



## APPLICATION OF ENROLMENT

\$80 per student non-refundable application fee must accompany this form.

### STUDENT DETAILS

Proposed Year of Entry: \_\_\_\_\_ Proposed Year Level: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: *(Please attach copy of Birth Certificate)* \_\_\_\_\_ Male Female

Australian Citizen: Yes No

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Date of Arrival in Australia: \_\_\_\_\_ Visa Subclass: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

*(Please attach copy of Visa)*

Aboriginal: Yes  No

Torres Strait Islander Descent: Yes  No

South Sea Islander Descent: Yes  No

Aboriginal and Torres Strait Islander Descent: Yes  No

Is your child actively associated with a Christian Church? Yes  No

If No: what is your child's Church Affiliation: \_\_\_\_\_

If Yes:

Church name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Location of Church: \_\_\_\_\_

Does the child regularly attend: Church  Sunday School  Youth Group  Bible Study

Does the child occasionally attend: Church  Sunday School  Youth Group  Bible Study

***Please provide a written reference from your Minister.***

## FAMILY DETAILS

It is appreciated that children's family backgrounds differ widely. The following information is sought as part of the College's duty of care and to avoid errors in the mailing of accounts & correspondence.

### STUDENT RESIDES WITH:

Mother & Father  Mother only  Father only  Grandparents  Legal Guardians   
Shared Custody  (*please provide details*) \_\_\_\_\_

### PARENTS' MARITAL STATUS:

Married  Widowed  Single  Separated  Divorced  DeFacto

## BIRTH PARENTS

### MOTHER

Title: Mrs  Ms  Miss  Dr  Language other than English spoken at home  \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Current occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Highest completed school education level? Year 9  Year 10  Year 11  Year 12

Highest completed tertiary qualification? Bachelor degree or above  Advanced Diploma/Diploma

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

What is the Occupation Group of Mother?

Are you actively associated with a Christian church?

Yes  No

If No: what is your Church Affiliation: \_\_\_\_\_

If Yes:

Church name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Location of Church: \_\_\_\_\_

Do you regularly attend: Church  Bible Study

Do you occasionally attend: Church  Bible Study

**Please provide a written reference from your Minister.**

**FATHER**

Title: Mr  Dr  Language other than English spoken at home  \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Current occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Highest completed school education level? Year 9  Year 10  Year 11  Year 12

Highest completed tertiary qualification? Bachelor degree or above  Advanced Diploma/Diploma

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

What is the Occupation Group of Father?

Are you actively associated with a Christian church?

Yes  No

If No: what is your Church Affiliation: \_\_\_\_\_

If Yes:

Church name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Location of Church: \_\_\_\_\_

Do you regularly attend: Church  Bible Study

Do you occasionally attend: Church  Bible Study

**Please provide a written reference from your Minister.**

**OTHER CARE-GIVERS/GUARDIANS/STEP PARENTS**

If your child resides in a permanent arrangement with care-givers who are not birth parents, please complete details:

**CARE-GIVER**

Stepfather  Stepmother  Relationship (other than step-parent) : \_\_\_\_\_

Title: Mr  Mrs  Ms  Miss  Dr  Language other than English spoken at home  \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Current occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Highest completed school education level? Year 9  Year 10  Year 11  Year 12

Highest completed tertiary qualification? Bachelor degree or above  Advanced Diploma/Diploma

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

What is the Occupation Group of Guardian/Caregiver?

Are you actively associated with a Christian church?

Yes  No

If No: what is your Church Affiliation: \_\_\_\_\_

If Yes:

Church name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Location of Church: \_\_\_\_\_

Do you regularly attend: Church  Bible Study

Do you occasionally attend: Church  Bible Study

**Please provide a written reference from your Minister.**

### CARE-GIVER

Stepfather  Stepmother  Relationship (other than step-parent) : \_\_\_\_\_

Title: Mr  Mrs  Ms  Miss  Dr  Language other than English spoken at home  \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Current occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Highest completed school education level? Year 9  Year 10  Year 11  Year 12

Highest completed tertiary qualification? Bachelor degree or above  Advanced Diploma/Diploma

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

What is the Occupation Group of Caregiver?

Are you actively associated with a Christian church?

Yes  No

If No: what is your Church Affiliation: \_\_\_\_\_

If Yes:

Church name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Location of Church: \_\_\_\_\_

Do you regularly attend: Church  Bible Study

Do you occasionally attend: Church  Bible Study

**Please provide a written reference from your Minister.**

## FAMILY MATTERS

*(Copies of Parenting Court Order / Parental Agreement must be supplied. Please attach.)*

**Please inform the College in writing of any changes to Court Orders/Parenting Agreement.**

Is there a current Child Protection Order for this child? Yes  No

Is there a Family Law Order in place for your family? Yes  No

Is there a current Domestic Violence Order for your family? Yes  No

Is there a Parenting Plan in place? (eg. Child residential arrangements) Yes  No

**EMERGENCY CONTACTS (You MUST have one person other than parents. One person must live inside of the Gladstone region and one may live outside the region)**

Please advise who you would like us to contact if we are unable to reach you in case of an emergency or for urgent guidance in relation to your child's wellbeing.

### CONTACT PERSON

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### CONTACT PERSON

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### AUTHORISATION TO COLLECT CHILD FROM KINDERGARTEN (if applicable)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**LANGUAGE**

First language introduced at home: \_\_\_\_\_

Main language SPOKEN at home by your child: \_\_\_\_\_

Language/s other than English HEARD at home: \_\_\_\_\_

Language/s other than English WRITTEN at home: \_\_\_\_\_

**EDUCATIONAL HISTORY**

Current School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

Has the applicant repeated a year at school? Yes No If yes, year level repeated \_\_\_\_\_

Reason: \_\_\_\_\_

Have there been behaviour/social concerns at another school? Yes No

If yes, please specify: \_\_\_\_\_

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

If yes, please state which and explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACADEMIC & MEDICAL DETAILS**

Has your child received any of the following?

(Please tick (✓), give details and note when and where)

Extension Program: \_\_\_\_\_

Learning Support: \_\_\_\_\_

ESL Assistance: \_\_\_\_\_

Professional Assessment for Learning Difficulties: \_\_\_\_\_

Person Counselling: \_\_\_\_\_

\_\_\_\_\_

Please tick if your child has any difficulties in the following areas:

Intellectual  Social/Emotional  Visual

Physical  Speech  Learning difficulty

ADD/ADHD  Behavioural  Aspergers/Autism

Perceptual Motor  Hearing  Dyslexia

Other (please specify): \_\_\_\_\_

Are there any behavioural issues that would impact on your child's learning? Yes  No

If yes, please state concerns \_\_\_\_\_

Has your child had a specialist (occupational therapist, student psychologist, paediatrician, speech therapist, guidance officer, development optometrist, etc.) assessment for developmental, learning or behavioural issues? Yes  No

**(If yes, please provide a copy of the report.)**

Please tick if your child's immunisations is up to date. Yes  No

**(If yes, please provide a copy of their record)**

Name of Doctor/ Medical Centre: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Does your child take any medication on a regular basis? Yes  No

If yes, please specify \_\_\_\_\_

My child may receive paracetamol: Yes  No

In the event of an emergency, I/we authorise the school to secure an ambulance & or medical attention for my child. Yes  No

Please tick if your child has any of the following medical conditions:

Asthma	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Head injury	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>
Eating disorder	<input type="checkbox"/>	Migraine	<input type="checkbox"/>		
Allergies	<input type="checkbox"/>				
Other	<input type="checkbox"/>	If other, please specify _____			

How does this condition impact in the classroom? \_\_\_\_\_  
\_\_\_\_\_

Has your child received a formal Verification level in the past? Yes  No

If yes, please tick

Physical Impairment	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>

Review date of current Verification: \_\_\_\_\_ School: \_\_\_\_\_

**(Copies of reports must be provided.)**

I/we \_\_\_\_\_ give permission for Trinity College to contact schools previously attended by my/our child \_\_\_\_\_ to request the release and forwarding of files and information pertaining to my child. A Principal's Reference may be obtained for my child.

Signature/s \_\_\_\_\_ Date \_\_\_\_\_

### **KINDERGARTEN ONLY**

Are you and your child on a Health Care/Concession card? Yes  No   
If yes, please complete the section below and ensure you bring in the original card(s).

Health Care card number: \_\_\_\_\_

Expiry date of card: \_\_\_\_\_

**(copy must be provided and expiry dates to be kept up to date)**

### **CHILD'S INTERESTS AND OTHER**

Student interests (i.e sport, music, hobbies, community involvement, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Why do you consider that your child would benefit from a Christian education at Trinity College Gladstone? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Fee Payer Details**

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Drivers Licence number: \_\_\_\_\_

**Payment of Fees**

- You must pay the fees in advance of the period to which they apply and no later than 14 days after the date of invoice of the fees. If you are unable to pay the fees by the due date you must contact the College finances section and enter into an agreement with the College for payment of fees. Any agreement will be at the discretion of the College. Additionally, if you do not pay the fees by the due date for payment, we may charge a debt levy on outstanding fees, at the rate of 13% per annum or late payment fee.
- If the fees are not paid and an agreement is not entered into within 14 days of the date of invoice of the fees, the College may terminate enrolment.
- In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.
- If you terminate enrolment for any reason other than a contract breach you must provide us with at least one (1) School term’s notice in writing. If you do not provide us with one term’s notice, you must nevertheless pay to us one full term’s fees. We commit resources on the basis of confirmed enrolments and will most likely suffer loss from early termination. We may have difficulty filling the student’s position at short notice.
- If we expel the student you must pay fees for the whole of the term in which the student is expelled and there will be no refund of student bond.
- The College may obtain a financial report about your credit worthiness from relevant credit agencies and former schools attended by your child/children.
- You agree to advise the College of previous or pending bankruptcy actions that would compromise the payments of College fees.

**I/We have read and accept the conditions & responsibility of fee payment set out above.**

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Statement of Faith

The Statement of Faith of the School is as follows:

- (a) We believe in the Divine inspiration, the infallibility and supreme authority of the Old and New Testaments in their entirety and that the Holy Spirit so moved the writers that what they wrote are authoritative statements of truth.
- (b) We believe there is one God in whom there are three equal Divine Persons revealed as the Father, the Son and the Holy Spirit and who of His own sovereign will created the heavens, the earth and all that is contained within the Universe.
- (c) We believe the Lord Jesus Christ is the eternally existing, only begotten Son of the Father, conceived by the Holy Spirit and born of the virgin Mary. As God He became flesh and dwelt among us: as man He was God.
- (d) We believe all men are in a fallen sinful and lost condition through the rebellion of Adam and Eve who were created without sin and in this state of depravity are helpless to save themselves and are under the condemnation of God to eternal punishment in Hell.
- (e) We believe that salvation from the penalty and consequence of sin is found only through the substitutionary atoning death and resurrection of the Lord Jesus Christ.
- (f) We believe it is the Holy Spirit alone who convicts men of sin, leads them to repentance, creates faith within them and, regenerates and fills those who believe in the Lord Jesus Christ as Lord. It is the indwelling Spirit who bestows the Gifts of the Spirit and manifests the Fruit of the Spirit in the believer.
- (g) We believe Christ died for our sins, was buried and the third day rose from the dead. That He appeared to man who touched Him and knew His bodily presence and that He ascended to His Father.
- (h) We believe the Lord Jesus Christ will return in person with His saints and that the full consummation of the Kingdom of God awaits His return.
- (i) We believe those who have been regenerated by the Holy Spirit will receive a resurrection body at the return of Jesus Christ and be forever with the Lord while those who have not believed will be resurrected to stand at the Judgement Seat of God to receive His judgement and eternal condemnation to Hell.
- (j) We believe in the actual existence of Satan who is the father of all evil and opposed to God although ultimately subject to the purpose of God and destined to be confined in Hell.
- (k) We believe the Church is the Body of Christ composed of all believers in the Lord Jesus Christ which finds its visible manifestation in the local community of believers and ministers through the co-operative exercise of God-given gifts by the entire membership. Each local community of believers is competent under Christ, as Head of the Church, to order its life without interference from any civil authority.

I,..... **understand and agree that the above Statement of Faith is foundational to the teaching and learning of Trinity College and by signing I am acknowledging that my child's enrolment will be in accordance with these values.**

.....

**Parent/Guardian's Signature**

...../...../.....

**Date**

**Publicity**

**I/we give permission for my child to be included in media publicity for the Trinity College community including newspaper articles/television/audio/photos/website:**

Yes  No  Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care-giver/Guardian/Step Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sports and Excursion Approval**

- **I/we give consent for my child to participate in sporting activities and excursions which may occur away from the Trinity College campus.**
- **I/we 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/we 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/we further authorise qualified practitioners to administer anaesthetic if such an eventuality arises. (The College will notify students and parent when an excursion or sporting activity is planned.)**
- **I/we consent for my child to travel by bus for any sporting activities and excursions not held on the College campus.**
- **I/we will notify the College if I/we do not wish my child to participate in any such activity.**

Yes  No  Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care-giver/Guardian/Step Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I declare that the information provided in this enrolment application is true and correct to the best of my knowledge.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care-giver/Guardian/Step Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT'S CHECKLIST**

- Application Fee paid
- Copy of Birth Certificate attached
- Copy of Immunisation Records
- Latest two School reports attached
- Latest NAPLAN report attached
- Any visa and passport details attached
- Any current Family Law orders or plans attached
- Any Specialist reports attached
- Any Verifications and Individual Education Plan attached
- Any Health Care/Concession Card attached (Kindy only)

### **How did you hear about Trinity College?**

- Word of Mouth    Internet    Newspaper    Television    Radio
- Other: \_\_\_\_\_

# List of Parental Occupation Groups

## **Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

Senior executive/manager/department head in industry, commerce, media or other large organisation.  
Public service manager (Section head or above), regional director, health/education/police/fire services administrator  
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]  
Defence Forces Commissioned Officer  
Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.  
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional  
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]  
Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

## **Group 2: Other business managers, arts/media/sportspersons and associate professionals**

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business  
Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]  
Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]  
Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]  
Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]  
Associate professionals generally have diploma/technical qualifications and support managers and professionals.  
Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional  
Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]  
Defence Forces senior Non-Commissioned Officer

## **Group 3: Tradesmen/women, clerks and skilled office, sales and service staff**

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.  
Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]  
Skilled office, sales and service staff.  
Office [secretary, personal assistant, desktop publishing operator, switchboard operator]  
Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]  
Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

## **Group 4: Machine operators, hospitality staff, assistants, labourers and related workers**

Drivers, mobile plant, production/processing machinery and other machinery operators.  
Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]  
Office assistants, sales assistants and other assistants.  
Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]  
Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]  
Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]  
Labourers and related workers  
Defence Forces ranks below senior NCO not included above  
Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]  
Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]