

The Springfield College ENROLMENT APPLICATION

Prep to Year 12



THEIR FUTURE

A PARTNERSHIP OF THE UNITING & ANGLICAN CHURCHES

Please complete all parts of this form and return with a non-refundable Application Fee of \$100 per student to:

The Registrar The Springfield College, PO Box 4180 Springfield Q 4300

The following documents need to be submitted with this Application:

- Certified Birth Certificate or extract
- Details of residency status (passport, visa) for students born overseas
- The most recent school report from current school
- Any relevant documentation relating to guardianship
- Family Court Orders or Protection Orders
- Copies of national/state benchmarking tests completed in the last two years (e.g. QLD 3/5/7 Tests)
- Any additional information to support this application (e.g. most recent AMEB or Trinity College Certificates)

PART 1 – STUDENT AND FAMILY INFORMATION

Section 1: Enrolling Student's Details

Student Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Gender: F M

Religion: _____ Other languages spoken at home: _____

Student's Address: _____ Post Code: _____

Present School: _____ Year Level: _____

Preferred Year of Entry 20____, in Year: (circle) **PREP** 1 2 3 4 5 6 7 8 9 10 11 12

Section 2: Family Information

Name and date of birth of sibling/s:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Section 3: Details of Parents / Guardians

Father / Legal Guardian: (please circle) Dr / Rev'd / Mr

Surname: _____ First Name: _____ Middle Name: _____

Postal Address: _____
_____ Post Code: _____

Relationship to student: _____

Occupation: _____

Contact Details

Phone (Work): _____ (Home): _____ (Mobile): _____

Email: _____

Mother / Legal Guardian: (please circle) Dr / Rev'd / Mrs / Ms

Surname: _____ First Name: _____ Middle Name: _____

Postal Address: _____
_____ Post Code: _____

Relationship to student: _____

Occupation: _____

Contact Details

Phone (Work): _____ (Home): _____ (Mobile): _____

Email: _____

Please complete if natural parents are not living together (this information is important to help avoid confusion).

Parents separated Parents divorced Mother deceased Father deceased

Child living with Mother Child living with Father Child living with Legal Guardian

With whom does the school communicate regarding day-to-day matters?

Mother Father Legal Guardian

Who receives School Reports?

Mother Father Legal Guardian

Name of Stepfather / Stepmother / Legal Guardian (attach official documentation if applicable): _____

Please attach any recent Family Court Orders or Protection Orders relating to the child of which the College should be aware.

Payment of College Fees

Who will accept primary responsibility for payment of College Fees? _____

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

(In the case of parent separation both parents must accept responsibility for payment of College Fees.)

Section 4: Signatures and Application Fee Payment

I have read and understood the Enrolment Application and enclose \$100 Application Fee (inc GST)

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

My Credit Card details are: MasterCard Visa Credit Card number: _____ / _____ / _____ / _____ Expiry date: ____ / ____

Amount (inc GST): _____ Signature/Name on Card: _____

Signed: **(Father / Legal Guardian)** _____ Signed: **(Mother / Legal Guardian)** _____

Date: _____ Date: _____

PART 2 – STUDENT HISTORY

Please complete the following details carefully so that we may provide the necessary care for your child. Failure to disclose information may result in a review of the enrolment.

Section 1: Student Medical Details

Child's Medical Practitioner: _____ (Phone): _____

Surgery Address: _____

Child's Dentist: _____ (Phone): _____

Medicare Number: _____

Does your child have a medical, congenital or developmental condition that could affect our duty of care? Yes No

If 'Yes' please provide details below (e.g. Date of diagnosis): _____

State whether your child is allergic to **ANY** substance: _____

Are there any special instructions in relation to College staff administering First Aid to your child? **(Please specify)** _____

Please note that only medication prescribed by a medical practitioner may be administered to the student (this includes paracetamol).

Emergency Contact Details

Please provide names and the best contact telephone numbers of two persons that could be contacted in the case of an emergency if parents/guardians are unavailable (e.g. grandparents or close friends).

Name: _____ (Phone): _____ (Mobile): _____

Relationship to child: _____

Name: _____ (Phone): _____ (Mobile): _____

Relationship to child: _____

Section 2: Learning Enhancement

(Ascertained, Learning Support, English Second Language Support, Gifted and Talented students)

Please advise details of any educational and/or other support which may be required for your child: _____

Has your child been receiving any support (e.g. Learning Support, Special Education, ESL Support, Gifted and Talented etc.) at a previous school? If so, please give details and attach relevant documentation. _____

Has your child been assessed by the Department of Education or other educational body for the purposes of determining an Ascertainment or Appraisal Level? If so, please give details and attach relevant documentation. _____

Date of Ascertainment or Appraisal: _____

Has your child ever been identified as a Gifted and Talented student at a previous school? If so, please give details and attach relevant documentation.

Section 3: Student Achievement Details

1. Have you received an Outstanding Achievement or won an award for anything (academic/sporting) over the past five years? If so, please provide details (e.g. High Distinction in national Mathematics competition; represented zone, state, country in a sport).

2. Have you participated in any national/state government testing in the last two years (e.g. Queensland Year 3/5/7 Tests)?

Yes No If 'YES', provide details and a copy of your results. _____

3. Do you sing, dance or play a musical instrument? If so, describe the activity and the length of time you have been participating in it. If applicable, what grades have you attained?

4. Do you speak a language other than English? If so, which language and how long have you studied it?

5. Provide any other details about your schooling or extra-curricular activities that may be helpful in assessing your Enrolment Application.

Office Use Only

Interviewer's Notes _____ Interview Date: _____

Office Use Only	
Student Code: _____	Parent Code: _____
Application Fee: _____	Date Received: ____ / ____ / ____
Confirmation Fee: _____	Date Received: ____ / ____ / ____
Family Deposit: _____	Date Received: ____ / ____ / ____
House: _____	Class: _____
