



**ONTRACK
COLLEGE**

EMERALD

Ontrack for Life

ONTRACK COLLEGE

APPLICATION FOR ENROLMENT

GEMS CHRISTIAN EDUCATION LTD
ABN 71 094 768 993
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Enrolment Procedure

1. A referral must be received; (a) from current/previous school, (b) an agency (c) practitioners etc.
2. An interview will be arranged once the referral has been accepted by the College.
3. You will be invited, along with your child/ren to attend an interview with the principal and/or college member(s) and other stakeholders. An interview does not mean that an enrolment has been accepted or will be offered.
4. Your referral, interview, will be reviewed by all stakeholders and you will be notified of your enrolment status.
5. If a position is not available, your child will be placed on a waiting list until further notice.
6. **All initial enrolments will be subject to a two (2) week probationary period.**

Office Use Only:

| | |
|-----------------------|--|
| Application Received. | |
| Student Full Name | |
| Year Level | |

STUDENT DETAILS

Surname: _____ Christian Names: _____

Preferred Name: _____ Gender: M F Date of Birth: _____

Residential Address:

_____ Post Code: _____

Postal Address (if different from residential address)

When do you want your child to start at the School? _____ What year level? _____

Nationality: _____ Country of Birth: _____

Date of Arrival in Australia: _____ Visa Number and Type: _____

If the student is not an Australian Citizen - please provide a copy of the student's passport showing current visa details.

Language spoken at home: English Other (please specify) _____

First language spoken at home by the student: _____

Is the student of Aboriginal or Torres Strait Islander origin?

Aboriginal Yes No Torres Strait Islander Yes No
(For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes).

Is the student immunised?

Yes Please attach immunization records.

No If no please give details. _____

Please note:

All successful student enrolments will be required to see student support workers and follow up sessions as required by: Helping Hands Therapy, College Health Youth Support Worker, and any other assigned school practitioner. Provided at no cost to parent(s)/guardian(s)

SCHOOLING HISTORY

Current School: _____

Year Level: _____ Reason for Leaving: _____

Has your child ever been accelerated (skipped a year) or repeated a year: Yes No

If Yes, please give details: _____

Has your child ever been involved in disciplinary action resulting from involvement in/with bullying, fighting, drugs, alcohol or tobacco: Yes No

If yes, please give details: _____

HOUSEHOLD DETAILS

FATHER (as per child's birth certificate)

Relationship to Mother

Married DeFacto Divorced Separated Other _____

Lives with student Yes No

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

Residential Address: _____

_____ Post Code: _____

Postal Address: (if different from home address): _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____

MOTHER (as per child's birth certificate)

Relationship to Father

Married DeFacto Divorced Separated Other

Lives with student Yes No

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

Residential Address:

_____ Post Code _____

Postal Address (if different from home address):

_____ Post Code: _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____ Church: _____

How would you describe your church attendance?

Regular Occasional Not at All
(2 to 4 times a month) (Special Occasions)

OTHER CAREGIVERS/GUARDIANS (if applicable)

Does your child live with the birth father and birth mother?

Yes No (If No please continue, if Yes please complete details relating to any caregivers who are not birth parents, but who live with the child).

First Primary Caregiver (Guardian 1)

Relationship to Parent: Married DeFacto Divorced Separated Other _____

Relationship to Student: _____

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

Residential Address: _____

_____ Post Code _____

Postal Address (if different from home address): _____

_____ Post Code: _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____

First Primary Caregiver (Guardian 2)

Relationship to Parent: Married DeFacto Divorced Separated Other _____

Relationship to Student: _____

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

Residential Address: _____

_____ Post Code _____

Postal Address (if different from home address): _____

_____ Post Code: _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____

CUSTODY AND PARENTING ARRANGEMENTS (if applicable)

Note: Only complete this section if birth parents are no longer living together.

is there a joint consensus to enrol this student at Emerald Christian College:

Yes No If No, please explain: _____

Are there any Family Law Order or any other formal orders pertaining to this student: Yes No

Who is the legal guardian of the child: Mother Father Guardian 1 Guardian 2

Is this student:

A Ward of the State? Yes No

In Foster/Kinship Care? Yes No Living with extended family? Yes No

If Yes, please explain: _____
Copies of parenting court orders, protection orders, and parental agreement either formal or informal must accompany this application.

Further Parent/Guardian Information

To whom does the College communicate regarding day-to-day matters?

Mother Father Guardian 1 Guardian 2

Which caregivers would you like to receive newsletters, school reports etc.?

Mother Father Guardian 1 Guardian 2

Are there any cultural considerations regarding this student that the College should be aware of:

OTHER CHILDREN IN THE FAMILY

Name: _____ Gender: M F Date of Birth: _____

Current School: _____ Year Level: _____

Name: _____ Gender: M F Date of Birth: _____

Current School: _____ Year Level: _____

EMERGENCY CONTACT - OTHER THAN PARENTS

It is the responsibility of the parents/guardians to keep emergency contacts up to date.

1. Name: _____ Relationship to Student: _____

Mobile No: : _____ Home No: _____

Email Address: _____

2. Name: _____ Relationship to Student: _____

Mobile No: : _____ Home No: _____

Email Address: _____

STUDENT LEARNING AND DEVELOPMENT

To enable us to have Nationally Consistent Collection of Data, please complete the following:

Has a specialist ever assessed the student for developmental, learning or behavioural characteristics?

Yes No

If yes, please give details and attach any related documentation to this application: _____

Please complete the table below, if you answer **Yes** to any of the conditions, please provide details and any medical reports.

| Condition | Yes | No | Details |
|--------------------------------|-----|----|---------|
| ADD/ADHD | | | |
| Anxiety Disorder | | | |
| Auditory Processing Difficulty | | | |
| Autism/Aspergers | | | |
| Dyslexia | | | |
| Eating disorder | | | |
| Hearing Impairment | | | |
| Intellectual Impairment | | | |
| Learning difficulties | | | |
| Mental Health Concerns | | | |
| Premature birth | | | |
| Physical Impairment | | | |
| Social/Emotional | | | |
| Self Harm | | | |
| Speech/Language Difficulty | | | |
| Vision Impairment | | | |
| Other (please give details) | | | |

If your child has one of the listed special needs, how does it impact on the student as a learner and in the school environment?

Please attach details: _____

Has your child received 'Learning Support' assistance: Yes No

If yes, for which subjects/skill area: _____

Has your child ever been ascertained or had an EAP (Education Adjustment Program) or an IEP (Individual Education Plan?) Yes No

If yes, please give details and provide copies of documentation: _____

Do you give permission for your child to be referred for Learning and Development testing if required:

Yes No

PHYSICAL DEVELOPMENT AND HEALTH - MEDICAL FORM

Student Name: _____ DOB: _____

Medicare Number (including student's reference number on card and expiry Date.

_____ Exp Date: ____/____/____

Students family doctor: _____ Phone Number: _____

Health Care Card Number (Start Date & Expiry Date) _____

Private Health fund and Number: _____

Has your child been immunised: Yes No Are immunisations up to date: Yes No

If NO please state reason: _____

Do you give First Aid personnel permission to administer Paracetamol (S2 Drug)? Yes No

Swimming Ability: Excellent Confident Some confidence Not confident

List any medication your child is taking regularly: _____

Note: Permission to Administer Medication Form must be completed and returned to the office along with labelled medication to allow staff to administer any of the above medications. Students are NOT permitted to hold medication on their person or in their bags. Asthma medications and epipen are allowable if needed.

Please complete the table below, if you answer **Yes** to any of the conditions, please provide details and any medical reports.

| Condition | Yes | No | Details |
|---|-----|----|---------|
| Allergies eg. Food, Ointments, Band-aids/ elastoplasts, Drugs (including anaesthetic and penicillin), Plants, Animals or Other. | | | |
| Anaphylaxis | | | |
| Asthma or respiratory problems. Puffer/Spacer required. Attach Asthma Plan. | | | |
| Back bone, joint or muscular problems | | | |

| | | | |
|--|--|--|--|
| Brain or head injury | | | |
| Chronic fatigue | | | |
| Diabetes | | | |
| Epilepsy | | | |
| Heart problems | | | |
| HIV/Hepatitis A,B,C etc | | | |
| Kidney problems | | | |
| Headaches/Migraine | | | |
| Phobias | | | |
| Serious illness, operations or accidents | | | |
| Skin Problems | | | |
| Travel Sickness | | | |
| Other | | | |

PSYCHOLOGICAL/PASTORAL CARE NEEDS

Has this student been victimised or bullied in a previous education setting: Yes No

Does this student suffer from any psychological conditions? Eg. depression, anxiety? Yes No

Does this student require Pastoral Care in regards to specific emotional needs? Eg. loss of a parent, trauma, social stresses, phobias?

Yes No If yes, please provide details: _____

Are any of the listed conditions above likely to affect the student's ability to participate fully in College activities: (eg. classroom learning, socialisation, sport, camps, excursions etc..)

Yes No If yes, please provide details: _____

Note: If you have answered **YES** to any of the above questions and have any supporting documentation or reports, please attach information to this application form.

CONSENTS

1. Request for Medical Assistance

In the event of an accident or illness I authorise the staff to seek any medical attention that my child should require and agree to meet any expenses incurred.

Assistance Permitted No assistance Permitted.

