



Overseas Student Application for Enrolment

Attach Photo
of Student
Applying

Emmanuel College Trading as Emmanuel College
CRICOS Provider No. 00789B

Please return completed form or direct enquiries to:

Enrolments Registrar:

Phone +617 5561 4021 **Fax** +617 5561 4022

Email enrolments@emmanuel.qld.edu.au

Mail Locked Bag 5, Nerang Qld 4211

Submitting an Application

Please complete a separate Application form for each child and answer ALL questions (even if you have children already enrolled at the College). Please return the completed Application for Enrolment to the Enrolments Registrar along with:

- Application Fee of \$77 per application form - (Application not accepted unless all relevant paperwork is attached)
- Copy of two most recent school reports
- Copy of written evidence of proficiency in English as a second language
- Proof of legal name and birth date
- Copy of passport page with name, photo identification, passport number and expiry date
- Copies of any relevant education reports, including educational and psychological testing reports, if applicable
- Copies of Court Orders (including Family, Child Protection or Domestic and Family Violence Orders) if applicable

Where the above documents are not in English, certified translations in English are required, with necessary costs to be met by the applicant.

Please note that this form is an Application for Enrolment, not a contract. If an offer of enrolment is extended to you, you will be provided with an Acceptance of Enrolment / Written Agreement for you to sign if you choose to do so.

1. Application for Enrolment Details

Student details

Surname _____ Christian Names _____
(Legal Names Required)

Preferred Name _____ Male Female

Date of Birth ____ / ____ / ____ Proof of name and date of birth - Copy of: Birth Certificate Passport

Desired Commencement Year Level _____ Term _____ Year 20_____
(e.g. Prep, Year 1-12) (1, 2, 3, 4)

What language is primarily spoken at home? _____

Country of Birth: _____ Nationality _____

If held please provide copy of VISA. VISA Sub Class No.: _____ Expiry Date: ____ / ____ / ____

Current and previous schools (including kindergarten for Prep students)

Current and previous schools (including kindergarten for Prep students)	Year levels	Calendar year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Details

1. Does your family or child regularly attend a Christian Church? Yes No
2. Church name/denomination: _____
3. If either parent is not of Christian faith, identify their religious faith: _____

Other children in the family

Please complete a separate Application Form for each child you wish to enrol at the College.

Name	Date of Birth	Present School	Year Level
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

Parents/Guardians

Parent/Guardian 1: Male Female Title _____

(Surname) (Christian names)

Residential Address: _____
_____ Postcode: _____

Postal Address (if different from above): _____
_____ Postcode: _____

Telephone: (h) _____ (w) _____ (m) _____

Email: _____

Employer: _____ Occupation: _____

Country of Birth: _____ Living with child during school term time? Yes No

Nationality: _____ Birth Parent? Yes No

If not the birth parent, the basis for parent/guardian role: _____

Parent/Guardian 2: Male Female Title _____

(Surname) (Christian names)

Residential Address: _____
_____ Postcode: _____

Postal Address (if different from above): _____
_____ Postcode: _____

Telephone: (h) _____ (w) _____ (m) _____

Email: _____

Employer: _____ Occupation: _____

Country of Birth: _____ Living with child during school term time? Yes No

Nationality: _____ Birth Parent? Yes No

If not the birth parent, the basis for parent/guardian role: _____

Are the birth parents: Married De facto partners Divorced Separated Living apart for reasons of work

Other Caregiver/Guardian information (if this section is left blank we will assume it is not applicable)

If the child is not living with both the parents/guardians listed above at the one address, please complete the details below:

Are there current court orders or written agreements in place setting out the parenting arrangements or in relation to Domestic Violence?

Yes No

If yes, a copy of these must be provided to the school with this Application and any subsequent Orders must be provided to the College within 7 days of receiving a copy.

Who does the child spend the most time with?

Parent/Guardian 1 Parent/Guardian 2 Other _____

Details of the caregivers **who are not the parents/guardians listed above,**

Other Caregiver 1:

Surname: _____ Christian name(s): _____

Male Female

Relationship to child: Step Parent Legal Guardian Other _____

Relationship to parent/guardian listed on page 2: _____
(eg. spouse, partner etc)

Birth Country: _____ Nationality: _____

Occupation: _____ Employer: _____

Residential Address: _____

_____ Postcode: _____

Postal Address (if different from above): _____

_____ Postcode: _____

Telephone (h) _____ (w) _____ (m) _____

Email: _____

Other Caregiver 2:

Surname: _____ Christian name(s): _____

Male Female

Relationship to child: Step Parent Legal Guardian Other _____

Relationship to parent/guardian listed on page 2: _____
(eg. spouse, partner etc)

Birth Country: _____ Nationality: _____

Occupation: _____ Employer: _____

Residential Address: _____

_____ Postcode: _____

Postal Address (if different from above): _____

_____ Postcode: _____

Telephone (h) _____ (w) _____ (m) _____

Email: _____

Other Caregiver/Guardian information.../cont.

Are there any other special circumstances we need to be aware of in regard to your child's living arrangements/ Guardianship or safety etc?

Details of approved/permitted contact

- Physical contact, for example, pick up or drop off, attendance at College events
- Academic – reports
- Newsletter – email
- Interviews
- Other – specify _____

Reasons for Enrolment

Have any members of your family previously attended Emmanuel College? Yes No

Details (include names): _____

What House were they in? _____

List the most important things you want to see achieved in your child's education?

1. _____

2. _____

Why do you think Emmanuel College will help you to achieve these goals? _____

How did you come to be interested in Emmanuel College? _____

Please list any of your child's special interests or past achievements:

Billing

Payer details (if fee accounts are to be sent to anyone other than the parents/guardians) please provide details below:

Name: _____

Relationship to child: _____

Mobile Phone: _____ Work Phone: _____

Email address: _____

Preferred mailing title: _____

Billing address (if different to the address of the parents/guardians): _____

Postcode: _____

Learning

It is important that as parents/guardians/caregivers you inform the College if your child has any special needs, such as medical, physical, social or emotional needs, which would reasonably be expected to require the College to provide specialised or professional attention, above and beyond that which is already ordinarily afforded or provided to students of the College.

Please note, also, the College reserves the right to determine its ability to meet the needs of students with special needs including whether meeting such needs might impact unjustifiably with regards to resources and needs of others, including determining the impact of meeting these special needs, having regard to the cost, and its other legal obligations. It may be reasonably necessary for the College to seek parental consent to discuss the matter with the child, with a provider of medical or counselling information, and obtain third party verification or specialist opinion.

For all the following questions, please tick Yes or No. If the answer is Yes, please give full and complete details in the space near the question, or if the space is insufficient please attach a separate document.

1. Has your child undergone specific in-school testing to assess for a possible learning difficulty? Yes No

If Yes, please give details: _____

2. Has your child ever been or is your child currently being assessed or treated by a psychologist/psychiatrist or paediatrician? Yes No

If Yes, please give details: _____

3. Has your child ever been or is your child currently being assessed or treated by a speech therapist? Yes No

If Yes, please give details: _____

4. Has your child ever been or is your child currently being assessed or treated by an occupational therapist? Yes No

If Yes, please give details: _____

5. Has your child ever repeated a year, or been advanced a year at school? Yes No

If Yes, please give details: _____

6. Does your child regularly or frequently take a prescribed medicine? Yes No

If Yes, please give details: _____

7. Has an Individualised Education Program (IEP) or similar document been written for your child? Yes No

If Yes, please give details: _____

8. Has an Education Adjustment Program (EAP) ever been completed for your child? Yes No

If Yes, please give details: _____

Current Medical Conditions / Medical History

1. Please provide details of the nature and severity of any medical condition / allergy? FOR ALLERGIES: If the condition is an allergy, please give a complete description of the particular item, substance, foods or additives the child should not consume or come in contact with, and the probable effects of a reaction.

2. Please provide Doctor's letter outlining medical condition and complete description of the steps that should be taken in the event of an emergency.
Doctor's letter / action plan attached. Yes No

3. Is the student fully aware of his/her condition? Yes No

4. Please provide details of medication your child takes including the name of such medication, strength, how the medication should be taken and how often the medication should be taken?

For children with current medical conditions, the following documents must be provided:

- An authority for a representative from this College to discuss the student's condition with the relevant medical personnel;
- Documents and records which relate to this condition and previous treatment and / or consultation, eg. ASCIA form and Asthma plan.

Following receipt of the above, the College may require a thorough review of all the facts of this case, and discussions with relevant teaching staff, prior to acceptance of enrolment. It is a requirement that the parents will advise the College in writing as soon as reasonably required and in any event within 7 days if there is any material change in the severity or the treatment of this condition.

Emmanuel College – Privacy Statement 2018

In accordance with requirements of the *Commonwealth Privacy Act 1998, as amended, and the Privacy, (Notifiable Breaches) Act 2017* the College is bound by the thirteen (13) Australian Privacy Principles under the compliance authority of the Office of the Information Commissioner and set out in the Act – see www.privacy.gov.au. Accordingly, all personal, sensitive and health data/information of parents/guardians, students, and relevant others including prospective employees **are private**. The College will use the information collected and recorded to fulfil both legal requirements and the educational mission of Emmanuel College.

Emmanuel College collects personal, including sensitive, information about students, their parents/guardians and relevant others for the primary purpose of fulfilling its educational services under law to the students and to parents/guardians seeking an education for their students within the objects and ethos of this College. Information is collected through filling out of application forms, face-to-face interviews and at times third party reports, with consent.

The College will also exercise its right to access the credit history of parents/guardians under law by consent.

Some of the information the College collects is to enable it to discharge its duty of care and legislative obligations.

Any unsolicited information received by the College will be destroyed unless legal obligations require otherwise.

Full and frank disclosure of information requested is necessary for the provision of services to students and to establish a binding contractual relationship between the parties. Please note that:

- a) If the College does not obtain the information referred to above the application process will not proceed.
- b) Health Information about students is sensitive information within the terms of the Privacy Principles under the Privacy Act. The College needs this information for the purpose of planning for the needs of students and any adjustments which may be necessary.
- c) Information sought will include reports from third parties re medical and other treating professionals and Court Orders.

The College will not disclose personal information to third parties for marketing purposes without specific consent. The College may include contact details in a class list (examples: for Parent Support Groups and College Directory).

The College from time to time may otherwise need to disclose personal, sensitive or credit information to others for legal administrative, safety, health and education purposes. This includes to the Privacy Information Commissioner, the Non-State School Accreditation Board, the Queensland College of Teachers, other schools, government departments, state authorities, medical practitioners and people providing services to the College, including specialist visiting teachers, sports coaches and volunteers.

Personal information such as academic and sporting achievements, news and images is published to the College community by way of College newsletters, magazines, in multi-media presentations and on our website. Identification and photographs/film footage may be published, for example in the P & F section of the website and magazine.

The College will send information about a student overseas (student transfer or study exchange) only with consent of the parents/guardians and following enquiry that security measures are in place for reception.

The College will take reasonable steps to keep personal information accurate/up-to-date and complete. Parents/guardians are relied upon to assist the College in keeping information accurate and up to date

The College will take reasonable steps to secure and protect all information held from misuse, interference, loss, unauthorised access, modification or disclosure. The College will respond promptly to security breaches, notifying those affected, as appropriate, and in compliance with mandatory reporting/notification of *eligible data breaches* to the Office of the Australian Information Commissioner

Parents/guardians have a right to make a written complaint **internally** to the Principal if they consider these Privacy Principles have been breached or **externally** to the Office of the Australian Information Commissioner. The College Privacy Policy outlines the process available to those parties who wish to bring a complaint alleging a breach of privacy by the College. It is readily available on the College website or by request.

Information held by the College will be either de-identified or destroyed after 7 years.

Parents/guardians may seek access to personal information collected about them and their students by contacting the College. Adult students may also seek access to personal information about themselves. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy, health and safety of others, where access may result in a breach of the College's duty of care to a student or where access is denied by law.

Acceptance of School Policies and Rules and Request for Offer of Enrolment:

- I/We understand that I/we will be required to comply with College policies and rules and to support our child to comply with the College policies and rules (<http://www.emmanuel.qld.edu.au/governance>).
- I/We understand that the College policy with respect to images of my/our child/ren being used for general College promotional and informational purposes (not including marketing images where students are posed specifically and which is subject to a separate specific parental consent form for each instance) forms part of this application.
- I/We understand that I/we may change our permission at any time by advising the Principal in writing.
- I/We give permission for our child/ren to be included in College-generated images.
- I/We do not give permission for our child/ren to be included in College-generated images.
- I/We certify that I/we have completed the Application for Enrolment fully, honestly and correctly to the best of my/our knowledge and belief.
- I/We understand that failure to provide complete and correct information to the College may result in the immediate refusal of Enrolment, or termination of any subsequent Enrolment Contract by the College at the sole discretion of the College, with forfeiture of the enrolment fees paid in advance.
- I/We understand that acceptance of this Application for Enrolment is not an agreement to enrol the student in the College.
- I/We have provided copies of all supporting documentation required with this Application for Enrolment.
- I/We hereby request that this Application for Enrolment of our child, _____ (name of child) into Emmanuel College be considered by the College with a view to the College making an offer of enrolment to me/us. We understand that no Enrolment Contract will be formed unless and until the College makes an offer of enrolment to me/us and we accept that offer of enrolment.

Where only one parent signs this Application for Enrolment, you warrant that you have authority to do so on behalf of both parents/caregivers.

Full legal name of **Parent/Guardian 1** (please print)

(Surname)

(Christian Names)

Signature: _____ Date: ____ / ____ / ____

Full legal name of **Parent/Guardian 2** (please print)

(Surname)

(Christian Names)

Signature: _____ Date: ____ / ____ / ____

Full legal name of **Other Caregiver** (if applicable) (please print)

(Surname)

(Christian Names)

Signature: _____ Date: ____ / ____ / ____

Contact in regard to this Application

The College initially only sends material to or communicates via email with parents/guardians residing at one address. In respect of communication by mail, the College expects that parents/guardians will communicate with each other directly about such a vital issue as their child's education. In the event that the parents do not reside in the same location, please nominate which one of the parents/guardians above, should be contacted by the College in regard to this application.

The nomination of a parent/guardian who will be the primary contact during the enrolment process does not prevent communication with either or both parents during the course of the student's enrolment at the College

The parent/guardian to contact in regard to this application is: (please print):

(Surname)

(Christian Names)