The Lakes College

ABN 61 344 805 430
Part of The Uniting Church in Australia Property Trust (Q.)

Office Use Only	
PC:	SC:
Reg:	Date:
CF:	Date:

APPLICATION FOR REGISTRATION

The Lakes College seeks to enrol students who are able to make a positive contribution to the life of the College and who will benefit from its academic, extra-curricular and pastoral care programs. Applicants should demonstrate a willingness to take advantage of the extensive opportunities available and be supportive of the College's Christian ethos.

To register, a completed Application for Registration Form needs to be submitted and must include:

☐ A photocopy of the student's most recent school report (not original) and NAPLAN results (if applicable)
☐ A photocopy of the student's birth certificate and / or passport
☐ A non-refundable Registration Fee of A$100. **Each student is to be registered separately and each form is to be completed in full.**

Please complete and forward to **The Registrar, The Lakes College, PO Box 888, North Lakes QLD 4509 or registrar@thelakes.qld.edu.au.**

ENROLMENT POLICY AND PROCEDURE

On receipt of the completed **Application for Registration form, copies of latest school reports and the $100 non-refundable registration fee, each student's name is added to a waiting pool.**

Enrolment applications can be made at any time and are processed on the following criteria:

- Availability of places in year level
- Staff children
- Sibling connection
- Gender balance
- Date of registration
- College connections
- Interview outcome

Every effort is made to accommodate siblings of students already enrolled at The Lakes College. However, to avoid disappointment it is advisable to register applications for all students in the family at the same time. Consideration will be given to establishing and maintaining a gender balance across the College.

The payment of a non-refundable Registration Fee does not guarantee enrolment or the opportunity for an interview. An enrolment interview will be scheduled in accordance with applications meeting the criteria above. It is the parent's responsibility to advise the College of any change of address. Failure to do so may result in the cancellation of the child's registration. The Enrolment Policy may be varied at any time at the Principal's discretion.

STUDENT DETAILS

Student surname: _____

First name: _____ Middle name: _____

Preferred name: _____ Date of Birth: _____

Gender: ☐ F ☐ M Religious Denomination _____

Relevant Beliefs or Restrictions: _____

Is the student an Australian citizen? ☐ **YES** ☐ **NO** **If no, please attach evidence of visa status.** Country of Birth: _____

Date of arrival in Australia: _____ Please provide a copy of the student's Visa and Passport stamped with the arrival date.

Languages spoken at home: _____ Nationality: _____

Residential address of student: _____

_____ Postcode: _____

Present school: _____

Current year level: _____ Reason for transfer (if applicable) _____

Preferred year of entry: 20_____ Entry year level: Prep 1 2 3 4 5 6 7 8 9 10 11 12

FAMILY CONNECTIONS

Please indicate siblings who are current or past students at The Lakes College:

Name: _____ Year Level: _____

Name: _____ Year Level: _____

Please indicate any other connection with current or past students of The Lakes College:

Name (s): _____ Connection: _____

Please note that siblings do not have automatic right of entry to the College. Sibling preference is just one of several factors used when approving enrolment applications.

PARENT/CARERS DETAILS

Father / Carer: Title: _____

First name: _____

Surname: _____

Residential Address (if different from student residential address)

_____

_____

Postcode: _____

Mailing Address for Financial Accounts *(if different from residential address)*

_____

_____

Postcode: _____

Occupation: _____

Telephone - work : _____

Telephone - home: _____

Telephone - mobile: _____

Email: **1** _____

Mother / Carer: Title: _____

First name: _____

Surname: _____

Residential Address (if different from student residential address)

_____

_____

Postcode: _____

Mailing Address for Financial Accounts *(if different from residential address)*

_____

_____

Postcode: _____

Occupation: _____

Telephone - work : _____

Telephone - home: _____

Telephone - mobile: _____

Email: **2** _____

Please note that any change of postal or email address must be conveyed to the College. Failure to notify a change of address will render this Application for Registration void. Email is the preferred means of contact.

FAMILY CIRCUMSTANCES

☐ Parents live together ☐ Parents separated ☐ Parents divorced

☐ Applicant lives with Mother only ☐ Applicant lives with Father only ☐ Applicant lives with Legal Guardian

☐ Shared Arrangement ☐ Mother deceased ☐ Father deceased

Who should the College communicate with regarding day-to-day matters? ☐ Mother ☐ Father ☐ Other _____

To whom school reports and other information should be sent: ☐ Mother ☐ Father ☐ Other _____

Please indicate below any person/s authorised to receive information regarding the child in which this application is being made for:

Name: _____ Occupation: _____ Telephone: _____

Name: _____ Occupation: _____ Telephone: _____

Family Court or other relevant Court Order: ☐ YES ☐ NO (If YES, please provide the College with a copy)

The College has no duty or, indeed, right to enforce Family Court Orders, unless they include a direction to College.

