



# Blakes Crossing CHRISTIAN COLLEGE

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## ENROLMENT FORM

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*Educating for Eternity*

PO Box 150 SMITHFIELD LPO SA 5114 | 14 BOUCAUT AVE BLAKEVIEW SA 5114 | 08 7180 5010  
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ABN 96 105 961 135

# Student Information

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Sex (as per birth certificate) ☐ Female ☐ Male

Note: Uniforms, use of amenities and other single-sex functions of the College will be determined by the birth certificate sex of the child.

Date of Birth \_\_\_\_\_

Student's Residential Address \_\_\_\_\_

\_\_\_\_\_

Student's Mobile Phone Number \_\_\_\_\_

Country of Birth ☐ Australia ☐ Other \_\_\_\_\_

Is your child an Australian Citizen? ☐ Yes (Please provide birth certificate and citizenship documents)

OR New Zealand Citizen? ☐ Yes (Please provide birth certificate and citizenship documents)

OR What is the child's Citizenship? \_\_\_\_\_

Visa Sub-class: \_\_\_\_\_

(Please provide birth certificate and citizenship documents)

Language spoken at home ☐ English ☐ Other \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander Origin? ☐ No ☐ Aboriginal ☐ Torres Strait Islander

When do you want your child to start at the College? eg Jan 2017 \_\_\_\_\_

In what year level will your child start? eg Year 1 \_\_\_\_\_

Present School \_\_\_\_\_

Present Year Level eg Year 1 \_\_\_\_\_

Present Church/Youth Group/Kids Club \_\_\_\_\_

## School History

Name of Schools/Childcare/Kindergarten attended previously	Year Level	Years (eg 2000 – 2005)	Full-time or part-time

# Student Learning and Development

To enable us to have Nationally Consistent Collection of Data, please complete the following:

Has your child ever repeated a year level? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Has your child ever been accelerated (skipped a year)? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Has a specialist ever assessed your child for exceptional development, learning or behavioural characteristics? ☐ Yes ☐ No

If yes, please give details and attach any related documentation \_\_\_\_\_

Does your child have a special need? If yes, please identify type.	Yes	No
ADD/ADHD		
Anxiety Disorder		
Auditory Processing Difficulty		
Autism/Aspergers		
Dyslexia		
Eating Disorder		
Foetal Alcohol Syndrome		
Hearing Impairment		
Intellectual Impairment		
Learning Difficulty		
Mental Health Concerns		
Non Verbal Learning Disorder		
Post-Traumatic Stress Disorder		
Physical Impairment		
Reactive Attachment Disorder		
Social/Emotional		
Self-Harm		
Speech/Language Difficulty		
Vision Impairment		
Other (please give details)		

If your child has any of the listed special needs, how does it impact on them as a learner and their conduct in the school environment? Please attach details. \_\_\_\_\_

Has your child ever received “Learning Support” assistance?

☐ Yes ☐ No

If yes, for what subjects/skill areas? \_\_\_\_\_

Has your child ever had an EAP (Education Adjustment Program) or an IEP (Individual Education Plan)?

☐ Yes ☐ No

If yes, for what subjects/skill areas? \_\_\_\_\_

Has your child ever been suspended, expelled or excluded from another school or childcare facility?

☐ Yes ☐ No

If yes, please give details? \_\_\_\_\_

Has your child ever been involved in disciplinary action resulting from involvement in/with bullying, fighting, drugs, alcohol or tobacco?

☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Are there any other facts that the College should know about your child?

☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

## Physical Development and Health

Has physical development been normal?

☐ Yes ☐ No

If no, please give details \_\_\_\_\_

Has your child had a hearing check?

☐ Yes ☐ No

If yes, does your child have any issues and/or need to wear any device? \_\_\_\_\_

Has your child had a vision check in the last two years?

☐ Yes ☐ No

If yes, does your child have any issues and/or need to wear lenses? \_\_\_\_\_

List any medication which your child is taking regularly \_\_\_\_\_

Other important medical information of which the College should be aware \_\_\_\_\_

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Various health conditions may impact student learning. Please indicate 'yes' for any condition the student has and provide details including any action to be taken if required. Please attach additional information where necessary.

Condition	Yes	No	Details Please provide information for any question to which you answer Yes. Include any action to be taken if required. Please attach additional information where necessary.
<b>Allergies</b> <ul style="list-style-type: none"> <li>• Foods</li> <li>• Ointments</li> <li>• Band-aids/elastoplasts</li> <li>• Penicillin</li> <li>• Other drugs</li> <li>• Anesthetic</li> <li>• Plants</li> <li>• Animals</li> <li>• Any Other</li> </ul>			
Anaphylaxis			
Asthma or Respiratory Problems			
Puffer/Spacer required			
Back, Bone, Joint or Muscular Problems			
Behavioural/Emotional Disorders			
Blood Pressure			
Brain or Head Injury			
Blackouts/Dizzy Spells			
Cancer			
Chronic Fatigue			
Convulsions			
Diabetes			
Epilepsy			
Glandular Fever			
Hay Fever			
Heart Problems			
Kidney Problems			
Migraine			
Phobias			
Recent Illness			
Skin Problems			
Surgical Operations			
Tourette Syndrome			
Travel Sickness			

# Family Information

**NOTE: This section of the enrolment form only needs to be filled out for the first child (pages 6-9).**

## Person 1 – Responsible for Child's Education and Contract with the College

Relationship to Child ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Title \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

Proof of Address (eg: Drivers Licence, Passport, other Photo ID, Centrelink Documents) \_\_\_\_\_ ☐

Home Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Country of Birth ☐ Australia ☐ Other \_\_\_\_\_

First Language / spoken at home ☐ English ☐ Other \_\_\_\_\_

Aboriginal or Torres Strait Islander Origin ☐ No ☐ Aboriginal ☐ Torres Strait Islander

Are you the legal guardian of the child? ☐ Yes ☐ No If No, please give details \_\_\_\_\_

\_\_\_\_\_

Is this child in the care of the state? ☐ Yes ☐ No If Yes, please give details \_\_\_\_\_

Are there any court orders or legal documentation relating to this child? ☐ Yes ☐ No

If yes, please give details and copies of documentation \_\_\_\_\_

Are you connected with a local Church? ☐ Yes ☐ No

If so, which church? \_\_\_\_\_

The College has a Christian Faith Foundation. Which statement best represents you?

☐ I share a Christian Faith and I am willing to support the Christian Ethos of the College.

☐ I do not share a Christian Faith but will support the Christian Ethos of the College.

## Person 2 – Responsible for Child's Education and Contract with the College

Relationship to Child ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Title \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Proof of Address (eg: Drivers Licence, Passport, other Photo ID, Centrelink Documents) \_\_\_\_\_ ☐

Home Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Country of Birth ☐ Australia ☐ Other \_\_\_\_\_

First Language / spoken at home ☐ English ☐ Other \_\_\_\_\_

Aboriginal or Torres Strait Islander Origin ☐ No ☐ Aboriginal ☐ Torres Strait Islander

Are you the legal guardian of the child? ☐ Yes ☐ No If No, please give details \_\_\_\_\_

Is this child in the care of the state? ☐ Yes ☐ No If Yes, please give details \_\_\_\_\_

Are there any court orders or legal documentation relating to this child? ☐ Yes ☐ No

If yes, please give details and copies of documentation \_\_\_\_\_

Are you connected with a local Church? ☐ Yes ☐ No

If so, which church? \_\_\_\_\_

The College has a Christian Faith Foundation. Which statement best represents you?

☐ I share a Christian Faith and I am willing to support the Christian Ethos of the College.

☐ I do not share a Christian Faith but will support the Christian Ethos of the College.

**Other Authorised Adults who may have involvement with the child while at school.**

Relationship to Child ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Title \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Are there any other details you would like to tell us: \_\_\_\_\_

**Other Family Members**

Other Children in the family – not enrolled at BCCC.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Other Children in the family – currently enrolled at BCCC.

Name \_\_\_\_\_ Year Level \_\_\_\_\_

Name \_\_\_\_\_ Year Level \_\_\_\_\_

Name \_\_\_\_\_ Year Level \_\_\_\_\_

Has your family had any previous involvement in the College ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact other than Parents

Relationship to Child			
Title	Sex	Male	/ Female
Surname			
First Name			
Home Address			
Home Phone Number			
Mobile Number			
Email Address			
Occupation			
Work Place			
Work Phone Number			
Are there any other details you would like to tell us: _____			
_____			

## Additional Information

Please attach copies (where applicable) of the following information:

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Certificate or equivalent      | <input type="checkbox"/> NAPLAN Results (for years 3,5,7 and 9)  |
| <input type="checkbox"/> Bus Application Form (if applicable) | <input type="checkbox"/> ESL Assessments (if applicable)   |
| <input type="checkbox"/> ASC Application Form (if applicable) | <input type="checkbox"/> Special Needs Documentation/ Paediatrician Reports/ IEP/ Psych assess. etc. (if applicable) |
| <input type="checkbox"/> Court Documents (if applicable)      | <input type="checkbox"/> College testing results eg: PAT Test, Brigance or equivalent                                |
| <input type="checkbox"/> Medical Information                  | <input type="checkbox"/> Technology Loan Agreement (if applicable)   |
| <input type="checkbox"/> School Reports – Most recent         |  |

Secondary Students will also need to meet with Careers Advisor for subjects and pathways discussion

Potential students may have to undertake testing so that the student's education needs maybe audited along with a review of report cards etc.

Please refer to the hand out in the Prospectus Pack entitled **Enrolment Process** for further details.

# Request and Agreement to Enrol

**NOTE: Whilst the family section of the enrolment form only needs to be completed for the first child, this form needs to be personally signed for each child you are enrolling.**

I/We would like to enrol my/our child at the College on the following basis:

1. The College collects information about pupils and parents or guardians before and during the student's enrolment at the College. This information is treated in accordance with our Standard Collection Notice and Privacy Policy, both of which are available on our College website.
2. Every student will be enrolled subject to one semester's probation. Following the successful completion of a semester, the probation will be deemed to have been passed.
3. I/We agree, within a reasonable timeframe following confirmation of enrolment, to attend an information session designed to give us a more in-depth understanding about the ethos of the College and the fundamentals of the Christian Faith which underpin this.
4. I/We agree to allow the student to participate fully in the life of the College.
5. I/We commit to support the vision and goals of the College at all times.
6. I/We agree to encourage our student(s) to behave in a way which is consistent with the expectations of the College as set out in various College policies.
7. I/We commit to following established College processes when dealing with any concerns that I/we may have with the College.
8. I/We agree to empower the Principal to discipline the student whilst at the College.
9. I/We agree for the College to contact the referees below to seek referee statements to confirm any aspect of this enrolment.
10. I/We agree that this enrolment is only valid whilst our financial obligations to the College are being met.

11. ☐ (please tick box) I/We have read the College Privacy Policy including the section regarding the use of student photographs.

## Person 1 – Responsible for Child's Education and Contract with the College

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐

I am to be listed as a responsible person for payment of tuition fees.

## Person 2 – Responsible for Child's Education and Contract with the College

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐

I am to be listed as a responsible person for payment of tuition fees.

## Referee Details

Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____
Relationship with Family _____	Relationship with Family _____

# Government Data Collection

Schools are required by government authorities to collect other statistical information on their behalf. This should be seen as routine and of no cause for any reservation. If you have any concerns about supplying this information, please contact us.

**The following information is required by the government for reporting purposes.**

What is the highest year of primary or secondary school the parents / guardians have completed?

*(for persons who have never attended school, mark 'Year 9 or equivalent or below')*

<i>(Mark one box only in each column)</i>	Mother/Parent 1/Guardian 1	Father/Parent 2/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	<input type="checkbox"/>	<input type="checkbox"/>

What is the level of the highest qualification the parents/guardians have completed?

<i>(Mark one box only in each column)</i>	Mother/Parent 1/Guardian 1	Father/Parent 2/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 certificates)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualifications	<input type="checkbox"/>	<input type="checkbox"/>

**From the information given on the following page (page 12) please answer these questions:**

In which occupation group is the Mother/Parent 1/Guardian 1? \_\_\_\_\_

In which occupation group is the Father/Parent 2/Guardian 2? \_\_\_\_\_

- Please select the appropriate parental occupation group from the attached list.
- If the person is not currently in paid work, but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' on the line above.

**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/refugee/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, kitchen hand, 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]