



Prep – Year 12 Student Enrolment Application

Student's First Name: _____

Student's Last Name: _____

Proposed Entry to King's College:
Year Level _____ **in the Year** _____

Note: Application must be fully completed to be considered

Please note all information obtained by the school is regarded highly confidential. All information regarding enrolments will be destroyed after a two-year period should you decide not to process your enrolment.

Student Information

Student Surname:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Student First Name		DOB:	
Student Middle Name:			
Student Preferred Name:			
Year Level and Year of entry you would like your child to start at King's College: Year Level _____ Year _____			
Is the student of Aboriginal or Torres Strait Islander descent? NO <input type="checkbox"/> ABORIGINAL <input type="checkbox"/> TORRES STRAIT ISLANDER <input type="checkbox"/>			
Current School <i>If Applicable</i>		Year Level(s)	
Previous School(s)		Year Level(s)	
Do you currently have, or have you had, any other child attend King's College? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please list siblings including those currently enrolled at King's College			
Surname:	Given Name:	Current School:	Current Year Level:
Does your family attend church on a regular basis*: YES <input type="checkbox"/> NO* <input type="checkbox"/> <i>*Answering 'No' will not have an impact on your enrolment</i>			
Name of Church:			
King's College has an open enrolment policy. However, our school is based on the Christian faith and every child is exposed to its principles, which are woven throughout the entire curriculum.			
NON-AUSTRALIAN NATIONALS ONLY: Does the child have permanent residency status? YES* <input type="checkbox"/> NO <input type="checkbox"/> <i>*A copy of the residency certificate or Passport and Visa must be attached for all non-Australian nationals.</i>			

Education Support Information

This is to ensure that King's College is able to provide your family with the best care and to ensure that the appropriate resources are available. Should your child receive any of the services below, please provide written documentation. Please tick the box if your child has ever received or is currently receiving any of the following services.

- | | |
|---|---|
| <input type="checkbox"/> Counselling Support | Therapy Support: |
| <input type="checkbox"/> Early Intervention Services | <input type="checkbox"/> Hearing Impairment Services |
| <input type="checkbox"/> Special Education Support | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Hospitalisation for any extended period | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Ongoing treatment for a medical condition or mental health issue | <input type="checkbox"/> Physical Impairment |
| <input type="checkbox"/> Other support services | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Other significant health issues | <input type="checkbox"/> Visual Impairment Services |
| <input type="checkbox"/> Cognitive disability (eg. Autism, ADHD) | <input type="checkbox"/> Teacher Aide Support |
| | <input type="checkbox"/> Curriculum Program Support (eg. Individual Learning Plans) |
| | <input type="checkbox"/> Psychological Assessments (testing of Intellectual Function such as a WISC test) |
| | <input type="checkbox"/> Programs for intellectually gifted children |

If you ticked any of the boxes above, please give a brief outline below and provide copies of all diagnosis/ support when submitting this application.

STUDENT MEDICAL INFORMATION

Please provide a management plan signed by your doctor prior to commencing, including ALL relevant details which might affect the student's wellbeing at school

Allergies	<i>Please specify</i>
Medication Required:	
Frequency:	
Anaphylaxis	<i>Please specify</i>
Medication Required:	
Frequency:	
Asthma	<i>Please specify</i>
Medication Required:	
Frequency:	
ADHD / ASD / Autism	<i>Please specify</i>
Medication Required:	
Frequency:	

Please select if applicable:

Blood Disorder	
Chronic Fatigue	
Diabetes	
Eating Disorder	
Epilepsy	

Glandular Fever	
HIV	
Heart Condition	
Hepatitis B or C	
Migraine	

Medication Required:

Other medical concerns? If so, please specify:

Emergency Contact 1 (other than Parent or Guardian)		
Name		
Relationship to child	Mobile	
Address	Postcode	

Emergency Contact 2 (other than Parent or Guardian)		
Name		
Relationship to child	Mobile	
Address	Postcode	

Medical Practitioner	
Doctor's Name	Phone
Clinic	
Address	
Insurance	
Private Health Cover:	Membership Number:
Ambulance Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Number:

PARENTAL INFORMATION RELATING TO THE CHILD

The child currently resides with:

BOTH PARENTS
 MOTHER ONLY
 FATHER ONLY
 OTHER

**If you selected 'other' please provide details:*

Are there any access restrictions? YES NO

**If yes, King's College will make contact with you.*

PARENT / GUARDIAN		PARENT / GUARDIAN	
Title:	Relationship:	Title:	Relationship:
Given Names:		Given Names:	
Surname:		Surname:	
Residential Address:		Residential Address:	
Town:		Town:	
Postcode:		Postcode:	
State:		State:	
Country:		Country:	
Postal Address (if different from Residential Address):			
PO Box:		Town:	
		Postcode:	
		State:	
		Country:	
Home Phone: <i>(Indicate with 'S' if silent number)</i>		Home Phone: <i>(Indicate with 'S' if silent number)</i>	
Mobile:		Mobile:	
Email:		Email:	
Are you the primary carer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you the primary carer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Working with Children's Check is required for all College activities.
Please attach a copy of each Parent / Guardian's card.

Confidential Family Information

Parent / Guardian 1			
Name		Surname	
Occupation		Employer	
Work Address			Postcode
Work Phone	Work Email		

Parent / Guardian 2			
Name		Surname	
Occupation		Employer	
Work Address			Postcode
Work Phone	Work Email		

Australian Government Reporting Requirements			
<p><i>(For Australian Government data collection only- not for school use)</i> The Commonwealth Department of Education, Employment and Workplace Relations (DEEWR) require the completion of the following information. Does the student or their Parent / Guardian speak a language other than English at home? If yes, please indicate language below. If more than one language, please indicate the one that is spoken most often. If not, please go to the next question.</p>			
Language	Student	Parent / Guardian 1	Parent / Guardian 2
English Only <i>(select)</i>			
Languages other than English <i>(please specify)</i>			
Parent/ Guardian Country of Birth			
<p>What is the highest year of primary or secondary schooling completed by the student's Parents / Guardians? For persons who have never attended school, please mark 'Year 9 or equivalent or below'.</p>			
<i>(Please mark one box ONLY in each column)</i>		Parent / Guardian 1	Parent / Guardian 2
Year 12 or equivalent			
Year 11 or equivalent			
Year 10 or equivalent			
Year 9 or equivalent or below			

Australian Government Reporting Requirements (Cont.)

What is the level of the highest tertiary qualification completed by the student's Parents / Guardians?

(Please mark one box ONLY in each column)	Parent / Guardian 1	Parent / Guardian 2
Bachelor Degree or higher		
Advanced Diploma / Diploma		
Certificate I to IV (including trade certificate)		
Non-school qualification		

Please select the appropriate Parent / Guardian occupation group from the categories listed below. If the person is not currently in paid work but has held a job 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 'N' in the box.

(Please indicate the relevant occupational group code in each column)	Parent / Guardian 1	Parent / Guardian 2
Occupational Group Code (see below)		

SCHOOL FAMILY OCCUPATION PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.
OCCUPATION GROUP A
Senior management in large business organisations, government administration and defence and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation
Business [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]

Media [e.g. newspaper editor, film/television/radio/stage producer/director/manager]
Public Service Manager (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research/facility manager, police/fire services administrator]

Defence Forces Commissioned officer
Qualified Professionals – generally have a degree or higher qualifications and experience in applying this knowledge to:

-design, develop or operate complex systems, identify, treat and advise on problems, teach others

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

OCCUPATION GROUP B

Other business owners/managers, arts/media/sportspersons and associate professionals
Business Owner / Manager
Farm/business owner/manager building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]

Specialist manager [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]

Financial services manager [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts /media / sportspersons
Artist/Writer [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor] Sports [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma /technical qualifications and provide support to managers and professionals

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration
Medical, science, building, engineering, computer technician/associate professional
Health/social welfare [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
Law [e.g. police officer, government inspector, examiner or

assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]

Business/administration [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
Defence Forces [e.g. senior non-commissioned officer]

OCCUPATION GROUP C

Tradesmen/women, clerks and skilled office, sales and service staff. Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship

Office [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
Sales [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Carer [e.g. aged/disabled/refugee care worker, child care assistant, nanny]

Service [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D

Machine operators, hospitality staff, office assistants, labourers and related workers. Drivers, mobile plant, production/processing machinery and other machinery operators
Production/processing machine operator [e.g.

engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]

Machinery operator [e.g. photographic developer/printer, industrial spray painter, boiler/air-conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff

Sales staff [e.g. 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, sales demonstrator, shelf stacker. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]

Assistant/aide [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers [e.g. farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner]
Defence Forces [other ranks (below senior NCO) without trade qualification not included above]

Other worker [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

FINANCIAL INFORMATION

Please supply name, address and contact details for the person(s) responsible for paying fees.
Please note that we cannot 'split' fee invoices.

NB: Final responsibility for the payment of fees rests with the person/s signing the Application Form. Therefore, if an arrangement has been made with another person to pay the fees and they default, the College has no alternative but to pass the account back to the original applicant/s.

Father and Mother Jointly <input type="checkbox"/>	Mother <input type="checkbox"/>	or	Father <input type="checkbox"/>	Other <input type="checkbox"/> (Please complete section below)
Surname:		Given Name(s):		
Billing Address:				Postcode:
Contact Phone:		Mobile:		
Contact Email:				
Relationship to Student:				
I/ We _____ accept full responsibility for payment of all fees from King's College for _____(student's name) Signed _____ Date _____				
Health Care Card Information (if applicable)				
Please provide a copy with this application				
Parent	CRN	Type	Expiry	
Student	CRN	Type	Expiry	

DOCUMENTATION REQUIRED

<p>FOR PREP STUDENT REGISTRATIONS Please attach the following:</p> <ul style="list-style-type: none"> Birth Certificate Immunisation Certificate Specialist Reports, Diagnosis, Education Support (if applicable) Application fee paid <p>*Children enrolled for Prep must be 5 years old by 30 April in the year they start Prep</p>	<p>FOR ALL OTHER STUDENT REGISTRATIONS Please attach the following:</p> <ul style="list-style-type: none"> Birth Certificate Immunisation Certificate Most current school report Most current NAPLAN test results Specialist reports, Diagnosis, Education Support (if applicable) Application fee paid
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Registration Statement

I / We hereby apply for the enrolment of this student at King's College.

- I / We have read and retained a copy of the Enrolment Package and Fee Schedule and agree to support and co-operate with the College in all matters contained therein.
- I / We agree to support the policies and rules of the College that exist now or may apply in future.
- I / We understand one full term's notice in writing will be given before the removal of a student and acknowledge that one term's tuition fee will be charged in lieu of notice.
- I / We further agree that an offer of enrolment is subject to my / our acceptance of the College's terms and conditions of enrolment that exists now or any changes that are made in future.
- I / We agree to be bound by any policy changes contained in the most recent Fee Schedule issued to families. I / We understand that a copy of the updated Fee Schedule is available on the College website.
- I / We agree to be solely / jointly responsible for the payment of all fees and charges. I / We understand that, where the College incurs cost relating to unpaid College accounts, all legal and all debt collector fees / charges / commissions or any other costs associated with the recovery of my / our outstanding account. If King's College considers it relevant, I / we agree to the College obtaining a Commercial Credit Report from a Credit Reporting Agency.
- I / We in signing this form grant permission for King's College to publish the student's image, work and / or name in College community publications and / or publications aimed at the wider community both in print, digital and video form.
- I / We request that our child be registered for placement. I / we acknowledge that this form is NOT a confirmation of enrolment or a guarantee of placement and that final enrolment is conditional upon places becoming available and completion of enrolment procedures.

SIGNED _____ PARENT / GUARDIAN _____ PARENT / GUARDIAN DATE ___ / ___ / ___

NB: This application will not be processed until all Parents / Guardians of the child have signed this form and payment has been included.

Please complete a separate form for EACH child you are seeking to REGISTER with King's College. This must include a \$100 non-refundable application fee per child (capped at \$200 per family). Applications will not be processed without this fee. Receipt of this form, complete with payment, will place your child on the appropriate waiting list.

Please be advised that it remains your responsibility to inform us of any change of details during the enrolment process in order for us to be able to continue to keep you up to date with all details and make offers for places as they become available.