



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 of Commencement: | |
| Entered into TASS by: | |
| Student code: | |
| Family code: | |
| Cancellation/Reason: | |

2 King Street Caboolture Q 4510 (PO BOX 98)

P 5428 0104 F 5428 0456 enrolments@horizonscollege.qld.edu.au www.horizonscollege.qld.edu.au

STUDENT DETAILS

Surname: _____ First Names: _____

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

Home Address: _____

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

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 _____

Previous School Attended: _____ Year level: _____ Year: _____

LUI Number: _____ USI Number: _____

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. _____

OFFICE ONLY:

Birth Certificate sighted, if copy not provided ☐ Yes ☐ No Date: ____ / ____ / ____ Staff Initials: _____

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 _____

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 | | | |
| Parent Health Care Card | | | |

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? 4 = Year 12 or equivalent 3 = Year 11 or equivalent 2 = Year 10 or equivalent 1 = Year 9 or equivalent or below | | | |
| What is your highest qualification? 7 = Bachelor degree or above 6 = Advanced Diploma/Diploma 5 = Cert I to IV (Trade certificate) 8 = No non-school qualification | | | |
| What is your occupation group? 1 = Senior management in large business organisation, government administration and defence, and qualified professionals 2 = Other business managers, arts/media/sportspersons and associate professionals 3 = Tradespeople, clerks & skilled office, sales & service staff 4 = Machine operators, hospitality staff, assistants, labourers and related workers 8 = Not in paid work in the last 12 months | | | |

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 below.

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

LEGAL INFORMATION

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

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

EMERGENCY CONTACT INFORMATION

Emergency Contacts

Emergency mobile contacts (2 required). These will be used in the case of an emergency when the parent/caregiver is unable to be contacted.

| | |
|---------------------------------|---------------------------------|
| Name: | Name: |
| Relationship to Student: | Relationship to Student: |
| Mobile: | Mobile: |

What numbers are to be used for SMS non-attendance?

| | |
|-------------|--------------|
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |

PREVIOUS EDUCATION

Is the student registered with a Job Active agency or other program (eg Transition to Work – TtW – or Get Set for Work – GSFW)? ☐ Yes ☐ No

If yes, which organisation? _____ Organisation 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 | |
| Prior Year | |
| Prior Year | |
| Prior Year | |

Is the student in receipt of ABSTUDY? ☐ Yes ☐ No

STUDENT MEDICAL HISTORY & MEDICARE NUMBER

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

Student Health Care Card: ☐ Yes ☐ No If Yes, card number: _____

Does the student have a medical condition? If so, please indicate if severe or not.

SEVERE

| Medical Condition | Y | N | Y | N | Medication (if any) |
|--------------------------------------|---|---|---|---|---------------------|
| Anaphylaxis | | | | | |
| Allergies (ie. peanuts, etc) | | | | | |
| Anxiety | | | | | |
| Asthma | | | | | |
| Attention Deficit Disorder | | | | | |
| Bipolar Disorder | | | | | |
| Depression | | | | | |
| Diabetes | | | | | |
| Epilepsy | | | | | |
| Eczema | | | | | |
| Migraines | | | | | |
| Other (please provide details below) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 | (eg Name & contact details of Counsellor) |

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 ever been excluded from a school ie had enrolment cancelled? 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

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 provide ASMOL Inhaler (for students suffering from asthma)
- 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 student 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 _____

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 _____

PERMISSION TO PROVIDE ASMOL INHALER (for students suffering from Asthma)

Horizons College maintains a supply of ASMOL Inhalers. The inhalers are made available as required to students we have been advised suffer from asthma, if the student does not have their own inhaler or has left it at home. The inhalers are also carried by staff escorting students on all excursions, especially physical activities such as bushwalking and sport.

I hereby give permission for Horizons College staff to provide my student with the use of an ASMOL Inhaler as required should they present to the office or a staff member seeking assistance. I note that the school will monitor the student and contact will be made with me should my student's condition deteriorate.

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 _____

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 student. 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 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: ____ / ____ / ____

STUDENT AGREEMENT CONTRACT

CLASSROOM & SCHOOL PROCESSES (AND CONSEQUENCES FOR NOT FOLLOWING)

For some persistent classroom rule breaches, students in years 7-10 will be ineligible to participate in ACE program, apart from quiet study.

| | Classroom processes | Consequence of not following – classroom level | Consequences of not following – once referred to Principal |
|---|---|--|---|
| 1 | One person speaking at a time and if teacher/staff member is speaking all to listen | Student to be warned. If student reoffends teacher/staff member privately conferences student (if possible) and makes them aware that they have been warned and if they reoffend, they will be sent to Jane. They are to be made aware what aspect of PRIDE they are breaching. Jane is emailed or a text sent if student is being sent to her (text preferred). | Student to complete a student PRIDE behaviour form with Jane. If this student is sent to Jane again by the same staff member or any other staff member, the following process will follow: - student to be removed from normal classes for rest of the day and undertake quiet work (provided by teachers) - if problem persists, suspension or cancellation of enrolment* |
| 2 | No swearing | Student is warned about swearing. If it happens again, they are privately conferenced by teacher/staff member about their swearing and what rule (and aspect of PRIDE) they are breaking. If swearing continues, they will be sent to Jane. Jane is emailed or a text is sent (text preferred). | Student to complete a student PRIDE behaviour form with Jane. If this student is sent to Jane again by the same staff member or any other staff member, the following process will follow: - student to be removed from normal classes for rest of the day and undertake quiet work - student to complete a second re-entry to classes - if problem persists, student referred to youth team to ascertain why this behaviour continues – youth team to liaise with Jane who will decide consequent action. * |
| 3 | Speaking respectfully to staff and to others in class | Student is warned about being disrespectful. If it happens again, they are privately conferenced by teacher/staff member about their disrespectful behaviour and what rule they are breaking. If disrespect continues, they will be sent to Jane. Jane is emailed or a text is sent (text preferred). | Student to complete a student PRIDE behaviour form with Jane. If this student is sent to Jane again by the same staff member or any other staff member, the following process will follow: - student to be removed from normal classes for rest of the day and undertake quiet work (provided by teachers) on their own - student to complete a second and final re-entry form and to return to classes - if problem persists, suspension or cancellation of enrolment* |
| 4 | Be on time in morning and to all classes | If a student has to be spoken to about this more than once in a week (by admin staff or by teacher/staff member), they are to be conferenced privately by Principal (if it is late to school in the morning) or by specific teacher/s or staff member if constantly late for sessions. If persistently late, sent to Jane. Text or email sent to Jane. | PRIDE behaviour form to be completed for repeat offenders. Parents/caregivers to be advised if student is persistently late of a morning. Further action will depend on student and other behaviours that are being exhibited. |
| 5 | No swinging back on chair or rolling round on chairs with wheels | Unless sitting at computers, chairs with rollers not permitted to be used. If leaning back on chair, or chairs are resting against walls, warning to be given. If rolling round the room on computer chair, warning to be given. If student needs to be warned more than twice, sent to Jane. Text or email to be sent. | On re-entry to class, if the student had been rolling round on computer chairs, they are not permitted to sit on one of those chairs even at computer – fixed leg chair only for at least a week. If behaviour is persistent, student will do quiet work in other area designated by Principal – teacher to provide work (non-computer work) ... |

| | | | |
|----|--|--|--|
| 6 | Putting in effort and asking for assistance when needed | <p>If not participating, student is asked 3 standard questions:</p> <ol style="list-style-type: none"> 1. Do you understand the task? 2. Do you need help with the task? 3. Are you being distracted and need to be moved? <p>If after help is provided (if that is what is needed, or student is moved if that is what is needed), the student is to be privately conferenced around lack of participation and future consequences of this behaviour. Persistent non-behaviour – sent to Jane, with text/email sent.</p> | <p>Once student has been sent to Jane they are to acknowledge behavior and fill out reentry to class form.</p> <p>If lack of participation reoccurs, the following step will depend on other recent behaviour; however a suspension may result.</p> |
| 7 | No throwing anything in classroom | Student will be warned. If the behaviour occurs again, they will be privately (if possible) conferenced by teacher. Repeat offences – student to be sent to Jane. | <p>If throwing results in any student/staff member being hit or in any damage to property, student will be immediately suspended. Parents will be invoiced for damages bill (if applicable).</p> <p>For lesser offences, PRIDE form to be completed and further action dependent on range of other factors relevant to that student.</p> |
| 8 | Respecting all school property including on buses (eg no graffiti), computers, student lockers (not putting rubbish or graffiti in own or other lockers), desks, walls, pens, erasers etc. | Student will be warned. If the behaviour occurs again, they will be privately (if possible) conferenced by teacher. Repeat offences – student to be sent to Jane. | If property is willfully damaged, parent will be asked to pay for the damages. Other implications will depend on student and his/her recent behaviour – suspension or cancellation of enrolment may occur. |
| 9 | Following process around listening to music; logging out and shutting down computers and generally leaving room tidy | <p>Teachers to be asked if music is possible and whatever the teacher decides, that decision is to be respected (ie no back-chatting, etc.)</p> <p>Students in all classrooms are expected to log out from computers at the end of each session, shut down computers and, if laptops, make sure laptops are returned properly to laptop trollies so they can recharge. Rooms must be left tidy. Any student not adhering to the above, to be privately conferenced by the teacher and if behaviour continues to be inappropriate, be referred to Jane.</p> | Student will not be allowed to listen to music in ANY class for at least a week. |
| 10 | Putting rubbish in bins – in Rec room in grounds or anywhere at school | Students know that rubbish needs to go in a bin. If areas are still left untidy, all students are to clean up in the following break (no food unless it is totally clean in yard and rec room). The time it takes to clean will come out of break time. | |
| 11 | Adhering to 90% attendance rule and being on time every day | Admin staff to check rolls every week. Anyone not meeting 90% attendance, parents/caregivers to be contacted. If attendance doesn't improve, cancellation of enrolment may occur. Checks also to be made around lateness to school. | |
| 12 | Hand in phone at gate and place all bags in locker | If a student doesn't hand in their phone at the gate and place all bags in their provided locker and either of these is found on them, they will be suspended. They will need to make a case for re-entry and sign a PRIDE agreement moving forward. | |

