



**DJARRAGUN
COLLEGE**



**CAPE YORK
GIRL ACADEMY**

ENROLMENT APPLICATION

CAMPUS: ☐ Cape York Girl Academy ☐ Djarragun College

ENROLMENT TYPE: ☐ Day Student ☐ Boarding Student

STUDENT'S FULL NAME: _____

PROPOSED YEAR LEVEL: _____

PROPOSED COMMENCEMENT DATE: _____

THE APPLICATION PROCESS

Complete and sign application form and post, fax, email or deliver to the school ensuring all documents are attached.

Contact the College to arrange an enrolment interview for you and the student. At the interview you will be required to bring all the documentation. The student must attend the enrolment interview.

College will review application.

If the student is accepted, you and the College will finalise the enrolment contract.

SUBMITTING YOUR APPLICATION Please submit application by any of the options below:

E-MAIL: enrolments@djarragun.qld.edu.au

FAX: (07) 4027 9663

HAND: Deliver to the College - 1 Maher Road, Gordonvale QLD 4865

STUDENT DETAILS (Please print)

Last name (as per Birth Certificate):																	
First and middle name (as per Birth Certificate):																	
Also known as:	Preferred name:																
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																	
Home address:																	
Postal address:																	
Student mobile #																	
Date of birth:	Place of birth:																
Cultural Identity: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Island (TSI) <input type="checkbox"/> Aboriginal & TSI <input type="checkbox"/> Other _____																	
Cultural Language: <input type="checkbox"/> Standard Australian English <input type="checkbox"/> Aboriginal English <input type="checkbox"/> Torres Strait Creole <input type="checkbox"/> Kalaw Kawaa Ya <input type="checkbox"/> Yarrie Lingo <input type="checkbox"/> Other (please specify) _____																	
Cultural group/community:																	
Names of brothers and sisters at Djarragun College:	Names of school age brothers and sisters NOT at Djarragun College:																
<table border="1"> <thead> <tr> <th>Last school/s attended:</th> <th>Academic Year</th> <th>Year Level</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Last school/s attended:	Academic Year	Year Level	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last school/s attended:	Academic Year	Year Level															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
Has the student attended Djarragun College previously? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, reason for departure) _____																	
LUI number:	USI number:																
Tax File Number (TFN):	Centrelink # (CRN):																

FAMILY DETAILS

BIRTH PARENT–MOTHER (Please print)

CAN PICK UP STUDENT ☐ Yes ☐ No

Last name:	Title: <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
First name:	Date of birth:
Living with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of birth:
Cultural identity:	Language:
Home address:	
Postal address:	
Home #:	Work #:
Mobile #:	Centrelink # (CRN):
Email:	
Level of schooling completed:	Occupation:
Additional studies:	

BIRTH PARENT–FATHER (Please print)

CAN PICK UP STUDENT ☐ Yes ☐ No

Last name:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Other _____
First name:	Date of birth:
Living with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of birth:
Cultural identity:	Language:
Home address:	
Postal address:	
Home #:	Work #:
Mobile #:	Centrelink # (CRN):
Email:	
Level of schooling completed:	Occupation:
Additional studies:	

GUARDIAN (If same as parents write 'AS ABOVE') **CAN PICK UP STUDENT** ☐ Yes ☐ No

Last name:	Title: <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr
First name:	Date of birth:
Living with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of birth:
Cultural identity:	Language:
Relationship to student:	
Home address:	
Postal address:	
Home #:	Work #:
Mobile #:	Centrelink # (CRN):
Email:	
Level of schooling completed:	Occupation:
Additional studies:	

EMERGENCY CONTACT**CONTACT 1** (Must be different from parent or guardian) **CAN PICK UP STUDENT** ☐ Yes ☐ No

Last name:	First name:
Home address:	
Home #:	Work #:
Mobile #:	Relationship to student:

CONTACT 2 (Must be different from parent or guardian) **CAN PICK UP STUDENT** ☐ Yes ☐ No

Last name:	First name:
Home address:	
Home #:	Work #:
Mobile #:	Relationship to student:

CONTACT 3 (Must be different from parent or guardian) **CAN PICK UP STUDENT** ☐ Yes ☐ No

Last name:	First name:
Home address:	
Home #:	Work #:
Mobile #:	Relationship to student:

STUDENT HISTORY

Djarragun College is responsible for the welfare and safety of its staff and students at school. It is essential that the college be aware of any past student behaviour, personal circumstances or medical issues which could pose a risk to the student or other students or staff at the school. The College also needs to be aware of any student behavioural or medical issues so that it can assist in their treatment and management if appropriate. It is important that the questions are answered truthfully. Failure to disclose relevant information may result in the enrolment being cancelled.

