



**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

EMAIL 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 _____

Cultural group/community:

Names of siblings at Djarragun College:

Names of school age siblings NOT at Djarragun College:

Last school/s attended:

Calendar year:

Year level:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the student attended Djarragun College previously?

No

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: <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other_____
First name:	Date of birth:
Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of birth:
Cultural identity:	Language:
Home 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: <input type="checkbox"/> Mr <input type="checkbox"/> Other_____
First name:	Date of birth:
Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of birth:
Cultural identity:	Language:
Home address:	
Home #:	Work #:
Mobile #:	Centrelink # (CRN):
Email:	
Level of schooling completed:	Occupation:
Additional studies:	

FAMILY DETAILS

GUARDIAN If same as above write 'AS ABOVE'

Can pick up student: Yes No

Last name:	Title: <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr
First name:	Date of birth:
Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of birth:
Cultural identity:	Language:
Relationship to student:	
Home address:	
Home #:	Work #:
Mobile #:	Centrelink # (CRN):
Email:	
Level of schooling completed:	Occupation:
Additional studies:	

EMERGENCY CONTACT Must be different from Parent or Guardian

CONTACT 1

Can pick up student: Yes No

Last name:	First name:
Home address:	
Home #:	Work #:
Mobile #:	Relationship to student:

CONTACT 2

Can pick up student: Yes No

Last name:	First name:
Home address:	
Home #:	Work #:
Mobile #:	Relationship to student:

CONTACT 3

Can pick up student: 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 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 behaviour 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 school 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

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).

Name:

Phone Number:

Current care plan provided? Yes No

If yes, a copy must be provided.

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, please provide the dates of the court order, the contact details of the Child Safety Officer (if known) and a copy of the court order and/or the Authority to Care.

Commencement date:

End date:

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 arrangement of the student? Yes No

If yes, please provide the dates of the court order and a copy of the court order.

Commencement date:

End date:

LEGAL ISSUES AFFECTING THE STUDENT continued

OTHER COURT ORDERS

Are there any other current court orders, such as domestic violence order, concerning the welfare, safety or parenting arrangements of the student?

Yes No

If yes, please provide the dates of the court order and 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, please provide the probation end date

End date:

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

STUDENT HEALTH, WELLBEING & 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 #:

Position on card:

Expiry date:

Health Care card #:

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 to support your child? Yes No

If yes, please provide details:

Does the student have any of the following medical conditions? If so, please tick

ADD or ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Allergies mild/severe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Asperger's Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Asthma mild/severe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intellectual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Autism Spectrum Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Blood disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Other conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent concussions/head injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 of:

STUDENT & PARENT SIGNATURES Read carefully before you sign

We have supplied the College with copies of:

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunisation Record | <input type="checkbox"/> Court Orders |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Report Cards | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Healthcare Card (if applicable) | <input type="checkbox"/> NAPLAN Results | |

Name of parent or guardian:

Parent/Guardian signature:

Date:

Student signature:

Date:

How did you hear about us?

- | | |
|---|---|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> I have family here |
| <input type="checkbox"/> Transitional support | <input type="checkbox"/> Other |
| <input type="checkbox"/> Online (website, Facebook, etc.) | |

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:

