



FRASER COAST

ANGLICAN COLLEGE

APPLICATION FOR ENROLMENT

for

(Students Name)

Year Level: _____

(eg Year 7)

Year of Entry: _____

(eg 2013)

DOCUMENT CHECKLIST

Have you completed every section? Please note: Full and honest disclosure is required to ensure this application proceeds. It is the applicants responsibility to update information when changes occur.

Please ensure the following documents are returned with your application:

- A copy of your child's two most recent school reports (not applicable to Prep applicants).
- A copy of your child's last NAPLAN results (completed in Year 3, 5, 7 or 9).
- A certified copy of your child's Birth Certificate. If student was not born in Australia, proof of residential status will need to be provided, as follows:
 - A copy of your child's VISA / Citizenship Certificate; and
 - A photocopy of your child's Passport with student's name, photo, date of arrival
- Copies of reports from Doctors or Specialists (where applicable).
- A certified copy of Family Court Order or Parenting Plan (if applicable).
- A copy of any Individual Education Plan or Learning Plan (if applicable).
- A copy of your child's current Immunisation Record
- The non-refundable enrolment application fee of \$80 per student.



Please note that places are offered in accordance with the following factors:

- Current siblings at the College
- Chronological order of receiving an application for enrolment
- Children of staff at the College
- School reports and interview with the Heads of the College's sub-schools

It is our hope that families who wish to have their children enrolled to attend Fraser Coast Anglican College will be able to do so. To ensure the best likelihood, we suggest families complete an enrolment application for all of their children at the same time (including Koala Kindy).

STUDENT INFORMATION

Student's full legal name: (Surname)

(Christian Name/s): Name to be known as:

Residential address:

..... Postcode:

Male / Female Date of birth: / / City and Country of birth:

Is the student of Indigenous descent? Yes / No Torres Strait descent? Yes / No

Have you lived in another country? Yes / No If yes, please specify where:

Permanent Resident of Australia? Yes / No If no, proposed length of your stay:

Date of Citizenship (if applicable): / / Visa No. (if applicable):

Languages spoken at home: Religious denomination:

Current / previous school: Year level:

Contact person at current / previous school: Phone:

Reason for transfer:

Usual after-school care giver/s: Parent Relative Friend Before/After School Care Not applicable

| Siblings Name | Year of Birth | Current School | Year Level |
|---------------|---------------|----------------|------------|
| | | | |
| | | | |

Have other family members previously attended FCAC? Yes / No If YES, which 'House' were they in?

Andromeda (Light Blue) Capella (Green) Centauri (Maroon) Orion (Navy Blue)

Speakers of Languages other than English—Background Profile

Please complete only if languages other than English are spoken at home.

Date of child's arrival in Australia (if born overseas): / / Fee paying student Exchange student

Date of initial school enrolment in Australia: / /

Name of other schools attended in Australia: 1. 2.

Mother's country of birth: Father's country of birth:

Languages spoken at home: 1. 2.

How well can your child read or write in their mother tongue: Excellent Satisfactory Good Poor

Did your child attend school overseas? Yes / No Number of years: What year level did your child complete?

What was the name of the school?

In what language were they instructed?

Previous English as Second Language (ESL) instruction: Australia:yearsmonths Overseas:yearsmonths

Do you wish to talk to someone regarding possible ESL support? Yes / No

FAMILY INFORMATION

Father or Legal Guardian Married Separated Divorced Single Widow De facto

Title: Name: DOB:/...../.....

Residential Address: Postcode:.....

Postal Address: Postcode:.....

Reside with student: Yes / No Past FCAC student: Yes / No

Home Phone: Work Phone:

Mobile: Email:

Occupation: Employer:

Country of birth: Religious denomination:

Mother or Legal Guardian Married Separated Divorced Single Widow De facto

Title: Name: DOB:/...../.....

Residential Address: Postcode:.....

Postal Address: Postcode:.....

Reside with student: Yes / No Past FCAC student: Yes / No

Home Phone: Work Phone:

Mobile: Email:

Occupation: Employer:

Country of birth: Religious denomination:

Step Parent Information (If parents are separated/divorced/widowed, please include details of Step Parent if relevant.)

Title: Name: DOB:/...../.....

Residential Address: Postcode:.....

Postal Address: Postcode:.....

Reside with student: Yes / No Past FCAC student: Yes / No

Home Phone: Work Phone:

Mobile: Email:

Occupation: Employer:

Country of birth: Religious denomination:

Is there a Family Court Order or Parenting Plan in place? **Yes / No** **If YES, please attach a certified copy.**

Special family circumstances:

PRIVACY POLICY INFORMATION

Your privacy is important. All information collected from this form is covered by the College's Privacy Policy.

The primary purpose of collecting and recording this information is to enable the provision of a quality education to your child. In addition, some of the information we collect and record is to satisfy laws governing or relating to the operation of schools and the school's legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians.

Following is a short excerpt from this policy. To view the full policy please refer to our website www.fcac.qld.edu.au.

How will the College use the personal information you provide?

The College will use personal information it collects from you for the primary purpose of collection, and for such other secondary purposes that are related to the primary purpose of collection and reasonably expected, or to which you have consented.

Pupils and Parents / Guardians: In relation to personal information of pupils and Parents / Guardians, the College's primary purpose of collection is to enable the College to provide schooling for the pupil. This includes satisfying both the needs of Parents / Guardians and the needs of the pupil throughout the whole period the pupil is enrolled at the College.

The purposes for which the College uses personal information of pupils and Parents / Guardians include:

- to keep Parents / Guardians informed about matters related to their child's schooling, through correspondence, newsletters, magazines and the College website;
- day-to-day administration;
- looking after pupil's educational, social and medical well-being;
- seeking donations and marketing for the College;
- to satisfy the College's legal obligations and allow the College to discharge its duty of care.

In some cases where the College requests personal information about a pupil or Parent / Guardian, if the information requested is not obtained, the College may not be able to enrol or continue the enrolment of the pupil.

Marketing and fundraising: The College treats marketing and seeking donations for the future growth and development of the College as an important part of ensuring that the College continues to be a quality-learning environment in which both pupils and staff thrive. Personal information held by the College may be disclosed to an organisation that assists in the College's fundraising, for example, the College's Foundation or alumni organisation. Parents / Guardians, staff, contractors and other members of the wider College community may, from time to time, receive fundraising information. College publications, like newsletters and magazines, which include personal information, may be used for marketing purposes.

OUR VISION, OUR MISSION, OUR VALUES

Our Vision

We aim to be the school of first choice in the Wide Bay region, achieving outstanding academic results and renowned for our innovative K-12 curriculum which engages all students.

Our Mission

We provide a supportive Christian community and a high quality learning environment which enriches the body, mind and spirit, challenging each individual student to develop a love of learning, build their confidence, serve others, have options for the future and achieve their best.

Our Values

Fraser Coast Anglican College values respect, tolerance, compassion, forgiveness, service, achieving one's best, giving it one's all and supporting one another. Our core values underpin all that we do and form the bedrock upon which our success is built, as we endeavour to equip our students with the skills and attributes to make them better people and the world a better place.

STUDENT SUPPORT / PERSONAL DEVELOPMENT

The following information will assist the College to plan for the educational needs of your child. Please complete ALL sections honestly, openly and accurately. The College reserves the right to determine its ability to meet the needs of students with special needs. Where relevant information relating to the child's learning needs is not disclosed, the College will have the right to terminate this enrolment.

About my child:

1 What are your child's interests and hobbies? How do they prefer to spend their time outside of school?

2 What is most important that teachers understand about your child?

3 What would you consider to be your child's personal and learning strengths?

Has your child ever been Verified under any disability category by their previous school? **Yes / No**

Has your child experienced any specific development difficulties, learning difficulties or other circumstances that have impacted on their education? **Yes / No** **If Yes**, please specify:

Has your child received assistance from any External Support Services? **Yes / No** **If Yes**, please specify:

| Has your child ever been diagnosed with any of the following?: | Yes / No | Details of Medication / Treatment / Counselling |
|--|-----------------|--|
| Asthma | | |
| Epilepsy | | |
| Allergies / Intolerances | | |
| Vision Difficulties | | If Yes , does your child wear glasses? Yes / No |
| Hearing Difficulties (including recurrent ear infections) | | If Yes , have they had a recent hearing test? Yes / No Date of last assessment/...../..... Do they require any type of hearing aide, device or arrangement? Yes / No |
| Speech Language Impairment | | If Yes , have they had a recent assessment? Yes / No Date of last assessment/...../..... |
| Attention Deficit Disorder | | If Yes , has your child been prescribed medication? Yes / No Has your child currently or in the past received counselling? Yes / No |
| Autistic Spectrum Disorder | | If Yes , has your child been prescribed medication? Yes / No Has your child currently or in the past received counselling? Yes / No |
| Depression or Anxiety Disorder | | If Yes , has your child in the past received counselling? Yes / No Is your child currently receiving counselling? Yes / No |
| A Social / Emotional Disorder | | If Yes , has your child in the past received counselling? Yes / No Is your child currently receiving counselling? Yes / No |
| Intellectual Impairment | | |
| Physical Impairment | | |
| Other: (include any details of diseases, medical alerts, recurring illnesses, disorders or recent surgery) | | |

Is there any other information that the College should be aware of in order to meet your child's educational needs?

If any difficulties have been identified, you **may** be invited to attend an interview with the Learning Enrichment Coordinator and / or the School Counsellor. **Please ensure that copies of relevant reports from Support Services are attached to the application form.**

OFFICE USE ONLY:

Student Name: Year:

Student Code: Parent Code: Date Scanned and Emailed:

