



Radiant Life College

APPLICATION FOR ENROLMENT

STUDENT NAME	DATE OF BIRTH	APPLICATION FOR YEAR LEVEL	COMMENCEMENT YEAR

Current School / Kindergarten: _____

Please list any siblings currently attending Radiant Life College

Name _____ Year _____

Name _____ Year _____

FAMILY DETAILS

CONTACT NAME/S		
STREET ADDRESS		
SUBURB		Postcode
PHONE	Home	Mobile
EMAIL		

STUDENT PERSONAL DETAILS

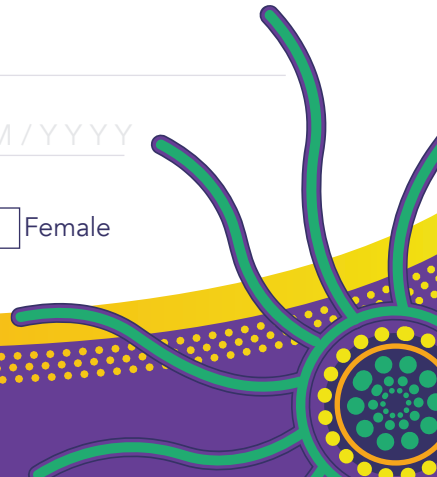
A legible copy of the student's Birth Certificate (and Change of Name Certificate, if applicable) must be attached.

Legal Surname _____ Preferred Surname _____

Legal First Name _____ Preferred First Name _____

Other Given Names _____ Date of Birth DD/MM/YYYY

Student ID (If known) _____ Gender Male Female



EMERGENCY CONTACTS (other than parents)

Emergency Contact 1

CONTACT NAME/S		
RELATION TO STUDENT:		
STREET ADDRESS		
SUBURB		Postcode
PHONE	Home	Mobile
EMAIL		

Emergency Contact 2

CONTACT NAME/S		
RELATION TO STUDENT:		
STREET ADDRESS		
SUBURB		Postcode
PHONE	Home	Mobile
EMAIL		

STUDENT NATIONALITY

Country of Birth

In which country was the student born?

- Australia
- Other (Please specify) _____

Parent/s Country of Birth

In which country were the students parents born?

Mother

- Australia
- Other (Please specify) _____

Father

- Australia
- Other (Please specify) _____

Indigenous Status

Does the student identify as Aboriginal or Torres Strait Islander?

- No
- Yes, Aboriginal
- Yes, Torres Strait Island
- Yes, Both Aboriginal & Torres Strait Islander



STUDENT MEDICAL INFORMATION

Does your child suffer from any of the following conditions

Yes (If Yes, Please tick provide details below)

No

CONDITION	REQUIRES MEDICATION*		HAS MEDICAL ACTION PLAN*		BRIEF DESCRIPTION OF CONDITION & TREATMENT
ADD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ADHS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Allergy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Anaphylaxis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Aspergers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Autism	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Speech Impediment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Hearing Impediment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Physical Limitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Social or Emotional Impairment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Other (Please specify)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<p>* NOTE: That if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on student's file.</p>					



RESIDENTIAL STATUS

* **PLEASE NOTE:** If applicant does NOT hold Australian Citizenship or an Australian Residential Visa they are classed as Full Fee Paying Overseas Students (FFPOS). Please attach copies of supporting documentation.

Is the student an Australian Citizen?

YES NO

Does the student hold a Current Australian Resident Visa?

YES NO

Australian Residential Visa Details:

Visa Number

Visa Class

Visa Subclass Title

Temporary

Permanent

PARENT / GUARDIAN EDUCATION

What is the **highest year of primary or secondary school** the parents/guardians completed? Mark one box only

	Mother/Guardian	Father/Guardian
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"/>

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

What is the level of the **highest qualification** the parents/guardians have completed? Mark one box only

	Mother/Guardian	Father/Guardian
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 the Mother / Guardian?

What is the occupation group of the Father / Guardian?

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 persons last occupation.

If the person has not been in paid work in the last 12 months, enter 8 in the relevant box above.



SCHOOL ENROLMENT FORM INCLUSIONS

The following questions are a Government Data Requirement in order for the school to receive Government funding. For more information regarding this requirement go to: www.isq.qld.edu.au

LANGUAGE OTHER THAN ENGLISH

Does the student or mother/guardian or their father/guardian speak a language other than "Standard Australian English" at home? (If more than one language, please indicate the one that is spoken most often.)

Please complete the table below if your child, the child's parent or guardian speak any of the language listed below:

Name of Students: _____

	Student	Mother/Guardian	Father/Guardian
Yes Other - please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language or Dialect	Student Language	Mother/Guardian Language	Father/Guardian Language
Aboriginal English			
Aboriginal Kriol			
Torres Strait Creole			
Kala Lagaw Ya			
Kala Kawaw Ya			
Meriam Mer			
Other Aboriginal or Torres Strait languages or dialects. Please list below:			
Asian language			
European language			
Standard Australian English only			

Parents / Guardians Signature: _____

Date: _____

Radiant Life College Representative: _____



SIGNATURE(S)

I declare that:

- I have completed I have completed this form in conjunction with the Application for Enrolment Notes Booklet.
- I have read and understood the Radiant Life College Enrolment Agreement Terms in the Application for Enrolment Notes Booklet.
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment.

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment. I can do this by using the Revision of Information Supplied form, available from the school.
- I submit this Application for Enrolment in the knowledge and acceptance that, should I be offered an interview and a subsequent Offer of Enrolment, I will, at the time of Confirmation of Enrolment, consent to the Enrolment Agreement Terms as outlined in the Application for Enrolment Notes Booklet and replicated in the Confirmation of Enrolment form.
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school. I can do this by using the Revision of Information Supplied form, available from the school.

SIGNATURE of Parent or Legal Guardian 1

SIGNATURE of Parent or Legal Guardian 2

PRINT NAME of Parent or Legal Guardian 1

PRINT NAME of Parent or Legal Guardian 2

RELATIONSHIP to Student

RELATIONSHIP to Student

DATE SIGNED

DATE SIGNED

