



CHARACTER | LEADERSHIP | INFLUENCE | BREAKTHROUGH

HEIGHTS COLLEGE

OVERSEAS STUDENT APPLICATION FORM

STUDENT DETAILS

If the student is currently enrolled in another school or college in Australia, this application cannot be processed until a Letter of Release is obtained from the current school.

Surname: _____ Given Name: _____

Preferred Name: _____

Address: _____

Date of Birth: _____ Male Female

Proposed Year of Entry: _____ Proposed Year Level: _____

Place of Birth: _____ Country of Birth: _____ Nationality: _____

Language spoken at home: _____

Overseas Student (studying on student visa) Yes No

Country where Visa Application will be lodged: _____

Expected Date of Arrival in Rockhampton: _____

Date Student wishes to commence enrolment: _____

Passport Number: _____ Visa Number or Type: _____

Temporary Resident of Australia Yes No Visa Number or Type: _____

(Please attach a copy of visa if already issued)

CHURCH INFORMATION

Is the student actively associated with a Christian Church? Yes No

Church Name: _____ Denomination: _____

Does the student regularly attend? Church Sunday School Youth Group Bible Study

Does the student occasionally attend? Church Sunday School Youth Group Bible Study

STUDENT MEDICAL INFORMATION

Student Name: _____ Year Level: _____ Class: _____

DOB: _____

Gender: _____

Home Address: _____ Phone 1: _____

_____ Phone 2: _____

Email: _____

Has your child had a Tetanus Booster in the last five years [] Yes [] No Date: _____

Mother/Guardian: _____ Wk Phone: _____ Mobile: _____

Father/Guardian: _____ Wk Phone: _____ Mobile: _____

Emergency Contact 1: _____ Phone: _____ Mobile: _____

Address: _____

Emergency Contact 2: _____ Phone: _____ Mobile: _____

Address: _____

How does your child travel to school? _____

Is there any information/special requirements that you feel the College should know about your Child such as diet etc. _____

AUTHORISATION TO COLLECT STUDENT

The following people are authorised to collect my child from the College:

Contact 1: _____ Phone: _____ Mobile: _____

Address : _____

Contact 2: _____ Phone: _____ Mobile: _____

Address: _____

DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING: (TICK IF APPLICABLE)

If YES, please give DETAILED information and attach any relevant documents

1 Allergies- Plant, Drug, Food etc. _____

- 2 Heart problems _____
- 3 Asthma _____
- 4 Respiratory Problems _____
- 5 Ointment Allergies _____
- 6 Diabetes / Hypoglycaemia _____
- 7 Blood Pressure _____
- 9 Epilepsy _____
- 10 Recent Illness or Operations _____
- 11 Phobias _____
- 12 Visual Problems _____
- 13 Hearing Problems _____
- 14 HIV, Hepatitis A, B, C etc _____
- 15 ADD, ADHD, _____
- 16 ASD _____
- 17 Eczema _____

- 18 Migraines, Headaches _____
- 19 Bites / Stings Reactions _____
- 20 Other: please list details _____

MEDICINES: Please note that all medication must be kept at the Health Bay, unless there has been a prior arrangement with the Headmaster.

Please give details of any regular medications taken (including dosage, frequency etc)

I [give/do not give] permission for Paracetamol or medical assistance the school feels necessary at the time to be administered to my child.

PARENT / GUARDIAN: _____ Date: _____

STUDENT EDUCATIONAL SUPPORT DETAILS

Has your child been assessed by any of the following Specialist Services? If so, please supply a copy of the most current report.

Specialist Services	Yes/ No	Name of Centre/ Specialist	Date of first visit	Is your child attending now?	Report Supplied Yes/No
State / Child Guidance					
Speech Pathologist					
Occupational Therapist					
Physiotherapist					
Education Psychologist					
Specialist Clinic (Hospital / Private)					
Audiology Report					
Pediatrician					
Other Specialist e.g. Optometrist					

Has your child ever been diagnosed as having any of the following? If so, please supply a copy of the most current report.

Disability / Impairment	Yes / No	Date of Diagnosis	Report Supplied Yes/No
Hearing Impairment			
Vision Impairment			
Intellectual Impairment			
Learning Difficulty			
Dyslexia			
Autistic Spectrum Disorder (Including Aspergers)			
Physical Impairment			
Speech Language Impairment			
Social / Emotional Disorder			
Multiple Impairment			
Psychiatric Disorder			

VERIFICATION

Has your child received a formal Verification Level in the past? YES / NO

If YES, state category and level. Category (eg HI, VI, PI, II, SLI, ASD etc) _____ Level: _____

Is this Verification current? YES / NO Review Date if known: ___/___/___

STUDENT HISTORY

Name of School	Year Level(s)	Years of attendance

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Please describe briefly and frankly any other details which may have an influence on your child's education or which may be relevant to enrolment at the College eg.

Gifted and Talented _____

Legal/custodial matters _____

Interests at School _____

Extra-Curricular Activities _____

Has your child ever been expelled, suspended or refused admission to another school? Yes/No

If yes, please explain _____

OTHER FAMILY INFORMATION

OTHER CHILDREN IN FAMILY:

Name	Date of Birth	School	Current Year Level

FATHER'S DETAILS

Surname: _____ Given Name: _____ Title: _____

Residential Address: _____ Post Code: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email Address: _____

Postal Address: _____

Occupation: _____ Business Title: _____

Employer: _____ Telephone: _____

Place of Birth: _____ Country of Birth: _____ Nationality: _____

Language spoken at home: _____

Passport Number: _____ Visa Number or Type: _____

Temporary Resident of Australia Yes No Visa Number or Type: _____

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

English Language Fluency: Fluent Intermediate Basic None

(Please attach a copy of visa or citizenship certificate if applicable)

Highest School Education Level Completed: Year 9 Year 10 Year 11 Year 12

What is the highest qualification completed?

Bachelor degree or above

Advanced Diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

Is the father actively associated with a Christian Church? Yes No

Church Name: _____ Denomination: _____

Does the father regularly attend? Church Bible Study

Does the father occasionally attend? Church Bible Study

STEPFATHER'S/GUARDIAN'S DETAILS

Surname: _____ Given Name: _____ Title: _____

Residential Address: _____ Post Code: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email Address: _____

Postal Address: _____

Occupation: _____ Business Title: _____

Employer: _____ Telephone: _____

Is the stepfather actively associated with a Christian Church? Yes No

Church Name: _____ Denomination: _____

Does the stepfather regularly attend? Church Bible Study

Does the stepfather occasionally attend? Church Bible Study

MOTHER'S DETAILS

Surname: _____ Given Name: _____ Title: _____

Residential Address: _____ Post Code: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email Address: _____

Postal Address: _____

Occupation: _____ Business Title: _____

Employer: _____ Telephone: _____

Place of Birth: _____ Country of Birth: _____ Nationality: _____

Language spoken at home: _____

Passport Number: _____ Visa Number or Type: _____

Temporary Resident of Australia Yes No Visa Number or Type: _____

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

English Language Fluency: Fluent Intermediate Basic None

(Please attach a copy of visa or citizenship certificate if applicable)

Highest School Education Level Completed: Year 9 Year 10 Year 11 Year 12

What is the highest qualification completed?

Bachelor degree or above Advanced Diploma/Diploma

Certificate I to IV (including trade certificate) No non-school qualification

Is the mother actively associated with a Christian Church? Yes No

Church Name: _____ Denomination: _____

Does the mother regularly attend? Church Bible Study

Does the mother occasionally attend? Church Bible Study

STEPMOTHER'S/GUARDIAN'S DETAILS

Surname: _____ Given Name: _____ Title: _____

Residential Address: _____ Post Code: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email Address: _____

Postal Address: _____

Occupation: _____ Business Title: _____

Employer: _____ Telephone: _____

Is the stepfather actively associated with a Christian Church? Yes No

Church Name: _____ Denomination: _____

Does the stepmother regularly attend? Church Bible Study

Does the stepmother occasionally attend? Church Bible Study

PLEASE COMPLETE THIS SECTION IF PARENTS ARE NOT LIVING TOGETHER

(Please attach copies of Family Court Orders or Protection Orders relating to the student) (In lieu of Court Orders—written consent from biological parent in support of this application)

Parents separated Father deceased Student living with Legal Guardians

Parents divorced Mother deceased

Student living with Mother Student living with Father 50/50 Care Arrangement

Who should the College communicate with regarding day to day matters?

Mother Father Stepmother/Stepfather Legal Guardian

Who should receive copies of correspondence?

Mother Father Stepmother/Stepfather Legal Guardian

FURTHER INFORMATION

COLLEGE INFOLINK (Please nominate)

I would like the College Infolink emailed to: _____

PUBLICITY PERMISSION

I hereby give permission for my child to be included in media publicity for the Heights College community including newspaper articles/ television/audio/photo/website and College Infolink.

Please Circle: Yes / No Parent's Signature: _____ **Date:** ___/___/___

SPORTS AND EXCURSION APPROVAL

I give my consent for my child to participate in sporting activities and excursions, which occur away from the campus of Heights College. I agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action which is deemed necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in any activity. I also authorise the teachers and instructors to obtain medical assistance that they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above-mentioned student. I further authorize qualified practitioners to administer anaesthetic if such an eventuality arises. Each class teacher will notify students and parents when an excursion or sporting activity is planned. I will notify the College if I do not wish my child to participate in any such activity.

Please Circle: Yes / No Parent's Signature: _____ **Date:** ___/___/___

PAR PARENT CHECKLIST

Please ensure a copy of the following has been enclosed with this application if applicable:

- Enrolment Contract (completed and signed)
- Birth Certificate
- Current Passport/Visa
- Enrolment Registration Fee
- Certified copy of most recent school reports, translated into English
- English Proficiency Evidence (see Written Entry Requirements Policy on website)
- Specialists' reports if applicable
- How did you hear about Heights College?
- Word of Mouth Internet Showcase Newspaper Television Ad Radio Other: _____

ENROLMENT REGISTRATION FEE

Parents wishing to apply for their child to be enrolled at Heights College are asked to complete this application and return it with the required Enrolment Registration Fee of \$100.00

The payment of this fee does not guarantee enrolment at the College. This is a registration fee and is non-refundable.

The registration fee must be included with this application to enable processing.

So that future correspondence is addressed correctly, we ask that you notify the College Registrar of any change to your contact details.

The College reserves the right to review or terminate the enrolment when a disclosure of a student's needs has not been provided.

The College may access school records and relevant information from your child's previous schools if required.

PRIVACY – COLLECTION NOTICE

(Privacy Act 1988 & Privacy Amendment (Enhancing Privacy Protection) Act 2012)

1. The College collects personal information including sensitive information about students and parents/guardians before and during the course, and after the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for the student.
2. Some of the information the College collects is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. The College asks you to provide medical reports and information about students at enrolment and from time to time.
5. If the College does not obtain the information referred to above, the College may not be able to enrol or continue the enrolment of your son/daughter.
6. The College, from time to time, discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, medical practitioners, and people providing services to the College including specialist visiting teachers, sports coaches, counsellors and volunteers.
7. Personal information collected from students is regularly disclosed to their parents/guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in College newsletters, magazines and Annual Reports and on the College website.
8. The Privacy Act does not differentiate between adults and minors. While parents generally have the right to provide consent for their children, children of sufficient mental capacity may also have the ability to provide or withdraw their consent. We will assume that notifications provided to parents/guardians have also been provided to their children. We will assume that notifications provided to parents/guardians will act as notification to students, and consents received from parents/guardians will act as consents given by students, unless we are satisfied otherwise.
9. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Students may also seek access to personal information about themselves. However there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.
10. The College's Privacy Policy sets out how you may complain about a breach of privacy and how the College will deal with such a complaint.
11. In some circumstances, personal information may reside in the data storage 'cloud' which may mean that it resides on servers which are situated outside Australia.
12. The College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose.) The College will not disclose your personal information to third parties for their own marketing purposes without your consent. Individuals may opt-out of disclosure of information to third parties, either as noted in the Application Form (below) or by informing the Privacy Officer in writing.
13. If you provide the College with the personal information of others, such as doctors or emergency contacts, the College encourages you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish, and that the College does not usually disclose this information to third parties.

CONDITIONS OF ENROLMENT

Enrolment at Heights College is subject to the following terms and conditions:

1. That the parents will agree to allow the child to share fully in the life and program of the College, including the devotional activities and Christian faith lessons.
2. That the parents will support the aims of the College and order their own lives and home so that the child will be given every opportunity to grow up into Christ.
3. That the parents undertake to provide the child with all necessary equipment of a personal nature that may be required to enable the child to benefit from the education offered.
4. That the parents undertake to provide the child with the correct uniform approved by the College and to ensure that the child is always sent to school neatly dressed in the required uniform and abides by the Dress Code.
5. That the parents accept the right of the College to employ such discipline as it deems wise and expedient for the child and agree to uphold the College's authority and right to administer appropriate discipline in accordance with College policies.
6. That all fees are payable according to the Written Agreement between yourselves and the College.
7. That the parents will give at least one month's notice of termination of enrolment and refund, if applicable, will be in accordance with the Overseas Students Refund Policy (available on Heights College website).
8. That the College may suspend, or withdraw enrolment for failure to comply with these conditions, for serious or persistent breaches of the College rules and regulations or for involvement in any illegal or immoral activity, according to the Deferment, Suspension and Cancellation Policy (available on Heights College website)
9. That the parents have read the Prospectus, Conditions of Enrolment and all Policies for Overseas Students and are in full agreement with everything contained therein.

Please note that when a student applies for enrolment in Preparatory, present regulations provide that a child must attain the age of five (5) years on or before the last day of June in the year of enrolment.

PAYMENT OF FEES

Who will be accepting responsibility for the payment of school fees?

Name: _____

Postal Address: _____ Post Code: _____

Signature of Debtor: _____

DECLARATION

I/We have read the **Prospectus, Conditions of Enrolment and Policies for Overseas Students** and I/we understand and agree to accept them in full in relation to the enrolment of our child named herein.

I/We have read the **Behaviour Management Policy** for students and I/we accept them in full in relation to the enrolment of our child named herein and agree to co-operate with the College authorities in all matters of College discipline.

The signatures of both parents or all legal guardians is required.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____