



Horizons College of Learning and Enrichment

Enrolment Application Form

Student's Name: _____

Application for enrolment into year level: _____ in 20 _____

The Australian Government requires each school to collect mandatory data as part of its funding agreement. These mandatory data areas are collected through questions marked with an *.

OFFICE USE ONLY			
Date application received:		Date offer made:	
Date entered into system:		Date confirmed:	
Entered in system by:		Interview date:	
Student code:		Cancellation/Reason:	
Family code:		Completion date/reason:	

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STUDENT DETAILS

Surname: _____ First Names: _____

Preferred Name: _____ Student's own mobile number (if applicable): _____

Home Address: _____

MANDATORY INFORMATION – PLEASE COMPLETE IN FULL WHERE REQUIRED

Date of Birth: ____ / ____ / ____ *Country of Birth: _____ (if not Australia, complete grey box below)

Have you supplied a copy of the young person's birth certificate? Yes No

Is the student Aboriginal? Yes No Torres Strait Islander? Yes No Both

*Date of arrival in Australia: ____ / ____ / ____

Type of Resident: Australia Citizen Yes No Permanent: Temporary:

*Visa Category: _____ Visa No. _____

Is the student in receipt of ABSTUDY? Yes No

Does the student, or any other family member living in the home, speak a language other than English at home?

No, English only Yes, specify one language only _____

Student's place in family (eg 1st of 5): _____ No. of sisters: _____ No. of brothers: _____

Is the student registered with a Job Active agency? Yes No

If yes, which JA? _____ JA Contact Person: _____

Phone Number: _____ Suburb: _____

Please list ALL of the schools your son/daughter/student has attended in the last 4 years. If more than one school was attended in any single year, please list ALL schools attended that year.

Year	List all schools attended and year level undertaken (eg Caboolture SHS, Year 9)
Current Year 2018	
2017	
2016	
2015	

LEGAL INFORMATION

Are there any legal issues concerning the student including custody situations?

No Yes. Provide relevant legal documentation. Provide detail: _____

STUDENT MEDICAL HISTORY & MEDICARE NUMBER

Student's Medicare number: _____ Ref: _____ Expiry: _____

Does the student have a medical condition?

Medical Condition	Y	N	Medication (if any)
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies (ie. peanuts, etc)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	_____
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please provide details below)	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

If yes to any of the above, please provide details below and **attach medical documentation** if you have it.

Name of family doctor: _____ Contact phone number: _____

Please provide a copy of the young person's current vaccination record (available from your family doctor or via your MyGov account).

EDUCATIONAL SUPPORT INFORMATION

Does the student have an Education Adjustment Profile (EAP)? Yes No Not sure

If yes, in what category of the EAP has the student been **formally** verified?

- Autistic spectrum disorder Vision impairment
- Intellectual impairment Speech/language impairment
- Hearing impairment Social/emotional disorder
- Physical impairment

Has your student been **formally** diagnosed with:

- Hearing disability eg ADHD
- Central auditory processing dysfunction

Please attach the **EAP DOCUMENTATION**. You may need to obtain it from your student's previous school if you do not have a copy. **THIS WILL BE A REQUIREMENT OF ENROLMENT ACCEPTANCE** if your student has been diagnosed previously.

Do you believe that your student suffers from any of the following, but has not yet been **officially diagnosed** for this? Yes No Not sure

Please indicate if you suspect any of the following conditions exist:

- Autistic spectrum disorder Vision impairment
- Intellectual impairment Speech/language impairment
- Hearing impairment Social/emotional disorder
- Physical impairment Learning disability (eg ADHD)
- Central auditory processing dysfunction (CAPD) (listening, speaking, difficulty focusing during conversation, etc.)?

What is the name and contact number of any specialist your student has seen in the past 4 years in relation to any disorders or learning difficulties?

Name of Specialist _____ Contact Phone number _____

Has the student received support in any of the following areas?

Type	Please tick	Please circle the year levels	Further information
Gifted and Talented Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	
Learning Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	
English as a Second Language (ESL) Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	
Professional Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	<i>(eg Name & contact details of Counsellor)</i>

Are there any other factors that could affect the student's ability to learn and/or participate in ALL school activities including sport (eg medical, emotional, developmental)? If so, please specify and attach any reports, etc. from medical practitioners.

Has your student ever been suspended from a school? YES / NO (Please circle)

If 'YES', what were the reasons for the suspension? From which school/s did your student receive a suspension and which year/s.

Has your student even been excluded from a school? YES / NO (Please circle)

If 'YES', what were the reasons for the exclusion? From which school/s has your student been excluded and which year/s?

I hereby state that I have provided Horizons College with full details of my student's past history of schooling including but not limited to suspensions and exclusions.

Signature

Date

STUDENT LIVING ARRANGEMENTS

Student lives with:

- Both parents at the same residential address
- Shared care arrangement with parents living at different addresses. Please specify arrangements for each parent (*eg alternate weeks, weekends only, etc.*) and provide partner details, if applicable, in the table below.

Mother: _____ Father: _____

- Other living arrangements – please outline

If student lives in a shared care arrangement with his/her parent and adult who is not the student's parent please provide details of the parent's partner.

	Mother's Partner	Father's Partner	Partner of Caregiver
Title			
Surname			
Given Names			
Residential Address			
Mailing Address			
Email			
Home Phone			
Mobile Phone			

PARENT / GUARDIAN DETAILS

	Mother	Father	Caregiver (other than parent)
Title			
Surname			
Given Names			
Residential Address			
Mailing Address			
Email			
Home Phone			
Mobile Phone			
Business Phone			
Employer			
Country of Birth			
Language(s) spoken			

The following questions are MANDATORY and must be completed to enable Horizons College to meet Government and legislative reporting requirements.

	Mother	Father	Caregiver (other than parent)
What is your highest year of school? Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent			
What is your highest qualification? Bachelor degree or above Advanced Diploma/Diploma Cert I to IV (Trade certificate) School qualification			
What is your occupation group? 1. Senior management 2. Other business managers 3. Tradesperson, clerks & skilled office, sales & service staff 4. Machine operators, hospitality staff, assistants, labourers 8. Other occupation 9. Not in paid work in the last 12 months OR unknown			

EMERGENCY CONTACT INFORMATION

Emergency Contacts

Emergency mobile contacts (2 required). These will be used in the case of an emergency.

Name: Relationship to Student: Mobile:	Name: Relationship to Student: Mobile:
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Do we use these same numbers to advise of non-attendance? If not please advise which number/s:

RELEASE OF INFORMATION – CONSENT AGREEMENT

In order to best meet your student's needs, it may be necessary for Horizons College to liaise with the last school attended by your son / daughter. Under the current privacy legislation, schools are not at liberty to divulge information about any student; therefore, we require permission from you as parents/guardians in order for us to request and discuss any relevant information.

Please sign the Consent Agreement below.

I/We _____ give permission to Horizons College of Learning and Enrichment to obtain information from and give relevant information to the previous school, specialist practitioners, etc. about my/our

Student _____
(Student Name)

I/We have been assured that such communication shall be conducted by the College in the strictest of confidence.

Signed: _____
(Parent/Caregiver 1)

Signed: _____
(Parent/Caregiver 2)

Date: ____ / ____ / ____

Date: ____ / ____ / ____

DECLARATION

I/We:

- certify that the information provided in this enrolment application is true as at the date of application and that there is no information relating to this enrolment that has been omitted.
- understand that if any of the information disclosed in this form changes (eg address, learning support assessments, etc.), additional information will be forwarded to the College immediately
- understand that this application does not constitute enrolment. All applications will be acknowledged and the outcome advised in due course. In order to keep this application up-to-date, I/we will continue to forward school reports and other relevant information as further documentation come to hand
- have read and understand the requirements of students, parents/guardians and Horizons College, as outlined on the College website and stipulated in the:
 - Workplace Health and Safety Policy
 - Dress Standards Policy
 - Anti-Bullying Policy
 - Policy for Students with a Disability
 - Child Protection Policy
- agree to pay a once only, up front payment of \$30 which covers locker fee and enrolment registration
- agree to pay \$20 a week towards school resources, activities and breakfast club refreshments*
- agree/do not agree for our student's photograph to be used in promotional materials for the school (if yes, please complete attached permission form).
- allow the College to access medical care for our student if required
- agree that if the parent/caregiver is not contactable we give permission for our student to leave school to return home if the Principal is suspending or excluding the student.

Signed: _____
(Parent/Caregiver)

Signed: _____
(Parent/Caregiver)

Date: ___ / ___ / ___

Date: ___ / ___ / ___

*(*If a student is excluded or withdrawn by a parent/caregiver, a refund will be provided as at the date of withdrawal or exclusion, provided the parent/giver has advised the College IN WRITING of the withdrawal AND a REQUEST for REIMBURSEMENT form has been completed by the parent/caregiver. Where a student has been previously granted exemption from all/part of this levy, no reimbursement will be given i.e. only those paying the full \$20 per week will be eligible for a refund).*

CHECKLIST

Please check that you have supplied the following:

- Copy of birth certificate
- Copy of any Family Court Orders that apply
- Copy of Education Adjustment Plan from previous School, if applicable
- Copy of NAPLAN Test Results: Year 7 Year 9
- Copy of most recent school report
- Copy of visa documentation if applicable
- Copy of any medical reports discussing disorders or Learning difficulties
- Other documentation
- Copy of supporting documentation, eg Medical / Specialist Reports, Education Plans, school learning support assessments and medical documents including action plans

MARKETING INFORMATION

To assist us in directing our marketing efforts towards our target audience, being those families with students for whom Horizons College may best assist, please tell us how you heard about us:

- Website
- Facebook
- Local newspaper
- 4510TV.com
- Family member
- Family friend
- Current or previous school
- Other (please list below)

STUDENT AGREEMENT CONTRACT

As a student of Horizons College, I hereby agree to abide by the rules outlined below (as well as any new rules subsequently enforced by the school). I accept the consequences if I breach these rules.

Rule	Consequences of not following rule may include
<p>1. Enter and exit the grounds via the front gate only.</p> <ul style="list-style-type: none"> - Do not walk on the road unless using the zebra crossing and paths provided - ONLY WALK up stairs – no running or hurrying. 	<ul style="list-style-type: none"> • Your safety could be compromised • Loss of privileges of leaving the grounds in breaks • Suspension
<p>2. No physical, verbal or emotional assaults/bullying.</p>	<ul style="list-style-type: none"> • Suspension • Exclusion from the College.
<p>3. No smoking in school grounds or within 5 meters of school boundaries. No lighters, smokes, tobacco etc. to be evident within school grounds.</p>	<ul style="list-style-type: none"> • Suspension • Exclusion
<p>4. Treat others how you would expect to be treated yourself – be respectful of others at all times.</p>	<ul style="list-style-type: none"> • An apology will be expected if disrespectful behaviour occurs • Warning • Suspension
<p>5. Respect the school's property and also the property of classmates, staff and local businesses.</p>	<ul style="list-style-type: none"> • Warning • Reimbursement • Suspension • exclusion
<p>6. Take pride in yourself, your classmates, your school and your community. This applies to your appearance (including graphics on clothing), how you behave in the community and also things such as using rubbish bins in and out of the school grounds (no littering), and keeping rooms clean, tidy and litter free.</p>	<ul style="list-style-type: none"> • You will be asked to wash off any inappropriate writing on skin and asked not to wear to college again any clothing with distasteful language and/or image/s. • Littering will result in you being given the task of emptying bins each day and putting in new bin liners etc. for a minimum of a week • More serious consequences may apply.
<p>7. Be on time in the morning and after breaks and attend a minimum of 90% of the time.</p>	<ul style="list-style-type: none"> • Loss of privilege of leaving the grounds during break times • Parents/caregivers may be contacted if lack of punctuality or attendance becomes an issue • Lack of regular attendance will result in exclusion (so that your place can be offered to someone else who may have more interest/commitment)

Rule	Consequences of not following rule may include
8. Do not bring drugs or alcohol onto the premises nor be under the influence of drugs or alcohol at school.	<ul style="list-style-type: none"> • Police will be called • Parents/caregivers will be contacted and you may experience exclusion
9. No talking over others.	<ul style="list-style-type: none"> • An apology will be expected • Other penalties may apply
10. All phones are to be in lockers or handed to reception during class time. No phones or music permitted in classroom.	<ul style="list-style-type: none"> • Suspension • Exclusion
11. Always wear closed in shoes in the workshop and in hospitality.	<ul style="list-style-type: none"> • Parent/caregiver called • Warning given if this is persistent
12. The railway track is strictly out of bounds and it is against the law to be on them, including to retrieve any balls that go over the fence. Throwing anything at all at trains will not be tolerated.	<ul style="list-style-type: none"> • Immediate Exclusion
13. Participate, try your best and never give up.	<ul style="list-style-type: none"> • Where it is evident that a student is not participating well, a parent/caregiver conference will be organized to discuss your continued enrolment in the College • Suspension • Exclusion
14. When out of school grounds, always behave well and represent the College courteously. Be respectful to the college neighbours and others in the community.	<ul style="list-style-type: none"> • Police will be called if any illegal activity occurs • Serious incidents will result in exclusion
15. Be honest with yourself and others in all aspects.	<ul style="list-style-type: none"> • Dishonest behaviour will not be looked on favourably and depending on the situation could result in exclusion
<p>16. If you arrive late to school and miss the assembly roll call you must sign in at the office before going to class. You will be issued with a late slip to give to your teacher. This is the ONLY time a late slip will be issued.</p> <p>If you are late to classes after breaks, your teacher will record this on your file.</p>	<ul style="list-style-type: none"> • Loss of privilege of leaving grounds • Suspension + possible exclusion if this behaviour persists

Rule	Consequences of not following rule may include
17. All students must move to classes 5 minutes prior to class commencement time. Break times should be used for drinking water and visiting the toilets – not class time.	<ul style="list-style-type: none"> • Warning • Continue ignoring of this rule could result in suspension
18. If during any break (or any time for that matter) a staff member directs you to go into a building or to move to another area, you must do so immediately and without question. No scaling of fences or gates is permitted and bikes are not to be rammed into gates.	<ul style="list-style-type: none"> • Failure to abide by this could result in suspension/self-exclusion
19. The recreation area is your area so you must in return keep it tidy and free of rubbish.	<ul style="list-style-type: none"> • Failure to abide by this may result in the area being closed for a specified period • The provision of food will be withdrawn if bins are not always used for all rubbish
20. Do not bring anyone onto school grounds who is not a student. All visitors must report immediately on arrival to the office.	<ul style="list-style-type: none"> • Warning • More severe consequences could follow, depending on the situation
21. No loitering at the Caboolture train station when coming to or from school.	<ul style="list-style-type: none"> • Suspension • Exclusion

If ALL students abide by these rules (which are made for safety purposes and to enable all students to have the opportunity to learn and develop), then Horizons will be a place of calmness and opportunity for all.

I hereby agree to the above rules and consequences

Student Name: _____ Student Signature: _____

Date: _____

PERMISSIONS

Following are the various permissions for which Horizons College requires authorisation by parents/caregivers where indicated.

The permissions are as outlined below:

- Consent to reproduce photography / video images taken by Horizons College
- Permission to administer Panadol
- Permission to go to Centenary Lakes Park for Activities / Sport
- Permission to ride Skateboard, Bike or Scooter in Horizons College grounds
- General Excursion Permission (including travel on school mini-buses)
- Protective clothing / equipment in practical subjects
- Swimming

I / we understand that all permissions apply for the full period of my student's enrolment and any change to these permissions must be submitted in writing to the Horizons College Principal.

Parent / Caregiver signature _____ Date _____

Parent / Caregiver signature _____ Date _____

CONSENT TO REPRODUCE PHOTOGRAPHY/VIDEO IMAGES TAKEN BY HORIZONS COLLEGE

[Note: this form should only be used where the photographs/videos have been taken by Horizons staff or a Horizons contractor on behalf of Horizons College].

By signing this form you consent to Horizons College using and publishing your student's name and any photographs and/or videos containing your student's image in any of its publications (including written and multimedia reports, guides and brochures) for distribution anywhere in the world and on the Horizons College website and Facebook page for educational, promotional or reporting purposes. You are also giving permission for these photos to remain on the website, or fliers etc. after the student has left the college.

Description of Photographs/Videos:

Photos taken for Horizons College website and Facebook page, fliers or promotional material.

When giving your permission you should be aware that any information published on the internet is accessible to millions of users from all over the world, that it will be indexed by search engines and that it may be copied and used by any web user. This means that once the photograph is published on the Internet we will have no control over its subsequent disclosure.

You also acknowledge that you are not entitled to any remuneration, royalties or any other payment from Horizons College respect of the use by Horizons College of the photographs.

Full name of Student

(Please state full name of child)

Address

Telephone

Email

Signature: (Parent/Caregiver) _____ Signature (Student): _____

Date: _____

PERMISSION TO ADMINISTER PANADOL

I hereby give permission for Horizons College staff to administer up to 2 Panadol (or similar) to my student should they present to the office asking for this and advising they are not well. I note that the school will contact me should my student continually be asking for this and I note that no more than 2 Panadol will be given on any one day.

Parent / Caregiver signature _____ Date _____

PERMISSION TO GO TO CENTENARY LAKES PARK FOR ACTIVITIES / SPORT

I hereby give permission for my son/daughter to either walk or be driven in the school mini-bus to Centenary Lakes Park for designated school activities/sport. In giving this permission, I acknowledge that it will apply for the remainder of the year. I understand that a minimum of two staff members will accompany students at all times.

Parent / Caregiver signature _____ Date _____

PERMISSION TO RIDE SKATEBOARD, BIKE OR SCOOTER IN HORIZONS COLLEGE GROUNDS

I hereby give permission for my son/daughter to either ride their own or another student's bike / skateboard / scooter in the school grounds. In signing this I understand that I will provide my student with any safety equipment that I want them to have when riding and I assume responsibility for any injury that may occur to my son/daughter as a result of their riding. I note that the school has set aside a small area for the riding of bike, skateboard and scooter. Please note the school takes no responsibility for the loss of any private property brought to school by students. Students are encouraged to bring bike locks. I understand this privilege may be withdrawn at any time without notice, particularly if my son/daughter does not follow current rules / policy regarding the riding of skateboards, bikes or scooters in the grounds of the College.

Parent / Caregiver signature _____ Date _____

GENERAL EXCURSION PERMISSION (including travel on school mini-buses)

I hereby give permission for my son/daughter to participate in excursions / activities throughout the year that take place outside of Horizons College grounds, with the understanding that various local places will be utilised to enhance the learning and participation of students. I understand that Staff will accompany students on all excursions and some volunteers may also attend. I also understand that students will be expected to wear appropriate clothing. I acknowledge that some of these activities may require travel on the school mini-bus or larger hired bus and give permission for this. I give this permission for the period of time my son/daughter is enrolled at Horizons College.

Parent / Caregiver signature _____ Date _____

PROTECTIVE CLOTHING / EQUIPMENT IN PRACTICAL SUBJECTS

Safety of students is a top priority for us at Horizons. For all students undertaking vocational education courses – or practical courses – in subjects such as Hospitality, Horticulture, Automotive, Construction and Hairdressing, it is absolutely imperative that students agree to wear whatever protective clothing and/or personal protection equipment is provided for them during their respective courses.

Personal protective equipment/clothing may include, **for example**, wide brimmed hats, long sleeved shirts and sunscreen for students undertaking Horticulture. Please note that for students doing practical subjects, students must come to school in closed in shoes and must wear protective goggles or other equipment as required.

Without your signed consent, your student will not be able to participate in some subject/s. If at school the student refuses to wear or use the protective equipment provided, he/she will immediately not be able to continue with that subject.

I hereby agree that for my student to participate in practical subjects at Horizons College, relevant protective clothing and/or equipment will be provided and **MUST** be worn by the student. If my student refuses to use/wear this, I also understand that he/she will not be able to participate in that subject any further from that point on.

Parent / Caregiver signature _____ Date _____

Student signature _____ Date _____

SWIMMING PERMISSION

During the summer swimming season, some students will have the opportunity to participate in an excursion to a beach. Swimming will only occur in a patrolled area.

Students will be advised prior to any scheduled excursion. Students will be expected to bring their swimming togs and towel, otherwise they will not be permitted to swim. Please indicate below the level of swimming ability for your student:

Please tick

- Strong swimmer (can swim more than 100 metres)
- Average swimmer (can swim more than 50 metres)
- Weak swimmer (can swim less than 50 metres)
- Cannot swim and my student is interested in learning
- My student is NOT to swim.

I hereby give permission for my student to travel to a patrolled swimming area in the school mini-bus if the opportunity arises. I understand one teacher and one other staff member will be present in all vehicles. I will ensure my student brings their swimming togs and towel.

Parent / Caregiver signature _____ Date _____

Student signature _____ Date _____

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