



**DJARRAGUN  
COLLEGE**



**CAPE YORK  
GIRL ACADEMY**

# ENROLMENT APPLICATION

**CAMPUS:** Cape York Girl Academy      Djarragun College

**ENROLMENT TYPE:** Day Student      Boarding Student

**STUDENT'S FULL NAME:** \_\_\_\_\_

**PROPOSED YEAR LEVEL:** \_\_\_\_\_

**PROPOSED COMMENCEMENT DATE:** \_\_\_\_\_

## THE APPLICATION PROCESS

Complete and sign application form and post, email or deliver to the school ensuring all documents are attached.

The College will contact you upon receipt of the enrolment documents in order to set up an appointment for an enrolment interview. The student must attend the enrolment interview.

If the student is accepted, you and the College will finalise the enrolment contract.

## SUBMITTING YOUR APPLICATION Please submit application by any of the options below:

**E-MAIL:** enrolments@djarragun.qld.edu.au

**POST:** PO BOX 771, Gordonvale QLD 4865

**HAND:** Deliver to the College - 1 Maher Road, Gordonvale QLD 4865

## STUDENT DETAILS (Please print)

Last name (as per Birth Certificate):		
First and middle name (as per Birth Certificate):		
Also known as:	Preferred name:	
Gender:	Male	Female Other
Home address:		
Postal address:		
Student mobile #		
Date of birth:	Place of birth:	
Cultural Identity:	Aboriginal	Torres Strait Island (TSI) Aboriginal & TSI Other _____
Cultural Language:	Standard Australian English	Aboriginal English Torres Strait Creole Kalaw Kawaa Ya Yarrie Lingo Other (please specify) _____
Cultural group/community:		
Names of brothers and sisters at Djarragun College:	Names of school age brothers and sisters NOT at Djarragun College:	
Last school/s attended:	Calendar Year	Year Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
Has the student attended Djarragun College previously? No Yes (If yes, reason for departure) _____		
LUI number:	USI number:	
Tax File Number (TFN):	Centrelink # (CRN):	

## FAMILY DETAILS

### PARENT 1 (Please print)

CAN PICK UP STUDENT

Yes

No

Last name:	Title: Mrs Miss Ms Other _____
First name:	Date of birth:
Living with student? Yes No	Country of birth:
Cultural identity:	Language:
Home address:	
Postal address:	
Home #:	Work #:
Mobile #:	Centrelink # (CRN):
Email:	
Level of schooling completed:	Occupation:
Additional studies:	

### PARENT 2 (Please print)

CAN PICK UP STUDENT

Yes

No

Last name:	Title: Mr Other _____
First name:	Date of birth:
Living with student? Yes No	Country of birth:
Cultural identity:	Language:
Home address:	
Postal address:	
Home #:	Work #:
Mobile #:	Centrelink # (CRN):
Email:	
Level of schooling completed:	Occupation:
Additional studies:	

<b>GUARDIAN</b> (If same as parents write 'AS ABOVE')		<b>CAN PICK UP STUDENT</b>		Yes	No	
Last name:		Title:	Mrs	Miss	Ms	Mr
First name:		Date of birth:				
Living with student?    Yes    No		Country of birth:				
Cultural identity:		Language:				
Relationship to student:						
Home address:						
Postal address:						
Home #:		Work #:				
Mobile #:		Centrelink # (CRN):				
Email:						
Level of schooling completed:		Occupation:				
Additional studies:						

## EMERGENCY CONTACT

<b>CONTACT 1</b> (Must be different from parent or guardian)		<b>CAN PICK UP STUDENT</b>		Yes	No
Last name:		First name:			
Home address:					
Home #:		Work #:			
Mobile #:		Relationship to student:			

<b>CONTACT 2</b> (Must be different from parent or guardian)		<b>CAN PICK UP STUDENT</b>		Yes	No
Last name:		First name:			
Home address:					
Home #:		Work #:			
Mobile #:		Relationship to student:			

<b>CONTACT 3</b> (Must be different from parent or guardian)		<b>CAN PICK UP STUDENT</b>		Yes	No
Last name:		First name:			
Home address:					
Home #:		Work #:			
Mobile #:		Relationship to student:			

## STUDENT HISTORY

Djarragun College is responsible for the welfare and safety of its staff and students at school. It is essential that the college be aware of any past student behaviour, personal circumstances or medical issues which could pose a risk to the student or other students or staff at the school. The College also needs to be aware of any student behavioural or medical issues so that it can assist in their treatment and management if appropriate. It is important that the questions are answered truthfully. Failure to disclose relevant information may result in the enrolment being cancelled.

## RISK TO OTHERS

Are you aware of anything in the student's history which may pose any risk to the student, other students or staff?    Yes    No

If yes, please give details:

## PREVIOUS SCHOOL HISTORY

Has the student been suspended, expelled or had their enrolment cancelled by any previous school or educational institution?

Suspended

Expelled

Enrolment cancelled

None of these

If yes, please give details and reasons for suspension or expulsion:

Fighting with students

Aggression to staff

Non-attendance

Other - please explain

Please add reason why you are leaving previous school:

Relocated to Cairns

Reached highest level of schooling in my Community

Not happy with previous school

Other - please explain

## LEGAL ISSUES AFFECTING THE STUDENT

**Are there any legal issues concerning the student (e.g. Court Orders, DVO, Child Protection?)**      **Yes**      **No**

If Yes, please select from the below. If No, please go to page 7

### CHILD PROTECTION

Is the student under the protection of The Department of Child Safety/Territory Families?      **Yes**      **No**

If yes, please provide details of Child Safety Officer (if known). If yes, a copy must be provided.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current care plan provided?      **Yes**      **No**

### COURT ORDERS

Is the student under any Youth Justice order?      **Yes**      **No**

If yes, please provide details of Youth Justice Case Worker:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### OUT-OF-HOME CARE ARRANGEMENTS

*Under the Child Protection Act 1999, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.*

Is the student identified as residing in out-of-home care?      **Yes**      **No**

If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.

Commencement date: \_\_\_\_\_ End date: \_\_\_\_\_

Contact details of the Child Safety Officer (if known):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### FAMILY COURT ORDERS

Are there any current orders made pursuant to the Family Law Act 1975 concerning the welfare, safety or parenting arrangements of the student?      **Yes**      **No**

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date: \_\_\_\_\_ End date: \_\_\_\_\_

### OTHER COURT ORDERS

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?      **Yes**      **No**

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date: \_\_\_\_\_ End date: \_\_\_\_\_

### OTHER

Does the child have a police record?      **Yes**      **No**      Is the student on probation?      **Yes**      **No**

If yes, when does the probation end? \_\_\_\_\_

If yes to any of the above, please give details:

## STUDENT HEALTH, WELLBEING AND LEARNING

This information will be used by Djarragun College and teaching staff where relevant. This information is vital for the school and for excursions. All information is confidential and protected by our Privacy Policy.

**Please notify the school of any changes as soon as possible.**

### HEALTH COVER (Fill out where applicable)

Medicare number:	Position on card:	Expiry date:
Health Care card number:		Expiry date:

### MEDICATION

Will the student require any prescribed medication to be self-administered or administered by College staff while at school or on a school activity?    Yes    No

If yes, please provide details:

## MEDICAL

Does the student have a known learning or other disability?		Yes	No		
Has support documentation been provided with this application?		Yes	No		
Has the student ever required referral and/or assessment with a specialist, including counsellor, occupational therapist, pediatrician, child psychologist, speech therapist, development therapist or other specialist?					
		Yes	No		
If yes, please provide details:					
Are there any reasonable adjustments the College should consider in order to accommodate your child at the College?					
Yes		No			
If yes, please provide details:					
Does the student have any of the following medical conditions? (Please tick)					
ADD or ADHD	Yes	No	Rheumatic Heart Disease	Yes	No
Allergies Mild/Severe	Yes	No	Food allergies	Yes	No
Asperger's Syndrome	Yes	No	Hearing problems	Yes	No
Asthma Mild/Severe	Yes	No	Intellectual impairment	Yes	No
Autism Spectrum Disorder	Yes	No	Medication allergies	Yes	No
Blood disorder	Yes	No	Physical impairment	Yes	No
Heart condition	Yes	No	Skin conditions	Yes	No
Diabetes	Yes	No	Speech impairment	Yes	No
Epilepsy	Yes	No	Vision problems	Yes	No
Other conditions	Yes	No	Any recent concussions/head injuries	Yes	No
Please provide details of any medical condition (e.g. type and severity of allergy or impairment) and any treatment required. You can attach additional information where necessary.					
Please provide details of any infectious diseases the student has had or any other health concerns that is important for the College to be aware:					



## STUDENT AND PARENT SIGNATURES (Read carefully before you sign)

### We have supplied the College with copies of:

Birth Certificate

Immunisation Record

Court Orders

Medicare Card

Report Cards

Learning Disability

Healthcare Card (if applicable)

NAPLAN Results

Name of parent or guardian:

Parent/guardian's signature:

Date:

Student signature:

Date:

### How did you hear about us?

Word of mouth

Online (website/Facebook)

I have family here

Transitional support

Other

### What are your reasons for choosing us?

## OFFICE USE ONLY

Interviewed by:

Date:

Signature:

### School representative authorisation

Recommendation

Enrolment accepted

Enrolment declined

Anticipated start date