EDUCATIONAL NEEDS

Does your child have:

A Disability/Learning Disability ☐ YES ☐ NO

A Learning Difficulty ☐ YES ☐ NO

Another special need that may affect their learning and/or school participation ☐ YES ☐ NO

Does your child have (or has your child previously had) a verified disability which meets eligibility for Special Education funding? ☐ YES ☐ NO

If Yes, please identify what type of category:

☐ Physical Impairment ☐ Speech/Language Impairment ☐ Hearing Impairment ☐ Autistic Spectrum Disorder
☐ Vision Impairment ☐ Intellectual Impairment Disability ☐ Social/Emotional Disorder

Non-Funded Categories: ☐ Behavioural ☐ Learning Difficulty/Disability ☐ Medical ☐ ADD/ADHD

☐ Other _____

If your child has one of the above impairments, please provide more details. How does it impact on him/her? _____

_____

_____

Does your child receive support at school for learning difficulties? ☐ YES ☐ NO

If Yes, what is the nature of this support? _____

_____

_____

Does your child receive out of school support from others? ☐ YES ☐ NO

If Yes, please specify: ☐ Counsellor ☐ Occupational Therapist ☐ Child Psychologist ☐ Psychiatrist ☐ Tutor
☐ Physiotherapist ☐ Paediatrician ☐ Speech Therapist ☐ Development Optometrist

☐ Other _____

Do you have report/s from the above specialist/s? ☐ YES ☐ NO If Yes, please attach to application.

What is the type and amount of specialist support received? _____

_____

Will this support continue if your child is enrolled at The Lakes College? ☐ YES ☐ NO

Has your child attended a Special Education facility? ☐ YES ☐ NO

If Yes, describe (eg Special School, SEU, SEDU, ECDC, Early Intervention Centre) _____

_____

MEDICAL HEALTH NEEDS

Does your child have any health concerns? ☐ YES ☐ NO

Does your child take medication on a regular basis? ☐ YES ☐ NO
(eg for epilepsy, ADD/ADHD, asthma, allergies or other health conditions)

Does your child require an Individual Management Plan or an Emergency Action Plan? ☐ YES ☐ NO

Are there any serious behavior management issues that should be brought to our attention? ☐ YES ☐ NO

Does your child have any social development issues? ☐ YES ☐ NO

If you have answered yes to any of the above, please provide details and any relevant reports.

_____

_____

_____

If your child has special education needs, please sign below to indicate that you give permission for the College to collect information from specialist personnel to assist in meeting the needs of your child. Specialist personnel may include, but is not limited to, the child's previous school, disability agencies, medical and allied health professionals and verification personnel.

Signed: _____ Name: _____

ADDITIONAL INFORMATION

As parents / carers, we give permission for photographs and videos of our child and their creative works to appear in College publications, on the College Website, social media and associated publicity ☐ YES ☐ NO

What influenced your decision to register your child at The Lakes College? _____

_____

_____

_____

During your research of schools, what was the best source of information regarding The Lakes College?

☐ Friends/Family ☐ Media ☐ Internet ☐ Campus Tour ☐ Prospectus ☐ Other _____

Comments: _____

_____

_____

_____

REGISTRATION PAYMENT DETAILS

Please find enclosed payment of $_____ (Non-refundable Registration fee of $100 per student)

Credit Card details: ☐ MasterCard ☐ Visa ☐ Cash ☐ Cheque/Money order payable to The Lakes College

Credit Card Number: ____ ____ ____ ____ / ____ ____ ____ ____ / ____ ____ ____ ____ / ____ ____ ____ ____

Card Expiry Date: _____ CCV: ____ ____ ____

Name on Card: _____

Signed : _____ Date: _____

PARENT/CARER DECLARATION

☐ I/We apply for my child to be added to the waiting pool at The Lakes College.

☐ I/We have read and understood the information applicable to Registration at The Lakes College and declare our responses to be true and correct.

☐ I/We have read and understood the Enrolment Policy and Procedures as listed on The Lakes College website.

☐ I/We acknowledge that all parties signing the Application for Registration are jointly and severally liable for all fees.

☐ I/We support all College philosophical aims, rules, regulations and policies which are displayed on the College website and which are included in other marketing material of the College and undertake to cooperate with teachers and administrators.

☐ I/We will assist our child to uphold the philosophical aims, rules, regulations and policies of the College.

☐ I/We acknowledge that the College reserves the right to suspend or dismiss any students whose conduct for any reason is deemed by the Principal to be unacceptable.

☐ I/We undertake to advise you of any changes to our child's circumstances as described in this Application for Registration.

☐ I/We attach copies of the student's most recent school reports and NAPLAN results, if applicable (Years 3-12 only).

☐ Please note, where both parents have custody, both parents must sign this Application for Registration form.

☐ I/We acknowledge the College reserves the right to communicate information to College Care.

Please complete the details below in the event that your child is referred / self referred to the College Counsellor.
Counsellors work in partnership with schools, parents and other service providers. Some of the services that may be provided for your child are - educational assessment, group or individual counselling, consultation with parents, school personnel and other agencies.

I/We understand that Counsellors may carry out educational and or psychological evaluations.

- I/We consent to my child being seen by the College Counsellor. ☐ YES ☐ NO
- I/We consent to the exchange of relevant verbal and written information with other agencies that are / have been involved. ☐ YES ☐ NO
- I/We understand that the College Counsellor works with a Certified Professional Support Dog. ☐ YES ☐ NO

_____ _____

Mother/Carer's Signature Father/Carer's Signature

Date:_____ Date_____

REGISTRATION CHECKLIST:

☐ Application for Registration Fee
☐ Copy of a birth certificate/passport
☐ Declaration signed
☐ Copy of most recent school report/NAPLAN reports/Visa (if applicable)
☐ Copy of any specialist report/s or court order (if applicable)