adheres to the Australian Privacy Principles as set out in the *Privacy Act 1998 (Cth)*. Further details are available in the College's Privacy Procedure located on the College website - www.tsaq.qld.edu.au

Contact Details: The Registrar
The Springfield Anglican College
PO Box 4180, SPRINGFIELD QLD 4300

Applicant

Student Surname _____ First Name _____ Middle Name _____

Residential Address _____ P/Code _____

Year of Entry _____ Proposed Year Level (please circle) - K P 1 2 3 4 5 6 7 8 9 10 11 12

Kindergarten – Please tick preferred days of attendance

Monday, Tuesday and alternate Wednesday or Fulltime

Thursday, Friday and alternate Wednesday After and Before Kindergarten Care (If required)

Will your Kindergarten student require a place in Prep?

Do you hold a Government Concession Card?

Office use only

Family code _____ Student code _____ Date processed _____

Amount paid \$ _____ Receipt number _____ Date received _____

Student Details

Surname _____ First Name _____ Middle Name _____

Known as _____ Gender Male Female

Date of Birth _____ Religious Denomination _____

Country of Birth _____ Nationality _____

Language spoken at home _____
(if more than one, indicate the one spoken most often)

Is the student of Aboriginal descent Yes No

Is the student of Torres Strait Islander descent Yes No

Is the student an Australian citizen Yes No

For non-Australian citizens, please provide the information requested below and also provide a copy of the current visa

Visa sub-class _____ Expiry Date ___/___/___ Passport Number _____ Country of issue _____

Date of arrival in Australia ___/___/___

Name and date of birth of sibling/s **Note: A separate Enrolment form and application fee is required for each enrolling student**

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Enrolment Information

Proposed year of entry 20____ Term: 1 2 3 4 Proposed year level: _____

Other family members currently or previously enrolled at The Springfield Anglican College: _____

(Please give name, relationship and years attended)

Present School/Child Care Centre _____ Years attended _____

Previous School _____ Years attended _____

Interests and Abilities

Please detail your child's sporting, cultural or interest groups including clubs or associations they may belong to –

Student Needs Profile

We need to know if your student has any condition that may impact on full participation in the school program, or require special medication, attention or support. Please indicate if the student has any of the following, and provide details. Attach additional information if space is insufficient.

Learning difficulties No Yes _____

Allergies No Yes _____

Physical disability No Yes _____

Psychological condition No Yes _____

Gifted and talented No Yes _____

Medical condition No Yes _____

Regular medication No Yes _____

Social difficulties No Yes _____

ESL Support No Yes _____

Other provide details No Yes _____

Note: non-disclosure of any special needs may lead to a review of the enrolment.

Details of student needs

Please note: 1) *If natural parents are not living together, please attach copies of Family Court Orders or any Legal Documents relating to the care of this student.*
 2) *In the case of parent separation both parents must accept responsibility for payment of College Fees.*

Father / Guardian

Title Mr Dr Other
 Surname _____
 First name _____ Middle name _____
 Natural parent of child Yes No Legal Guardian
 Lives with student Yes No Part time

Mother / Guardian

Mrs Ms Dr Other
 Surname _____
 First name _____ Middle name _____
 Yes No Legal Guardian
 Yes No Part time

Address Details

Residential _____
 _____ P/Code _____
 Correspondence _____
 _____ P/Code _____
(if different from above)
 Accounts _____
 _____ P/Code _____
(if different from above)
 Drivers Licence No _____

Residential _____
 _____ P/Code _____
 Correspondence _____
 _____ P/Code _____
(if different from above)
 Accounts _____
 _____ P/Code _____
(if different from above)
 Drivers Licence No _____

Contact Numbers

Home _____
 Work _____
 Mobile _____
 Email _____

Home _____
 Work _____
 Mobile _____
 Email _____

Occupation – Father

Employer _____
 *Occupation Group 1 2 3 4
(see Note below) have not worked in past 12 months

Occupation - Mother

Employer _____
 *Occupation Group 1 2 3 4

Payment of College Fees Please nominate who will accept primary responsibility for payment of College Fees,

if different from parents _____

Postal address: (All accounts will be sent to this address unless otherwise specified):
 _____ P/Code _____

Education – Father

*Highest school education Yr 12 Yr 11
 Yr 10 Yr 9 or below
 Unknown
 * Highest non-school qualification Bachelor Degree or above
 Diploma or Associate Diploma
 Certificate I – IV (trades)
 No non-school qualification
 Unknown

Education - Mother

*Highest school education Yr 12 Yr 11
 Yr 10 Yr 9 or below
 Unknown
 * Highest non-school qualification Bachelor Degree or above
 Diploma or Associate Diploma
 Certificate I – IV (trades)
 No non-school qualification
 Unknown

*Main language spoken at home Father _____ Mother _____

Note: The information requested at * above is required by government for collecting information on student background characteristics as part of national reporting on student outcomes. See www.mceecdya.edu.au for further details. For the purposes of this reporting, please use the following classifications of Occupation Groups:

Group 1 – Senior management in a large organization (business, government or defence) and qualified professionals

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

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

Group 4 – Machine operators, hospitality staff, assistants, labourers and related workers.

Reason/s for Application

What has prompted you to enrol your child at The Springfield Anglican College?

(Please tick any which may apply)

- School reputation Christian ethos Range of Extra-Curricular activities Response to enquiries VET opportunities
 Academic standards Pastoral care Facilities and grounds School size Tertiary Pathways

Other _____ Personal recommendation by _____

Conditions of Enrolment

I/We understand that this is an Application for Enrolment, and does not guarantee my child a place at the College.

I/We confirm that we are providing all relevant information in regard to my child's educational, social and medical status that may impact on his/her participation in the full College program, and will inform the College if there is any change in this information whilst my child is enrolled at the College.

I/We confirm that I am a custodial parent/guardian of the child named in this Application for Enrolment, and that I/we apply for this enrolment with the full knowledge and consent of any and every person having any right to their custody or guardianship.

I/We authorise the College to collect information from my child's previous school/s. I/We consent to the personal information provided by me to be used in accordance with the School's Privacy Policy which is available on the College website.

I/We consent to –

- a) My child will be transported in buses, owned or hired by the College, between campuses and for regular calendar events.
- b) My child's photograph being used in College publications, including social media.

(If you do not agree to this, please advise the Registrar in writing before enrolment is confirmed.)

I/We understand that any offer of enrolment provides a place for my/our child until the completion of Year Twelve. One full term's notice is required if the student is to leave the College before this or one term's fee will be charged. Upon acceptance of a place for my/our child at The Springfield Anglican College, I/We agree, both for me/us and on behalf of my/our child, to be bound by these and all other College Policies and Rules, including any changes that may be made in them from time to time.

I/We understand that all College rules, Policies and changes will be detailed in College publications and on the College website www.tsac.qld.edu.au.

I hereby apply for the enrolment of (student's name) _____ at The Springfield Anglican College.

Signatures (ALL PARTIES MUST SIGN)

Father/Guardian _____ Mother/Guardian _____

Date ____ / ____ / ____

Date ____ / ____ / ____

Date ____ / ____ / ____

Signed on behalf of The Springfield Anglican College:

Application Fee Payment

Enrolment Application and enclose \$100 Application Fee (inc GST)

Date ____ / ____ / ____

Fee Payment Cash Cheque payable to The Springfield Anglican College Credit Card (details below)

My Credit Card details are-

MasterCard Visa Credit Card number:

Expiry Date ____ / ____ / ____ Amount (inc GST) \$ _____

Signature and Name on Card: _____