2. Consent for Medication and Minor First Aid Assistance

I (give/do not) give my permission for sunscreen, topical ointment (i.e. stingoes, savlon, stop itch, betadine, calamine lotion) band aids, bandages, over the counter Paracetamol, Antihistamine or other reasonable first aid the school feels necessary at the time to be administered to my child.

Assistance Permitted No assistance Permitted.

3. Consent for Photographs or Video images for marketing purposes

I (give/do not give) consent to the School using photographs or video images of my child for the purpose of advertising and/or promotional material for the college (eg newsletters, awards nights, chapel and assemblies etc).

- Permitted for all Photos
- Permitted for specific photos only. Please specify: _____
- Internal only (no public)
- Social Media
- Promotions (banners, newsletters, newspaper etc)

4. Consent for Swimming - Water Sports/Training

I (give/do not give) consent for my child to attend College swimming activities at any pool that the College utilises for swimming purposes including lessons, competitions etc, in each year that my child attends the School.

Permitted Not Permitted

5. Transport Consent

I (give/do not give) consent for my child to travel in a private vehicle and/or by bus to scheduled events of which I have been made aware.

Bus Transport Permitted Not Permitted
 Authorised Private Vehicle Permitted Not Permitted

6. Extra-curricular activities

I (give/do not give) consent for my child to participate in tennis, bicycle use (mountain bikes), fishing, touch football, physical fitness, volleyball, basketball and netball.

Permitted Not Permitted

7. Consent for Excursions

I (give/do not give) consent for my child to participate all excursions and transporting by bus.

Permitted Not Permitted

HOW DID YOU HEAR ABOUT EMERALD ONTRACK COLLEGE?

- Word of mouth
 Friend/Family
 Church Name of Church _____
 Billboard
 ECC/Ontrack Buses
 Internet research/college website
 Radio advertising
 Other - please explain: _____

ADDITIONAL INFORMATION/PROOF OF IDENTITY/CHECKLIST

All Applications for enrolment must accompany a copy of the prospective Student's birth certificate and (if applicable) passport and visa details. A prospective Student born in Australia applying for enrolment whose Caregivers were both born overseas, must supply a copy of the parent/s current Australian Citizenship/Passport/Visa documents. A prospective Student born overseas, with Caregivers both born overseas, must also provide a certified copy of current passports and visa documents, including visa number and expiry date. These documents must be renewed as required by law when a visa expires and a copy provided to the College.

Please check and tick boxes once completed. Enclosed with this application I have included:

- Copy of most recent school reports
- Copy of birth certificate/passport
- Copy of any specialist reports (if applicable)
- Copies of Formal Court Orders or Informal Separation Agreements (if applicable)
- Copy of Visa (if applicable)
- All sections on enrolment applications are completed and signed where applicable.

CAREGIVER AGREEMENT TO ENROL

Enrolment at Gems Christian Education Ltd is regarded as a major long term commitment. In the absence of any Court Orders to the contrary, any decisions about enrolment ordinarily must be made jointly by the Caregivers.

FULL AND FRANK DISCLOSURE

All applications for enrolment are to include a full and frank disclosure by the Caregivers of **all information** about the Prospective Student in relation to enrolment history at previous school/s including any suspensions, expulsions or bullying investigations/reports, family issues and/or arrangements, medical and/or mental health conditions and any other significant educational needs.

Non-disclosure of details as outlined above may result in termination of the Prospective Student's enrolment, at any time.

I/We accept that failure to disclose all relevant information may result in cancellation of an enrolment.

Name of Father: _____

Signature of Father: _____ Date: _____

Name of Mother: _____

Signature of Mother: _____ Date: _____

If Applicable:

Name of Guardian 1: _____

Signature of Guardian: _____ Date: _____

Name of Guardian 2: _____

Signature of Guardian: _____ Date: _____

PRIVACY

- This information is collected by Gems Christian Education Ltd as part of it's requirement for enrolment of students.
- The primary purpose of collection of this information is to enable the provision of quality Christian education.
- Some information provided on this form may be submitted to government authorities from time to time.
- Sensitive information will not be disclosed without the parents' written consent.
- Information collected will be kept in a secure place.
- The College may provide you with access to your information upon receipt of a written request.
- It is essential that the information supplied is accurate and fully disclosed.
- This information will be shared only for educational or safety purposes and only to those significantly involved with the education of the student.

STANDARD DATA COLLECTION NOTICE INFORMATION

1. The College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of the pupil's enrolment at the school. The primary purpose of collecting this information is to enable the School to provide Schooling for your child.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of the Schools require that certain information is collected. These include Public Health and Child Protection Laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act.
5. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, system education offices, medical practitioners, and people providing services to the school, including specialists visiting teachers, sports coaches and volunteers.
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 such as academic and sporting achievements, pupil activities and other news is published in School newsletters.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. 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 School's duty of care to the pupil, or where pupils have provided information in confidence.

