



Atlantis Beach Baptist College

Application for Enrolment



Please complete in BLOCK letters and return all pages and relevant documentation (see Page 5 & 6) to:

The Enrolment Registrar
Atlantis Beach Baptist College
PO Box 320
Two Rocks WA 6037

**Parents should retain their own copy of this document*

Student Information

Application to enter Year Level _____ in 20 _____

Surname: _____

Given Name(s): _____

Student Address: _____

Postcode: _____

Student Date of Birth: _____ Male ☐ Female ☐

Australian Citizen ☐ Australian Permanent Resident ☐ Temporary Resident ☐

Arrival date in Australia (if born overseas) _____

Is your child of Aboriginal or Torres Strait Islander descent? Yes ☐ No ☐ Both ☐

Aboriginal descent is from Father ☐ Mother ☐ Both ☐

Does your child have proof of Aboriginality? Yes ☐ No ☐

Country of Birth: _____

(If not born in Australia, please provide evidence of Citizenship or Visa status)

Main language spoken at home: _____

Current Academic Year: _____

Current School: _____

Religious Affiliation (if any): _____

For office use only

Payment Date/...../20	Enrolment Approved (Principal or Principal's delegate)/...../20	
Registration Fee Paid \$	Transfer Note Sent by	Form Received by
Student Start Date/...../20	House C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/>	Date Received

Details of Parent(s)/Legal Guardian(s)

Parents, please note that when completing this section, the names submitted must be the names of the parents who have legal guardianship of this child. In families where parents are separated or divorced, a parent's new partner cannot be included unless legal documents or other evidence can be provided confirming the new partner's legal guardianship.

Under Section 61C of the Family Law Act, each legal parent of a child has equal right to:

- access to their child during the school day (in accordance with College procedures)
- receive information related to the academic progress of their child and access to school reports
- receive information related to the behaviour, health, and wellbeing of their child
- be involved in school activities, parent evenings, and teacher meetings etc.

Please note that the College can only discuss a student, or provide information about a student, to that student's legal parent(s), unless both parents have provided written approval, or there is a court order, giving a new partner this right.

Mother/Legal Guardian 1

Title

Family Name

Given Name

Relationship to child (e.g., Mother, Legal Guardian)

Living with child?

Yes

☐

No

☐

Address (If same as Child's please write 'home address')

Suburb

Postcode

State

Home Telephone

Mobile Telephone

Email*

Business Phone

Occupation

Country of Birth

Nationality

Main language spoken at home

Religion (if any)

Father/Legal Guardian 2

Title

Family Name

Given Name

Relationship to child (e.g., Father, Legal Guardian)

Living with child?

Yes

☐

No

☐

Address (If same as Child's please write 'home address')

Suburb

Postcode

State

Home Telephone

Mobile Telephone

Email*

Business Phone

Occupation

Country of Birth

Nationality

Main language spoken at home

Religion (if any)

Please supply preferred mobile number for text messages (must be one of the above)

The College regularly uses text messages (SMS) to contact parents regarding important/urgent notices and to inform parents if a student is absent without notification.

*The College uses email to send a variety of information and to communicate with Parents/Legal Guardians.

The following is required by the Australian Government

Student MCEECDYA Data Collection

(Ministerial Council for Education, Early Childhood Development and Youth Affairs)

Does the student or their Mother/Legal Guardian or their Father/Legal Guardian speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

Student	Mother/Legal Guardian 1	Father/Legal Guardian 2
Language _____	_____	_____

What is the highest year of primary or secondary school the Parents/Legal Guardians have completed?

(For persons who have never attended school mark 'Year 9 or equivalent or below'.)

Mark **one** box only in each column

	Mother/Legal Guardian 1	Father/Legal Guardian 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

What is the level of the *highest* qualification the Parents/Legal Guardians have completed?

Mark **one** box only in each column

	Mother/Legal Guardian 1	Father/Legal Guardian 2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

What is the occupation group of Parents/Legal Guardians?

Mark **one** box only in each column

	Mother/Legal Guardian 1	Father/Legal Guardian 2
Not in paid work for the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Senior Management in large business organisations, government administration and defence, and qualified professionals	<input type="checkbox"/>	<input type="checkbox"/>
Other business managers, arts/media/sportspersons and associated professionals	<input type="checkbox"/>	<input type="checkbox"/>
Tradesmen/women, clerks and skilled office, sales and service staff	<input type="checkbox"/>	<input type="checkbox"/>
Machine operators, hospitality staff, assistants, labourers and related workers	<input type="checkbox"/>	<input type="checkbox"/>

Siblings currently attending Atlantis Beach Baptist College

Name: _____ House: _____ Year: _____
Name: _____ House: _____ Year: _____
Name: _____ House: _____ Year: _____
Name: _____ House: _____ Year: _____

Siblings attending other schools

Name: _____ Year: _____
Name: _____ Year: _____
Name: _____ Year: _____
Name: _____ Year: _____

Emergency Contacts (name and telephone of persons if Parent(s)/Legal Guardians not available)

(Do not list Parents/Legal Guardians as Emergency Contacts)

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relationship to child:	Relationship to child:
Telephone:	Telephone:

Custody/Guardianship

Parent/Legal Guardian with whom student lives (both Parents/Mother/Father/Other – please specify)

.....

Name of Person(s) with legal guardianship of the student

Is a Court Order applicable? Yes ☐ No ☐ (If yes please state and attach document(s))

.....

Any other conditions enforced by law?

Please include copies of all relevant documents, including court orders.

Immunisation History

You are required by *The School Education Act (1999)* to submit your child's immunisation history record from Australian Immunisation Register (AIR). This record must be no more than two months old, with a status of 'up to date'. Enrolments cannot be processed without this information.

Further information about your Child

- Has your child been identified as gifted, or attended PEAC/Extension or other program for gifted students? (If yes, give details) Yes ☐ No ☐

.....

- Please list any special family circumstances of which the College needs to be aware in order to provide support to the student (eg parent(s) family members deceased, parents separated or divorced)

.....

- In applying for enrolment, parents agree to disclose below any professionally diagnosed medical conditions, impairments or learning difficulties which may require special provisions or adjustments to the student's school program. Individual accommodations cannot be considered by the College without professional diagnosis and appropriate documentation to support that diagnosis.

(Please tick all boxes)

Has a doctor, paediatrician, specialist, educator or other professional ever recommended that you seek a diagnosis or advice regarding this child's learning difficulties, impairments, behaviour, or medical conditions? Yes ☐ No ☐

My child has diagnosed learning difficulties which affect learning Yes ☐ No ☐

My child has diagnosed medical conditions (including allergies) and/or physical or psychological impairments which affect daily life and/or learning Yes ☐ No ☐

Due to diagnosed learning difficulties, medical conditions, or impairments, my child may require special provisions and/or adjustments to the school program Yes ☐ No ☐

If a 'Yes' box has been ticked for the questions above, details must be provided below, and **copies of professional reports attached**

.....

.....

Does your child have a medical condition that may require emergency treatment? Yes ☐ No ☐
(If yes, give details and attach professional reports)

.....

Does your child have any Dietary Requirements we should be aware of?

.....

Does your child have a specific medical plan? Yes ☐ No ☐

If yes, please supply documents, medical plans, and other relevant information

Medicare

Medicare Number		
Expiry Date		Position

Family Doctor

Name of General Practitioner:		Address:
Medical Centre Phone Number:		

Documentation required to accompany this application

Please tick the boxes to indicate which documents (COPIES) you are including with this application

☐ Passport or ☐ Birth Certificate *Either Passport or Birth Certificate is required*

- ☐ Immunisation history record from Australian Immunisation Register (AIR) or similar for overseas students
- ☐ Visa Status or Residency Documentation ☐ Date of Arrival in Australia _____

Other Documents

- ☐ Most recent School Report
- ☐ National Assessment Program Literacy and Numeracy test results (NAPLAN)
- ☐ Professional reports, if applicable, regarding any medical conditions, physical or learning impairment
- ☐ Court Order(s) – Contact Order, Special Issues Order, Violence Restraining Order etc (*if applicable*)
- ☐ Parenting Plan – co-signed by both parents; custodial and non-custodial parent (*if applicable*)
- ☐ Other (list):

Enrolment Agreement

TERMS & CONDITIONS - PARENT AGREEMENT

PARENT CODE: _____ STUDENT CODE: _____
STUDENT NAME: _____ YEAR OF ENTRY: _____

FOR THE PARENT/S OR LEGAL GUARDIANS OF THE ABOVE STUDENT

We, the undersigned, being the parents or legal guardians of the above student request that ATLANTIS BEACH BAPTIST COLLEGE INC accepts him/her as a student in the academic year of entry, as indicated above. In consideration of the College's acceptance, we undertake and agree to the following:

- Acceptance of Enrolment:** Offer of enrolment must be accepted within two weeks of the offer. Parent/(s)/Legal Guardians will be notified in writing of an offer of enrolment subject to availability, outcome of the interview process, and receipt of a non-refundable \$200.00 Enrolment/Confirmation Fee. The College reserves the right not to accept an Enrolment where the student, if admitted by the College, would require the services or facilities that are not required by other students at the College, and would require the College to make an unreasonable adjustment or the provision of which would impose unjustifiable hardship on the College. It is mandatory that we provide a copy of the student's previous academic record, birth certificate, immunisation record and, if required, Visa/Citizenship Status.
- Privacy Act / Information:** I/We agree that the information supplied in this Agreement is for the sole use of the College Administration where applicable, relevant Governmental and Educational

Agencies and Medical Institutions as required. I/We understand that it is the responsibility of the Parent(s)/Guardian to supply the College with any information that would be likely to affect my/our child's education or wellbeing while at the College. Failure to disclose such information may affect my/our child's enrolment at the College. This information includes any referrals and/or reports relating to custodial, educational, medical or psychological intervention that would have a bearing on my/our child's education program. I/We agree to update any information as required.

- Attendance:** I/We agree that my/our child will commence and complete each school term as outlined in the Yearly College Calendar and I/we will not allow my/our child to miss tests or examinations for any reason other than a medical condition which will require a doctor's certificate. I/We also agree to ensure that my/our child attends all compulsory College functions, and in the event that my/our child misses three of these functions during a year, he/she may be asked to

withdraw from the College. Compulsory College functions include: College Sunday, Prize Night, Athletics, Swimming and Cross Country Intraschool Carnivals, Year 6, 7 and 9 Camp. Note, camps incur additional fees.

4. **Co-Curricular Activities / Excursions:** It is anticipated that over the course of the school year students will undertake activities off site from Atlantis Beach Baptist College as a key feature of our learning structure. There is an expectation that communication will be made with parents/guardians prior to any excursion or activity outside the school. This communication may be through the College's newsletter, a note in the student diary or separate written advice. I/We understand that my/our child will be off site as part of their learning program during the year. Whilst off site, my/our child will be supervised and be required to follow normal school expectations. I/We give permission for my/our child to participate in these activities.
5. **Medical Emergencies:** In the event of any medical or other emergencies arising, where the Principal considers it impossible or impracticable to communicate with the parents or guardians of the student, the Principal is authorised to act on behalf of the parents or guardians.
6. **Principal:** The Principal has authority to apply whatever disciplinary measures are deemed necessary in relation to the conduct of the student, both inside and outside the College precincts, and may include suspension or withdrawal from the College. In this Agreement, the expression 'Principal' includes any Acting Principal or other Senior Teacher exercising the authority of the Principal.
7. **Notice of Withdrawal:** One term's notice in writing needs to be given to the Principal before the withdrawal of a student from the College. I/We hereby seek to not withdraw my/our son/daughter without at least one term's notice in writing. NB: If due fees are not paid then all further costs incurred by Atlantis Beach Baptist College Inc and Representatives, as well as and without limitations any reasonable enforcement expenses, and including debt collection agent's costs, legal fees and any additional interest on the default balance payable as allowable by the court, will be incurred by the family responsible for the debt.
8. **Student Management:** I/We agree to support the Student Management policy. For example, I/We understand that if a student has, during the course of a school year, as a result of disruptive behaviour, recorded five (secondary) / eight (primary) send-outs, they will be withdrawn or permanently excluded from Atlantis Beach Baptist College.
9. **Photographic Permission*:** I/We give permission for Atlantis Beach Baptist College to use my/our child's work, image, digital footage, and name in publications for marketing and promotional purposes within the College, within the College community and within the wider community, including but not limited to: College newsletter, local newspapers, promotional magazines, College and promotional websites etc. Permission may be withdrawn at any time in writing. **This list is not exhaustive.*
10. **Loss or Damage:** The loss or damage of personal property is not covered by insurance and is not the responsibility of the College.
11. **Immunisation:** Any student who has not been immunised may be excluded from school during an outbreak of a contagious disease.
12. **Tuition Fees:** I/We acknowledge responsibility for my/our child's Tuition Fees. I/We acknowledge that the initial \$200.00 Enrolment/Confirmation fee per student is non-refundable and is deducted from the first year's annual fees. It is a condition of enrolment that Tuition Fees and charges are to be paid using the College's bank Direct Debit authority facility*. Payments may be organised per month, per term, per semester or annually and can charge a bank account or credit card. Payments will be debited at the commencement of the agreed cycle. I/We understand the student may not recommence the new school year if the family's account is in arrears.

* If any changes occur to my/our Direct Debit set up, I/We will contact the College to inform them of the new situation.

NOTE: If due fees are not paid then all and further costs incurred by Atlantis Beach Baptist College Inc and representatives, as well as and without limitations any reasonable enforcement expenses, and including debt collection agent's costs, legal fees and any additional interest on the default balance

payment as allowance by the court, will be incurred by the parent/s and/or guardian/s responsible for the debt.

13. **Enrolment Agreement:** We will support our son/daughter in complying with the rules and expectations of the College as outlined in the Information Handbook, Student Diary, Newsletters and other College documentation.

Parent/Guardian 1 Name

Parent/Guardian 2 Name

Parent/Guardian 2 Signature

Parent/Guardian 2 Signature

Date

Date

I accept the above-named student for entry to Atlantis Beach Baptist College;

Principal Name

Principal Signature

Date

The signatories to this Application for Enrolment form are jointly and severally liable for the payment of fees. Where only one person has signed the form that person is solely liable for the fees.

For the student: I agree to abide by the rules and expectations of the College.

(Signature of student applying for Year 7 to 12)

Standard Collection Notice A requirement of the Privacy Act

1. The College collects personal information, including sensitive information about students and parents or Legal Guardians before and during a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Certain 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. We ask you to provide medical reports about students from time to time.
5. From time to time, the College discloses personal and sensitive information to others for administrative and educational purposes. This includes to staff, government departments, new schools, medical practitioners, and people providing services to the College, including specialist visiting teachers, sports coaches, and volunteers.
6. Occasionally the College may need to seek a copy of an enrolling student's educational record and other personal information from their previous school. Please note that failure to agree to this routine action may prevent us accepting the enrolment of your child.
7. On occasions, information such as academic and sporting achievements, student activities and other news, including photos, is published in College newsletters, magazines and videos and on the College website. In the case of online digital media, parent permission will be obtained prior to publishing a photo of the student where such publication may include information that enables identification of the student.
8. Parents or Legal Guardians 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 any student, parent, or staff member, or where the record contains information that has been provided in confidence.

9. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage 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 the information to third parties.

This Standard Collection Notice should be read in conjunction with the College's Privacy Policy which is available on the College website.

Atlantis Beach Baptist College

Breakwater Drive Two Rocks Western Australia
PO Box 320 Two Rocks Western Australia 6037

Phone: (+61 8) 9544 3000

Website: www.abbc.wa.edu.au

Facsimile: (+61 8) 9544 3099

Email: admin@abbc.wa.edu.au