

STUDENT IS ADMISSION APPLICATION

Please complete all parts of this form and return with a non-refundable Enrolment Application Fee of \$150 per student to:

(credit card payment details are available at the back of the form as a payment option)

The Registrar
Toowoomba Anglican College and Preparatory School
2 Campbell Street
TOOWOOMBA QLD 4350
AUSTRALIA

The following documents need to be submitted with this Application:

- Birth Certificate
- Details of residency status (passport, visa) for students born overseas
- Any relevant documentation relating to guardianship
- Family Court Orders or Protection Orders
- Reports to confirm minimum academic and English language requirements as per Page 20, CRICOS Enrolment Handbook

Student Information

Name			
Preferred Name			
Gender		Religion	
Date of Birth		Birth Country	
Nationality		Heritage	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Language/s (spoken at home)			
Australian Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country of Passport	
Passport No.		Visa Number	
Please attach a copy of Permanent Residency Visa, Certificate of Australian Citizenship or other Visa (as applicable)			
Student's Residential Address			
Student's Postal Address			
Enrolment Type	<input type="checkbox"/> Full-time Boarder <input type="checkbox"/> Weekly Boarder <input type="checkbox"/> Day Student		



Parent/Guardian Information

Father / Legal Guardian			
Title		Full Name	
Home Address			
Postal Address			
Home Phone		Work Phone	
Email		Occupation	
Employer			
Mother / Legal Guardian			
Title		Full Name	
Home Address			
Postal Address			
Home Phone		Work Phone	
Email		Occupation	
Employer			
Please complete if natural parents are not living together			
For day-to-day matters please communicate with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			
For billing purposes please send the account to: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			
Name of Step-Mother/Father or Legal Guardian (attach official documentation, as applicable)			
Australian Guardian (Overseas Students Only)			
Title		Full Name	
Home Address			
Postal Address			
Home Phone		Work Phone	
Email		Occupation	
Employer			



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References (Names and Addresses of persons/organisations from whom references may be obtained)	
Personal	
Business	

The removal of a student from the school for non-payment of fees is distressing to all concerned, and especially so for the student. The School reserves the right to satisfy itself as to your ability to meet school fees prior to accepting the student's enrolment.

Program Enrolment Information

Commencement Date		Grade		Year		Term	
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Name of School/Day Care currently attending

My child will require Before/After School Care (available 7.30 – 8.00am and 3.30 – 5.30pm. If Yes, please complete an Outside School Hours Care Application, available from Reception) Yes No

Parents wishing to claim the Child Care Benefit/Rebate (CCB/CCR) from Centrelink for the Outside School Hours Programs will need to complete details below:

Student's CRN Number

Parent's CRN Number

Date of Birth

How did you hear about Toowoomba Anglican School?

- Word of Mouth Family/Friend was a Past Student Advertisement Open Day
 Website Search Referral Facebook Other:

What was the deciding factor for enrolment at Toowoomba Anglican School?

- Co-education Boarding Buildings and Grounds Curriculum Location
 Past Student/Relative Pastoral Care Performing Arts Sport Wider Curricular
 Other

Family / School Links

Do you have family links (i.e. family members were past students) to the school? Yes No

If Yes, please provide details

Sports House Preference

Sibling Name	Date of Birth	Current School	Grade	Sibling Type
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student



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Student's Medical Details			
Medical Practitioner		Phone	
Surgery Address			
Dentist		Phone	
Address			
Medicare No.		Expiry	No. on Card
Private Health Fund		Membership No.	
Healthcare Care or other entitlement (if so please provide number):		Expiry	
Does your child have a medical, congenital or developmental condition that could affect our duty of care? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details including diagnosis and date of diagnosis			
Does your child have any allergies or intolerances? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details			
Are there any special instructions in relation to School Staff administering First Aid to your child? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details			
Emergency Contact Details			
Name		Relationship to child	
Address			
Home Phone		Work Phone	
Name		Relationship to child	
Address			
Home Phone		Work Phone	



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Applicant Details

The information you provide in this section will assist us to facilitate a smooth transition for your child. All responses to these questions are voluntary and will be treated in accordance with the Toowoomba Anglican School's confidentiality and privacy policy. Please advise if your child has been diagnosed or is undergoing assessment with any of the following:

Diagnosed	Being Assessed		Diagnosed	Being Assessed	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy (as specified above)	<input type="checkbox"/>	<input type="checkbox"/>	Asthma Attention Deficit Disorder (ADD/ADHD)
<input type="checkbox"/>	<input type="checkbox"/>	Austism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Behavioural Issues
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language delays	<input type="checkbox"/>	<input type="checkbox"/>	Other (please detail below)

Certification

Fees are due and payable prior to the first day of each term. Parents/Guardians are required to give one term's notice in writing before a student is withdrawn. If notice is not given, one term's fees will be charged in lieu of same. **An Enrolment Application Fee of \$150 (which is non-refundable) must accompany this application for the application to be considered.**

We certify that we are a parent/guardian of the applicant and therefore responsible for payment of all School Fees. We consent to and authorise the use of a consumer credit report as part of the application process and from time to time as may be needed. We certify that all information given in this Application for Admission is correct and complete and that I/we will notify the School immediately of any changes.

Signature (both parents/guardians to sign)

Mother		Date	
Father		Date	
Guardian		Date	
Guardian		Date	

CREDIT CARD PAYMENT DETAILS

Please Select Card

Mastercard Visa

Expiry Date ___ / ___

Card Holder's Name _____ Amount _____

(Please Print)

Card Number _____ / _____ / _____

Card Holder's Signature _____

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Data Collection Form

Under Government Legislation, Ministers for Education in each state and territory and the Commonwealth have signed up to the National Goals for Schooling in the Twenty-First Century. As a result, it is a Government requirement for this survey to be completed as part of the enrolment process.

Student Name		Gender	
Address			
Heritage	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Nil Aboriginal or Islander origins		
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> China <input type="checkbox"/> England <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> South Africa <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Vietnam <input type="checkbox"/> Other (Please specify)		

Does the Student/ Mother / Father / Guardian speak a language other than English at home?

English Only at all times As specified below

Student	First Language		Second language	
Mother/Guardian	First Language		Second language	
Father/Guardian	First Language		Second language	

What is the highest level of schooling completed for each Parent/Guardian?

Schooling	Mother/Guardian	Father/Guardian
Year 12 or equivalent		
Year 11 or equivalent		
Year 10 or equivalent		
Year 9 or equivalent or below		

What is the highest level of post-secondary school studies completed for each Parent/Guardian?

Qualification	Mother/Guardian	Father/Guardian
Bachelor Degree or above		
Advanced Diploma / Diploma		
Certificate including a Trade		

What is the occupation group for each Parent/Guardian?

Occupation Group	Mother/Guardian	Father/Guardian
Senior Management, Qualified Professionals		
Small Business Owner, Arts/Media/Sports, Assoc. Professional		
Tradespeople, Skilled office / Sales / Service staff		
Machine operators, Hospitality staff, Labourers etc.		