



Address: 190 Hervey's Range Road
Condon QLD 4815

Postal: PO Box 607
Thuringowa Central QLD 4817

Email: office@shalomcollege.qld.edu.au

Web address: www.ccdeu.org.au

Phone: 07 4750 3400 | **Fax:** 07 4750 3429



2011

ENROLMENT FORM

The information contained in this form is covered by the Shalom Christian College Privacy Policy.

Student Details:

First name: _____ Last name: _____

Middle name: _____ Known as: _____

Date of Birth: ____/____/____ Year of entry: _____ Term: _____ Year Level: _____

Home address of student: _____

Are you a: Day student or Boarder

Centrelink CRN _____ Community of origin _____

Male or Female

Is the student of Aboriginal or Torres Strait Islander origin?

(please tick one of the following boxes below)

No Yes, Aboriginal Yes, Torres Strait Islander Both, Aboriginal & Torres Strait Islander

Previous school attendance

Name of current/last school attended: _____

Year level: _____ Phone number: _____

Shalom campus of choice: P-12 Townsville yrs 4-7 Herberton
yrs 7-9 Middle School Crystal Creek yrs 10-12 Burdekin Agricultural College

Please supply a copy of the latest School Report and Birth Certificate

Parent/Guardian Details:

Mother Miss / Mrs / Ms

Father

Carer Female/Male (please circle the appropriate info)

First Name: _____ Last Name: _____

Home address: _____

Post code: _____

Home phone: _____ Mobile: _____

Work: _____

Alternate Contact (1) name _____ Relationship to family: _____

Alternate Contact (2) name _____ Relationship to family: _____

Please ensure you provide a family member or close friend who can be contacted, in the case of an emergency, if you are unavailable. It is essential that we have at least one contact phone number for your child.

I give permission for this completed form to be sent to any third party by Shalom

Parent/Guardian Signature



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Student/Parent Declaration and Contract of Enrolment:

1. I/we agree that the Principal reserves the right to suspend or expel any student from the school at any time and without notice on the grounds of conduct which the Principal deems to be unsatisfactory, or failure to obey the rules of the school, or if the Principal considers that they are not benefiting from the academic courses that the school provides.
2. I/we agree that Shalom Christian College undertake all transport arrangements for the students to and from home at the commencement and conclusion of each school term.
3. I/we agree for my child to take part in various school activities, e.g. sports, outdoor education, overnight camps and excursions and in School photographs, public promotions and publications.
4. I/we agree that in the case of illness, dental, medical or otherwise, I authorize Shalom Christian College to act on my behalf, investigate and obtain necessary medical history from any authority.
5. I/we authorise Shalom Christian College to request copies of my child's academic record from their previous school and from any Government agency, Department or body in relation to protective care and / or youth justice matters.
6. I/we agree that the student shall obey the Principal and college staff instructions at all times and obey the school and boarding rules.
7. I/we acknowledge that the enrolment procedures of Shalom Christian College comply with the Abstudy Guidelines for students living away from home.

I/we have read and completed the enrolment form and agree to the terms and conditions of enrolment. (Please sign acceptance bellow)

Student: _____ Date: _____

Mother/Female Guardian name: _____ Date: _____

Father/Male Guardian name: _____ Date: _____

OFFICE USE ONLY

Accepted/Waiting/Declined: _____ Date: _____ Arrival Date: _____

Special conditions: _____

Comments: _____

School Pro Boarding Entry Medical Consent Health Check
 Date _____ Date _____ Date _____ Date _____

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Student Medical History:

This Medical Record will be kept in the School Clinic and remains confidential

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Address: _____

Place of Birth: _____

Mother or Female Guardian Name: _____ Phone No: _____

Father or Male Guardian Name: _____ Phone No: _____

CONSENT

I, (Name of Parent) _____ consent to the release of health information by Medical professionals (including General Practitioners, Hospitals, Community Care Centres and Allied health Professionals) to the Shalom Christian College Clinic for the purposes of Case Management and continuity of care.

I give consent for my child's health to be assessed and medical attention sought as necessary by the Registered Nurse/Health Worker/School Officer.

Parent or Guardian Signature _____ Date _____

PERMISSION TO ADMINISTER NON-PRESCRIPTION ANALGESICS

I, (Name of Parent) _____ give permission for the school Nurse/Health Worker/School Officer to administer non-prescription medications (eg. paracetamol, ibuprofen, antacids, antihistamines) to my child for the treatment of minor conditions such as headache, menstrual pain, allergies etc.

I give permission for the School Nurse/Health Worker to administer prescribed medications as directed by a Medical Officer.

Parent or Guardian Signature _____ Date _____

Medicare Number/Exp date		
Name of Clinic where Records may be Located		
Hospital Record Number		
Private Health Insurance	Name: _____	No: _____

ALLERGIES/REACTIONS

Penicillin:	yes / no	Sulphur:	yes / no	_____ Parent/Guardian Signature
Aspirin:	yes / no	Others:		
Iodine:	yes / no			

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Student Medical History:

Immunisation History record attached YES NO

Has your child experienced or shown signs of the following

Please tick YES or NO				
	YES	NO	YES	NO
Vision Difficulties			Contact with HIV/AIDS virus	
Do they wear glasses			Hepatitis or other Liver diseases	
Hearing Difficulties			Tuberculosis	
Do they wear hearing aids			Kidney disease	
Asthma or Lung Problems			Thyroid disease	
Rheumatic Heart Disease			Diabetes	
Heart Disorders			Stomach or digestive condition	
Cardiac pacemaker			Cancer Treatment e.g. Leukaemia	
Depression or Anxiety			Back Problems	
Mental Health concerns			Joint/Bone Damage	
Social/Emotional Wellbeing Concerns			Prosthetic or other implant	
ADHD			Growth disorder	
Epilepsy			Fetal Alcohol Syndrome	
Blood Disorder			Please list any allergies:	
Excessive bleeding				
High/Low Blood Pressure				
Anaemia, Hemophilia or other blood Disorders			Any other Medical conditions	

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Parent/Guardian Signature