DATA COLLECTION FORM

This information is required by the Queensland Government on education and Youth Affairs for assessment and reporting purposes. Information collected from this form is covered by the College's Privacy Policy.

Name of Student: _____ Preferred Name: _____

Home address of student: _____

_____ Post Code: _____

1. Gender: Male Female

2. Is the student of Aboriginal or Torres Strait Islander origin? Aboriginal Torres Strait Islander
 Neither (For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes.)

3. In which country was the student born? Australia Other-please specify: _____

4. Does the student or their mother/guardian or their father/guardian speak a language other than english at home: (If more than one language, indicate the one that is spoken most often.)

| | Student | Father/Guardian 1 | Mother Guardian 2 |
|---------------------------------|---------|-------------------|-------------------|
| English Only | | | |
| Other Language - please specify | | | |

5 (a). What is the highest year of primary or secondary school the parents/guardians have completed: (for persons who have never attended school, mark "Year 9 or equivalent or below.") Mark **one** box only in each column.

| | Mother/Guardian 1 | Father/Guardian 2 |
|-------------------------------|-------------------|-------------------|
| Year 12 or equivalent | | |
| Year 11 or equivalent | | |
| Year 10 or equivalent | | |
| Year 9 or equivalent or below | | |

5(b). What is the level of the highest qualification the parents/guardians have completed? Mark one box only in each column.

| | Mother/Guardian 1 | Father/Guardian 2 |
|---|-------------------|-------------------|
| Bachelor degree or above | | |
| Advanced Diploma/Diploma | | |
| Certificate I to IV (including trade certificate) | | |
| No Non-school qualification | | |

6(a). What is the occupation group of the mother/guardian 1? _____

6(b). What is the occupation group of the father/guardian 2? _____

Please select the appropriate parental occupation group from the list below.

LIST OF PARENTAL OCCUPATION GROUPS (FOR QUESTION 6)

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

- **Senior executive/manager/department 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**
- **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.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional
- **Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying 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, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services 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, proofreader, sportsman/woman, coach, trainer, sports official]
- **Associate professionals** generally have diploma/technical qualifications and support managers and professionals.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional
- **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 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/refugee/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:

- **Hospitality 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]
- **Defence Forces** ranks below senior NCO not included above
- **Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farmhand, 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]
- **Labourers and related workers**

Group 8: This category is used for participants who have not been in paid work for the previous 12 months or longer.

GEMS Christian Education Ltd

STUDENT DIGITAL TECHNOLOGY USAGE AGREEMENT

Return this Permission Form to GEMS Christian Education Ltd to allow your Student access to the GEMS Christian Education Ltd Network.

Please keep the Network Rules page for your own information.

Parents, Guardians or Carers of Students in Prep – Year 12 are to sign this agreement. Students in Year 3 – Year 12 are also to sign this agreement.

Student Name: _____ YEAR LEVEL: _____

Student Signature: _____

PARENTS, GUARDIANS OR CARERS & STUDENT NETWORK USER AGREEMENT & PERMISSION.

As the Parents, Guardians or Carers of the Student listed above, I have read and understood the Digital Technology Use Policy and do give permission for my Son/Daughter/Ward to access GEMS Christian Education Ltd's Networked Computer Services including the Internet and Electronic Mail. I understand that Individuals may be held liable for violations of the Law.

Whilst GEMS Christian Education Ltd takes steps to protect Students from inappropriate material by Teacher guidance and network filtering programs, I understand that some materials on the Network via Internet and E-mail may be objectionable, but I accept responsibility for guidance of Network use – setting and conveying standards for my Son/Daughter/Ward to follow when selecting, sharing or exploring information and media. I also accept full responsibility for supervision of my child using this media outside of GEMS Christian Education Ltd.

I recognise that it is impossible for GEMS Christian Education Ltd to restrict access to all controversial materials and I agree to not hold GEMS Christian Education Ltd responsible for materials sighted or acquired on the Network.

I hereby give permission to GEMS Christian Education Ltd to issue a Network account for my child.

1st Parent, Guardian or Carer Name: _____

1st Parent, Guardian or Carer Signature: _____

2nd Parent, Guardian or Carer Name: _____

2nd Parent, Guardian or Carer Signature: _____

Date: ___/___/_____

BILLING RESPONSIBILITY

Please give details of the person/s responsible for any College fees. Any invoices will be in the name/s of the parent/guardian/s whose signature/s appears on the enrolment contract. Please be aware your account remains the responsibility of the person/s signing the enrolment contract.

Name: _____ Phone: _____

Billing email address: _____

Relationship to Student: _____

