

Please complete all parts of this form and return with a non-refundable Enrolment Application Fee of \$150 per student to: (credit card payment details are available at the back of the form as a payment option)

The Registrar
Toowoomba Anglican School
2 Campbell Street
TOOWOOMBA QLD 4350 AUSTRALIA

The following documents need to be submitted with this Application:

- Birth Certificate
- Details of residency status (passport, visa) for students born overseas
- Any relevant documentation relating to guardianship
- Family Court Orders or Protection Orders
- Reports to confirm minimum academic and English language requirements as per International Student Handbook

Student Information

Name			
Preferred Name			
Gender		Religion	
Date of Birth		Birth Country	
Nationality		Heritage	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Language/s (spoken at home)			
Australian Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country of Passport	
Passport No.		Visa Number	
Please attach a copy of Permanent Residency Visa, Certificate of Australian Citizenship or other Visa (as applicable)			
Student's Residential Address			
Student's Postal Address			
Enrolment Type	<input type="checkbox"/> Full-time Boarder <input type="checkbox"/> Weekly Boarder <input type="checkbox"/> Day Student		

Parent/Guardian Information

Father / Legal Guardian			
Title		Full Name	
Home Address			
Postal Address			
Home Phone		Work Phone	
Email		Occupation	
Employer			
Mother / Legal Guardian			
Title		Full Name	
Home Address			
Postal Address			
Home Phone		Work Phone	
Email		Occupation	
Employer			
Please complete if natural parents are not living together			
For day-to-day matters please communicate with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			
For billing purposes please send the account to: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			
Name of Step-Mother/Father or Legal Guardian (attach official documentation, as applicable)			
Australian Guardian (Overseas Students Only)			
Title		Full Name	
Home Address			
Postal Address			
Home Phone		Work Phone	
Email		Occupation	
Employer			

INTERNATIONAL STUDENT ADMISSION APPLICATION

References (Names and Addresses of persons/organisations from whom references may be obtained)							
Personal							
Business							
The removal of a student from the school for non-payment of fees is distressing to all concerned, and especially so for the student. The School reserves the right to satisfy itself as to your ability to meet school fees prior to accepting the student's enrolment.							
Program Enrolment Information							
Commencement Date		Grade		Year		Term	
Name of School/Day Care currently attending							
My child will require Before/After School Care (available 7.30 – 8.00am and 3.30 – 5.30pm. If Yes, please complete an Outside School Hours Care Application, available from Reception)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Parents wishing to claim the Child Care Benefit/Rebate (CCB/CCR) from Centrelink for the Outside School Hours Programs will need to complete details below:							
Student's CRN Number							
Parent's CRN Number		Date of Birth					
How did you hear about Toowoomba Anglican School?							
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Family/Friend was a Past Student <input type="checkbox"/> Advertisement <input type="checkbox"/> Open Day <input type="checkbox"/> Website Search <input type="checkbox"/> Referral <input type="checkbox"/> Facebook <input type="checkbox"/> Other:							
What was the deciding factor for enrolment at Toowoomba Anglican School?							
<input type="checkbox"/> Co-education <input type="checkbox"/> Boarding <input type="checkbox"/> Buildings and Grounds <input type="checkbox"/> Curriculum <input type="checkbox"/> Location <input type="checkbox"/> Past Student/Relative <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Performing Arts <input type="checkbox"/> Sport <input type="checkbox"/> Wider Curricular <input type="checkbox"/> Other							
Family / School Links							
Do you have family links (i.e. family members were past students) to the school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, please provide details							
Sports House Preference							
Sibling Name	Date of Birth	Current School	Grade	Sibling Type			
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student			
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student			
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student			
				<input type="checkbox"/> Past or <input type="checkbox"/> Future student			

Student's Medical Details					
Medical Practitioner				Phone	
Surgery Address					
Dentist				Phone	
Address					
Medicare No.		Expiry		No. on Card	
Private Health Fund		Membership No.			
Healthcare Care or other entitlement (if so please provide number):				Expiry	
Does your child have a medical, congenital or developmental condition that could affect our duty of care? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details including diagnosis and date of diagnosis					
Does your child have any allergies or intolerances? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details					
Are there any special instructions in relation to School Staff administering First Aid to your child? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details					
Emergency Contact Details					
Name			Relationship to child		
Address					
Home Phone			Work Phone		
Name			Relationship to child		
Address					
Home Phone			Work Phone		

Applicant Details

The information you provide in this section will assist us to facilitate a smooth transition for your child. All responses to these questions are voluntary and will be treated in accordance with the Toowoomba Anglican School's confidentiality and privacy policy. Please advise if your child has been diagnosed or is undergoing assessment with any of the following:

Diagnosed	Being Assessed		Diagnosed	Being Assessed	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy (as specified above)	<input type="checkbox"/>	<input type="checkbox"/>	Asthma Attention Deficit Disorder (ADD/ADHD)
<input type="checkbox"/>	<input type="checkbox"/>	Austism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Behavioural Issues
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language delays	<input type="checkbox"/>	<input type="checkbox"/>	Other (please detail below)

Certification

Fees are due and payable prior to the first day of each term. Parents/Guardians are required to give one term's notice in writing before a student is withdrawn. If notice is not given, one term's fees will be charged in lieu of same. **An Enrolment Application Fee of \$150 (which is non-refundable) must accompany this application for the application to be considered.**

We certify that we are a parent/guardian of the applicant and therefore responsible for payment of all School Fees. We consent to and authorise the use of a consumer credit report as part of the application process and from time to time as may be needed. We certify that all information given in this Application for Admission is correct and complete and that I/we will notify the School immediately of any changes.

Signature (both parents/guardians to sign)

Mother		Date	
Father		Date	
Guardian		Date	
Guardian		Date	

CREDIT CARD PAYMENT DETAILS

Please Select Card ☒

☐ Mastercard ☐ Visa

Expiry Date ____ / ____

Card Holder's Name _____ Amount _____
(Please Print)

Card Number ____ / ____ / ____

Card Holder's Signature _____

Data Collection Form			
Under Government Legislation, Ministers for Education in each state and territory and the Commonwealth have signed up to the National Goals for Schooling in the Twenty-First Century. As a result, it is a Government requirement for this survey to be completed as part of the enrolment process.			
Student Name		Gender	
Address			
Heritage	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Nil Aboriginal or Islander origins		
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> China <input type="checkbox"/> England <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> South Africa <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Vietnam <input type="checkbox"/> Other (Please specify)		
Does the Student/ Mother / Father / Guardian speak a language other than English at home? <input type="checkbox"/> English Only at all times <input type="checkbox"/> As specified below			
Student	First Language		Second language
Mother/Guardian	First Language		Second language
Father/Guardian	First Language		Second language
What is the highest level of schooling completed for each Parent/Guardian?			
Schooling	Mother/Guardian	Father/Guardian	
Year 12 or equivalent			
Year 11 or equivalent			
Year 11 or equivalent			
Year 9 or equivalent or below			
What is the highest level of post-secondary school studies completed for each Parent/Guardian?			
Qualification	Mother/Guardian	Father/Guardian	
Bachelor Degree or above			
Advanced Diploma / Diploma			
Certificate including a Trade			
What is the occupation group for each Parent/Guardian?			
Occupation Group	Mother/Guardian	Father/Guardian	
Senior Management, Qualified Professionals			
Small Business Owner, Arts/Media/Sports, Assoc. Professional			
Tradespeople, Skilled office / Sales / Service staff			
Machine operators, Hospitality staff, Labourers etc.			