



Confirmation of Enrolment - 2017

STUDENT INFORMATION

Surname:	Given Names:	
Date of birth:	Religious Denomination:	
Year of Entry:	Age at Commencement:	
<input type="checkbox"/> Aboriginal and/or <input type="checkbox"/> Torres Strait Islander (<i>tick</i>)	Country of Birth:	
Language <i>MOST OFTEN</i> spoken at home:		Male / Female (<i>Please circle</i>)

PARENTS/GUARDIANS RESIDING WITH STUDENT

Surname:	Given Names:	Title
Residential Address:		Postcode:
Home Telephone:	(<i>Compulsory</i>)	Work Telephone:
Mobile:	E-mail: **	
Separate Postal Address:		Postcode:
Employer:		Occupation:
Surname:	Given Names:	Title:
Residential Address:		Postcode:
Home Telephone:	Work Telephone:	
Mobile:	E-mail: **	
Employer:		Occupation:
Separate Postal Address:		Postcode:

PARENT NOT RESIDING WITH STUDENT

Surname:	Given Names:	Title:
Address:		Postcode:
Home Telephone:	Work Telephone:	
Mobile:	E-mail:	
Access Details:		
Court Order Attached:	Yes	No
Access to Reports/Newsletters to be mailed?	Yes	No

BILLING ADDRESS (if different from Residential/Postal address above)

Surname:	Given Names:	Title:
Address:		Postcode:

EMERGENCY CONTACTS OTHER THAN PARENTS (only indicate those within reach of College)		
Surname:	Names:	Relationship to Student:
Telephone:	Mobile:	
Permitted to collect and remove from site: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permitted to consent to medical treatment or administration of medication to the child: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surname:	Names:	Relationship to Student:
Telephone:	Mobile:	
Permitted to collect and remove from site: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permitted to consent to medical treatment or administration of medication to the child: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surname:	Names:	Relationship to Student:
Telephone:	Mobile:	
Permitted to collect and remove from site: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permitted to consent to medical treatment or administration of medication to the child: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surname:	Names:	Relationship to Student:
Telephone:	Mobile:	
Permitted to collect and remove from site: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permitted to consent to medical treatment or administration of medication to the child: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surname:	Names:	Relationship to Student:
Telephone:	Mobile:	
Permitted to collect and remove from site: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permitted to consent to medical treatment or administration of medication to the child: Yes <input type="checkbox"/> No <input type="checkbox"/>	

** Please note that email will be used to advise of upcoming events, timetables and other important information so please ensure you have entered email addresses on this form that you wish to be used for that purpose.

PHOTOGRAPHIC IMAGES

At Coomera Anglican College we are always keen to highlight the achievements of our students in the media. From time to time we also photograph students to use in advertising, on TV or cinema, our website and in other publications such as the College prospectus. Please indicate below if you do **NOT** give permission for your child/ren to be involved in such media activities should the future opportunity arise.

NO! I do not give permission for my child's image to be used for Coomera Anglican College promotional purposes.

Unless you have indicated otherwise, by signing below, you agree that Coomera Anglican College may photograph or video your child involved in College activities.

You will be agreeing to the use of photographic images on the understanding that Coomera Anglican College will not be formally **employing** your child to appear in promotional material or advertisements regardless of whether they are still a current student at the College.

On completing this enrolment form I/We as parents, acknowledge that we will work in conjunction with the Centre's policies, as outlined in the Parent Handbook and the Centre Policies Book, to foster the wellbeing of my child.

*I understand that the personal information provided in this form and at any subsequent interview and enrolment process will be used for the provision of educational services, administration and accounting purposes and for the purpose of processing this registration application.

Father/Guardian's signature

Mother/Guardian's signature

Date: _____

Date: _____

*The information will not be disclosed unless it is allowed or required by law or we have obtained specific consent. If not all of the information requested on this form is provided we may not be able to process the application. We will contact you if we require additional information. We may also send you marketing material about the College. If you do not want to receive this material, please advise the College.