| | | |
|----|---|--|
| 13 | When leaving or arriving, do not smoke this side of the bridge (ie if you have to smoke at all!) Smoking is a health hazard! | If a student needs to be constantly reminded about this, they are to complete a PRIDE behaviour form with Jane ... persistently doing this still and parents/caregivers will be advised. |
| 14 | No bullying | If you are being bullied, it is a school rule that you alert staff immediately. Bullying will not be tolerated and any repeat offence may result in cancellation of enrolment. |
| 15 | Physical violence | VIOLENCE IS NEVER THE ANSWER! Horizons College has a zero tolerance to violence and any such acts will result in cancellation of enrolment. |
| 16 | Dress code | Dress code is to be adhered to. No short shorts (length of shorts must be at least mid-way between thigh and knee) – no bare midriffs and no singlet or low-cut tops. No rude graphics or drug references allowed on clothing. Students will be expected to wear a shirt provided by the school for the day (if it is a shirt that is the problem). If student refuses or shorts are too short, student will be sent home for the day. Suspension will follow if rule is not adhered to. |
| 17 | Students are not to have any smoking bits and pieces on them at all in the grounds – must keep in bags in lockers and keep totally out of sight when at school, or until other side of bridge when leaving ie nowhere in sight of school. This includes e-cigarettes, lighters, papers, tobacco, cigarettes, matches etc. | Student will be warned. If behaviour persists, parent/caregiver will be informed of the breach and suspension may occur. |
| 18 | No hanging around the Caboolture railway station before or after school | Students are not to loiter anywhere on Queensland Rail property/grounds. If waiting for a bus or train, wait on relevant platform or at relevant stop. No gathering in front of station or generally hanging around the station. If behaviour continues, parent/caregiver will be informed of the breach and suspension may occur. |
| 19 | Do not spread rumours or gossip | Students are not to spread rumours or gossip maliciously about other students or any member of staff. If this behaviour persists, student will be suspended and only allowed back with an apology to the person who has been maligned or gossiped about and with a commitment that this will not re-occur. |
| 20 | Students to only use the locker to which they have been allocated and not share the code of their lock or choose a different locker | If a student is found to have swapped lockers or has opened (somehow) a locker which is not assigned to them, the student will retain the original locker and be cautioned against such behaviour. If this behaviour persists, further action will be taken and no locker will be available. |

| | | |
|----|--|--|
| 21 | When in the community or on the bus, following Horizons processes around respect to anyone you see/encounter, no graffiti, wearing seatbelt, etc. etc. | No eating or drinking on buses. When on a mini-bus, do not make rude gestures or call out to any other vehicle or person. Be quiet and still on the bus and always wear your seat belt. Do not graffiti any part of the bus – internal or external. Failure to follow these processes will see the offender cleaning off any graffiti and not being permitted to use the bus again for the rest of the year. Other consequences may also apply, including if a student has been disrespectful to any member of the public. |
| 22 | Show respect to all staff and school property at all times | Disrespectful behaviour will not be tolerated; nor will damage of any sort to any school property. Suspension may occur and any damage must be paid for. |
| 23 | Move into class immediately when asked at the end of each break | When advised break time is over, move immediately to class. Being persistently late is not acceptable. |

*If this behaviour is occurring in conjunction with other breaches, suspension and or cancellation will occur, dependent on the severity of breach and regularity of breach.

As a student of Horizons College I acknowledge the School Rules and consequences if I do not follow them. I agree to follow the School Rules. I acknowledge that rules can be amended from time to time and these amendments are advised either via morning notices on EOJ to students, newsletters or correspondence to the parent/caregiver.

Student Name: _____ **Signature:** _____

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 (non-refundable) Registration Levy of \$100 covering enrolment registration, school polo shirt and locker padlock (padlock remains the property of the school and any damage or loss of the padlock will incur a \$20 replacement fee)
- Agree to pay a \$35 per week Resource Levy towards stationery, textbooks and other school resources; activities and excursions; breakfast club refreshments and food at 10.15 am break
- 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, any Resource Levy paid in advance will be refunded as at the date of withdrawal or exclusion, provided the parent/caregiver 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 Resource Levy per week will be eligible for a refund).*

CHECKLIST

Please check that you have supplied the following:

- | | |
|---|---|
| <input type="checkbox"/> Copy of birth certificate/or original sighted | <input type="checkbox"/> Copy of any Family Court Orders that apply |
| <input type="checkbox"/> Copy of Education Adjustment Plan from previous School, if applicable | <input type="checkbox"/> Copy of NAPLAN Test Results: Year 7 Year 9 |
| <input type="checkbox"/> Copy of school reports for the last 2 years. | <input type="checkbox"/> Copy of visa documentation if applicable |
| <input type="checkbox"/> Copy of any medical reports discussing disorders or Learning difficulties | <input type="checkbox"/> Other documentation |
| <input type="checkbox"/> 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)

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