

Enrolment Application Form



Please ensure that all the below sections have been completed to allow for smooth processing of your student's enrolment at Mastery Schools Australia.

STUDENT DETAILS				
Legal family name (as per birth certificate)				
Legal given names (as per birth certificate)				
Preferred family name		Preferred given names		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/>	Date of birth	____/____/____	
Year level for application?	Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6 <input type="checkbox"/>	Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/>		
STUDENT ADDRESS DETAILS (Primary place of residence address)				
Address line 1				
Address line 2				
Suburb/town		State		Postcode
Secondary place of residence address (if applicable)				
Address line 1				
Address line 2				
Suburb/town		State		Postcode
COUNTRY OF BIRTH				
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify country) _____ Date of arrival in Australia ____/____/____			
Is the student an Australian Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please provide the school with visa documentation)			

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STUDENT LANGUAGE	
What languages does the student speak?	<input type="checkbox"/> English only <input type="checkbox"/> English and another language (specify) _____ <input type="checkbox"/> Please advise whether English is the student's first or second language _____
STUDENT DEMOGRAPHIC	
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Applicable
COURT ORDERS	
Is the student in out-of-home care?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes please provide a copy of court orders / Authority to care
Are there any court orders pertaining to the welfare of the student?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes please provide a copy of the court order/s
APPLICATION DETAILS	
Student's previous Qld school name (most recent)	QLD State School: _____ QLD Private / Independent: _____ Home Schooled: (Last school attended): _____ Interstate school: _____ State: _____ Overseas: _____ Country: _____
Has the student ever repeated a year level?	No <input type="checkbox"/> Yes <input type="checkbox"/> (what year level was repeated?) _____
STUDENT MEDICAL INFORMATION (including allergies)	
What is the students Formal Diagnoses (must have supporting documentation)	
Any known medical conditions?	<input type="checkbox"/> Yes

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STUDENT MEDICAL INFORMATION (including allergies)		
	<input type="checkbox"/> No (go to next section)	
Medical condition, symptoms, and management	1	
Medical condition, symptoms, and management	2	
Medical condition, symptoms, and management	3	
<p><i>It is essential that you advise the school before your student attends if they have any medical condition. You must also inform the school administration staff as soon as you are aware of any new medical conditions. Should your student need to take medication during school hours, a Consent to Administer Medication Form will need to be completed each year. Administration may require more detailed medical information concerning your student in order to fulfil duty of care requirements. In such instances, staff will approach you directly and seek your consent.</i></p>		
Doctor's Name		
Name of Medical Group		
Address:		
Phone Number:		
<input type="checkbox"/> Please attach professional report that confirms any diagnosis stated above. <input type="checkbox"/> Please attach Management Plan for any Medical Conditions		
Does your child attend any Allied Health practitioners? (if Yes please provide details)	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes please provide the practitioners details	
PARENT/GUARDIAN'S DETAILS		
Parent/Guardian	Parent/Guardian 1	Parent/Guardian 2
Family Name		
Given Names		
Title (Mr, Mrs, Ms, Miss, Dr)		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/>
Relationship to Student (Mother, Father etc)		
Is the parent/guardian an emergency contact	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1st Phone contact number		
2nd Phone contact number		

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PARENT/GUARDIAN'S DETAILS		
Parent/Guardian	Parent/Guardian 1	Parent/Guardian 2
Email		
Employer name		
Occupation		
What is the occupation group of the parent/guardian? (please see last page for group options)		
Country of Birth		
Does the parent/guardian speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify Needs interpreter Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify Needs interpreter Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the parent/guardian an Australian Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the parent/guardian a permanent resident of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address line 1		
Address line 2		
Suburb/town		
State		
Mailing Address (if it is the same as principal place of residence, write 'AS ABOVE')		
Address line 1		
Address line 2		
Suburb/town		
State		
PARENT/GUARDIAN EDUCATION INFORMATION		
Parent/guardian school education	What is the highest year of primary or secondary school parent/guardian 1 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')	What is the highest year of primary or secondary school parent/guardian 2 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')
PARENT/GUARDIAN'S DETAILS		

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Parent/Guardian	Parent/Guardian 1	Parent/Guardian 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian non-school education	What is the level of the highest qualification parent/guardian 1 has completed?	What is the level of the highest qualification parent/guardian 1 has completed?
Bachelor's degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY CONTACT DETAILS (secondary to parent/guardian information)		
	Emergency Contact	Emergency Contact
Name		
Relationship		
1st phone contact number*		
2nd phone contact number*		
APPLICATION TO ENROL		
<p>I apply to enrol my student at Mastery Schools Australia.</p> <p>I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular to the best of my knowledge.</p>		
	Parent/Guardian 1	Parent/Guardian 2
Signature		
Date		