RISK TO OTHERS

Are you aware of anything in the student's history which may pose any risk to the student, other students or staff? ☐ Yes ☐ No

If yes, please give details:

PREVIOUS SCHOOL HISTORY

Has the student been suspended, expelled or had their enrolment cancelled by any previous school or educational institution?

☐ Suspended ☐ Expelled ☐ Enrolment cancelled ☐ None of these

If yes, please give details and reasons for suspension or expulsion:

Please add reason why you are leaving previous school:

LEGAL ISSUES AFFECTING THE STUDENT

Are there any legal issues concerning the student (e.g. Court Orders, DVO, Child Protection)? ☐ Yes ☐ No

If Yes, please select from the below. If No, please go to page 7

CHILD PROTECTION

Is the student under the protection of The Department of Child Safety/Territory Families? ☐ Yes ☐ No

If yes, please provide details of Child Safety Officer (if known):

Name: _____ Phone number: _____

Current care plan provided? ☐ Yes ☐ No

COURT ORDERS

Is the student under any Youth Justice order? Yes No ☐ ☐

If yes, please provide details of Youth Justice Case Worker:

Name: _____ Phone number: _____

OUT-OF-HOME CARE ARRANGEMENTS

Under the Child Protection Act 1999, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.

Is the student identified as residing in out-of-home care? ☐ Yes ☐ No

If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.

Commencement date: _____ End date: _____

Contact details of the Child Safety Officer (if known):

Name: _____ Phone number: _____

FAMILY COURT ORDERS

Are there any current orders made pursuant to the Family Law Act 1975 concerning the welfare, safety or parenting arrangements of the student? ☐ Yes ☐ No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date: _____ End date: _____

OTHER COURT ORDERS

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student? ☐ Yes ☐ No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date: _____ End date: _____

OTHER

Does the child have a police record? ☐ Yes ☐ No

Is the student on probation? ☐ Yes ☐ No

If yes, when does the probation end? _____

If yes to any of the above, please give details:

STUDENT HEALTH, WELLBEING AND LEARNING

This information will be used by Djarragun College and teaching staff where relevant. This information is vital for the school and for excursions. All information is confidential and protected by our Privacy Policy.

Please notify the school of any changes as soon as possible.

SWIMMING ABILITY

☐ Non-swimmer ☐ 25 metres with help ☐ 25 metres without help ☐ 50 metres without help

HEALTH COVER (Fill out where applicable)

Medicare number:	Position on card:	Expiry date:
Health Care card number:		Expiry date:
Private Health Fund Membership Number:		

COVID-19 VACCINATION STATUS

Is the student fully vaccinated against COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of immunisation:	Date of last booster:

MEDICATION

Will the student require any prescribed medication to be self-administered or administered by College staff while at school or on a school activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:

IMMUNISATIONS (Please provide a copy of the student's immunisation records)

Do you consent to the College accessing the student's immunisation records? <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEDICAL PRACTITIONERS Please provide details of any medical practitioners who treat the student.

Doctor's name:	Phone:
Dentist's name:	Phone:
Other practitioner's name:	Phone:

MEDICAL

Does the student have a known learning or other disability? ☐ Yes ☐ No

Has support documentation been provided with this application? ☐ Yes ☐ No

Has the student ever required referral and/or assessment with a specialist, including counsellor, occupational therapist, pediatrician, child psychologist, speech therapist, development therapist or other specialist? ☐ Yes ☐ No

If yes, please provide details:

Are there any reasonable adjustments the College should consider in order to accommodate your child at the College?
☐ Yes ☐ No

If yes, please provide details:

Does the student have any of the following medical conditions? (Please tick)

ADD or ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies Mild/Severe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asperger's Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma Mild/Severe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intellectual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism Spectrum Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please provide details of any medical condition (e.g. type and severity of allergy or impairment) and any treatment required. You can attach additional information where necessary.

Please provide details of any infectious diseases the student has had or any other health concerns that is important for the College to be aware:

STUDENT AND PARENT SIGNATURES (Read carefully before you sign)

We have supplied the College with copies of:

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunisation Record | <input type="checkbox"/> Court Orders |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Report Cards | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Healthcare Card (if applicable) | <input type="checkbox"/> NAPLAN Results | |

Name of parent or guardian:

Parent/guardian's signature:

Date:

Student signature:

Date:

How did you hear about us?

- | | | |
|---|--|---|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Online (website/Facebook) | <input type="checkbox"/> I have family here |
| <input type="checkbox"/> Transitional support | <input type="checkbox"/> Other | |

What are your reasons for choosing us?

OFFICE USE ONLY

Interviewed by:

Date:

Signature:

School representative authorisation

Recommendation

☐ Enrolment accepted

☐ Enrolment declined

Name and signature:

Anticipated start date:

Actual start date:

