



Mackay Christian College

a place where you belong

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ABN 22 010 555 389 CRICOS 01085D

FOR OFFICE USE ONLY	
Proof of Age supplied:	Yes / No
F/Student No.:	
Date Started:	
Registration No.:	
House:	Averill/Dennis/Evans/Young

PREP – YEAR 12 ENROLMENT APPLICATION

Year of Entry: 2019 2020 2021 2022

Student Information

Given Names: Age: Date of Birth: / /

Legal Surname: Sex: M F A copy of Birth Certificate must be supplied

Name known as (if different) eg. shortened first name:

Year Level Entering: Prep Yr1 Yr2 Yr3 Yr 4 Yr 5 Yr 6 Yr 7 Yr 8 Yr 9 Yr 10 Yr 11 Yr 12

Residential Address: Post Code:

(Please note: The college needs to disclose your residential address to the Dept. of Education, Science and Training and other government agencies for funding purposes)

Term Address (if student boards elsewhere): Post Code:

Is your child a past student of the college? Yes No Has your child ever repeated a Year? Yes No Year level/s:

Does your child play an instrument? Yes No Do you wish them to continue? Yes No

Which instrument/s:

Has your child ever been expelled? Yes No Suspended? Yes No or refused admission to another school? Yes No

If yes, what was the reason?

Are there any details which may have an influence on your child's education or which may be relevant to their enrolment at MCC?
If yes, please indicate the details briefly:

Does your child have any behavioural difficulties? Yes No

If yes, please provide details:

Please provide a reference for your child eg School Teacher, Scout Leader, Youth Leader or Community Contact

Nationality

In which country was the student born? What is the Nationality of the student?

Is the student of Aboriginal or Torres Strait Islander (TSI) origin? Yes, Aboriginal Yes, TS (if both, tick both boxes) No

Residency

What is the student's residency status? Australian Citizen New Zealand Citizen Other:

Permanent Resident Temporary Visa holder A copy of Residency or Visa must be supplied

If born overseas, on what date did the student arrive in Australia? / /

If the student is a Permanent Resident or Temporary Visa holder please provide the following information:

Visa type: Current Visa Sub-Class no: Visa expiry date: / /

Language

Does the student speak a language other than "Standard Australian English" at home? No Yes

If yes, what language: (If more than one language, please indicate the language that is spoken most often)

Previous School

Please provide details of the school where the student was previously enrolled: A copy of student's most current school report must be supplied.

Name of school last attended:

Location of school last attended:

Dates of attendance (for example June 2015 to August 2017): to

Sibling Information

Please list other children in the family, their ages, the schools they currently attend (if applicable) and their present year level:

Name:	Date of Birth:	Present School:	Present Year Level:
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Student's Development Profile

Has your child ever received Learning Support? Yes No If yes, year levels:

Does your child have learning difficulties? Yes No Has your child been diagnosed with Dyslexia? Yes No

Has your child been diagnosed with: ADD ADHD Other:

Is your child taking medication for this? Yes No Type and Dosage:

A limited number of vacancies exist in the Learning Enrichment Unit for students who have been diagnosed with any of the above. If you would like your child to be considered for enrolment please submit specialist report & ascertainment documents with this form.

Has your child been Ascertained/EAP? Yes No If **yes**, please indicate level of ascertainment: Level 4 Level 5 Level 6

If **yes**, please indicate category of ascertainment:

Condition (please tick)			
Asperger's Syndrome	<input type="checkbox"/>	Intellectual Impairment	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Social/Emotional Disorder	<input type="checkbox"/>
		Speech-Language Impairment	<input type="checkbox"/>
		Visual Impairment	<input type="checkbox"/>

Publicity

Periodically the college will take photographs and/or videos as a pictorial record of the educational programs and of student's participation in them. This includes but is not limited to the Basilikos (College Yearbook), Media Presentations, Television Advertisements, College Website, Social Media and professional class photographs.

I hereby give permission for my child to be included in all college publicity. Yes No Date: / /

Signature - Mother/Guardian: Father/Guardian:

Billing Responsibility

Please give details of the person responsible for billing. Please note that any changes to the persons responsible for paying college charges must **be in writing from both parties**. A discount on school fees is available for parents/carers with an eligible health care or concession card. This discount does not apply to college levies.

Name: Signature: Phone:

Billing Address:

Do you hold a current Health Care Card? Yes No Pension Card? Yes No Please supply a copy to the college.

Name: Signature: Phone:

Billing Address:

Do you hold a current Health Care Card? Yes No Pension Card? Yes No Please supply a copy to the college.

Church Information

Is the family actively associated with a Christian Church? No If no, please list religion or culture of family:

Yes If yes, Church attended:

Is the student actively involved with: Church Sunday School Youth Group Bible Study

Legal Guardian

Who is the Legal Guardian of the child? Mother Father Both Other: Please state:

Are there any other circumstances about the student seeking to be enrolled that the college should know prior to enrolment?
Eg. Shared care arrangements, Living apart from parental supervision, Subject to court orders, Child in foster care etc.

If Yes, please provide details:

A copy of all Court Orders or other legal issues pertaining to the child must be supplied to the college.

Father/Guardian Information

Full name of Father/Guardian:

Residential Address: Post Code:

Mailing Address: Post Code:

Home Phone: Silent Work Phone: Mobile:

Fax: Email:

Place of Employment: Occupation:

Marital Status: Married Single Separated Divorced De Facto Deceased Widowed

Living with child? Full Time Shared Care No Are you a past student of the college? Yes No

Mother/Guardian Information

Full name of Mother/Guardian:

Residential Address: Post Code:

Mailing Address: Post Code:

Home Phone: Silent Work Phone: Mobile:

Fax: Email:

Place of Employment: Occupation:

Marital Status: Married Single Separated Divorced De Facto Deceased Widowed

Living with child? Full Time Shared Care No Are you a past student of the college? Yes No

Step Parent/Guardian Information

Full name of Step Parent/Guardian:

Residential Address: Post Code:

Mailing Address: Post Code:

Home Phone: Silent Work Phone: Mobile:

Fax: Email:

Place of Employment: Occupation:

Marital Status: Married Single Separated Divorced De Facto Deceased Widowed

Living with child? Full Time Shared Care No Are you a past student of the college? Yes No

Step Parent/Guardian Information

Full name of Step Parent/Guardian:

Residential Address: Post Code:

Mailing Address: Post Code:

Home Phone: Silent Work Phone: Mobile:

Fax: Email:

Place of Employment: Occupation:

Marital Status: Married Single Separated Divorced De Facto Deceased Widowed

Living with child? Full Time Shared Care No Are you a past student of the college? Yes No

Administration of Medical Care

1. I hereby give permission for the provision of any necessary urgent medical treatment for my child/ren.

Costs of this treatment will be paid by us the parents/guardians.

Date: / /

Signature - Mother/Guardian:

Father/Guardian:

2. The guidelines for the administration of medication to students are as follows:

a) The college First Aid Officer may only administer medication when the medication is in correct pharmaceutical packaging, is labelled by the pharmacist with the student's full and correct name and the dosage. Parents must complete a **Request to Administer Medication Form** which is available from the College Office. We will under no circumstances administer medication without the above and written instruction from the parent.

b) If a student is unwell and the parent/guardian or emergency contact cannot be reached, the student will be admitted to First Aid or alternatively remain in the classroom.

c) Please note that the college is **unable to administer Panadol** to students. In the event of a student experiencing a headache or other form of pain and being in need of pain relief, the College Office will phone you (the parent/guardian) or emergency contact with the option of collecting your child or bringing appropriate medication to the college to administer to the child yourself.

I have read and understand this information.

Date: / /

Signature - Mother/Guardian:

Father/Guardian:

Emergency Contacts Other than Parents *(to be used when attempts to contact parents are unsuccessful)*

If we cannot contact you in the event of an emergency, please provide contact details of at least two **other** contacts. Ideally, the contact person should be someone who lives in Mackay and who is able to act on your behalf in an emergency. **Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.**

1. Name: Relationship to child:

Home Phone: Work Phone: Mobile:

2. Name: Relationship to child:

Home Phone: Work Phone: Mobile:

3. Name: Relationship to child:

Home Phone: Work Phone: Mobile:

Student Medical Information

This information is needed in the case of emergency if your child needs transportation to hospital by ambulance.

Doctor's/Medical Centre/Hospital Name:

Doctor's/Medical Centre/Hospital Phone:

Doctor's/Medical Centre/Hospital Address:

Medicare No:

Private Health Cover: Yes No

Private Fund Name:

Member Number:

In an emergency, which parent/guardian should be contacted first?

Parents must complete a Notification/Request to Administer Medication Form when providing medication for students.

Student Medical Details

Does your child suffer from any of the following? If yes, please give specific details.

Condition (Please tick any that apply)	Details (Warning signs/Symptoms/Severity/Occurrence/Treatment/Medications/Restrictions etc)
Acquired Brain Injury	
Anxiety	
Anaphylactic Reaction	
Asthma	
Blood Disorders	
Cardiac Condition	
Diabetes	
Eczema	
Epilepsy	
Hay Fever	
Headaches/Migraines	
Hearing/Sight Condition	
Muscular/Joint Problems	
Other (Please specify)	

If your child experiences Asthma (Moderate to Severe), Anaphylaxis, Diabetes (Type 1) or Epilepsy, please complete a Complex Health Management Form (available from the First Aid Officer).

Has the student been admitted to hospital for Asthma? Yes No

Allergic Reaction Management Plan

Does your child have any allergies e.g. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc. Yes No

If yes, type of allergy:

Signs and symptoms of reaction:

What medication is taken (if any) for the prevention of allergic reaction:

What treatment is followed if an allergic reaction occurs:

Has the student at any time in the past suffered from:

A Localised reaction (any rash/itching/swelling at the point of contact with allergen)

Yes

No

A Systematic reaction (any rash/itching/swelling away from the point of contact with allergen)

Yes

No

Has the student been admitted to hospital for an Allergic Reaction?

Yes

No

Does the student take adrenaline (Epi-Pen) when suffering from an allergic reaction?

Yes

No

If 'Yes' was the answer to any of the questions above, please provide a copy of the student's Allergy Management Plan and Emergency Routine which your Medical Practitioner has documented.

How did you hear about Mackay Christian College? (Please tick as many as apply to you)

Word of Mouth:	Existing Family	<input type="checkbox"/>	} Who? <input type="text"/> (We would like to acknowledge Word of Mouth recommendations)
	Staff Member	<input type="checkbox"/>	
	Friend	<input type="checkbox"/>	
	Pastor	<input type="checkbox"/>	
	Past Parent/Student	<input type="checkbox"/>	
	Church	<input type="checkbox"/>	
Advertising:	Website	<input type="checkbox"/>	
	Radio	<input type="checkbox"/>	
	Television	<input type="checkbox"/>	
	Billboard	<input type="checkbox"/>	
	Letter Box Drop	<input type="checkbox"/>	
	Open Day	<input type="checkbox"/>	
Other:	<input type="text"/>		

What influenced you to enrol at Mackay Christian College? (Please tick as many as apply to you)

Academic Excellence	<input type="checkbox"/>	College's Reputation	<input type="checkbox"/>	Co-Curricular Activities	<input type="checkbox"/>
Christian Values	<input type="checkbox"/>	Pre-Prep to Year 12 School	<input type="checkbox"/>	Unhappy with current school	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	Past Parent/Student	<input type="checkbox"/>	Looking for Independent Education	<input type="checkbox"/>
Locality	<input type="checkbox"/>	College Tour	<input type="checkbox"/>	Creative Academy	<input type="checkbox"/>
Recommended by:	Pastor <input type="checkbox"/>	Existing Parent <input type="checkbox"/>	Staff Member <input type="checkbox"/>	Other	<input type="text"/>

Enrolment Priority

1. Principal's discretion
2. School reference or report which shows evidence of good behaviour
3. Siblings of current students, staff members & past families
4. Families who support the Christian ethos of the college
5. Capacity to contribute to broader college life
6. Ability to meet fee commitment
7. Order of receipt of application for enrolment

Placement can only be made if there are vacancies in the required year level.

If places are unavailable at the time of application your enrolment will be placed on a waiting list unless you notify us otherwise.

Completing the Enrolment Form or signing the Enrolment Contract is no guarantee of placement.

Enrolment Process

1. Parents complete an enrolment application for each child in the family that they wish to enrol, ensuring all policies have been read and signed.
2. Parents return application to Mackay Christian College with all supporting documents. This includes Birth Certificate, Visa details, current Student Report from previous school, completed Direct Debit Form, copies of any Remedial Reports or Assessments, Network User Agreement, Court Orders and if applicable a Subject Choice Form and Creative Academy Application Form. **Please note that until all documents are received we cannot proceed with the enrolment application.**
3. Once the complete application has been received, the application is submitted to the Enrolment Committee.
4. For Junior School Students (Prep-Year 5): An appointment will be made for Diagnostic Reading Assessment (DRA) Testing.
5. The Enrolment Officer will notify you by phone of the outcome of your enrolment application.
6. For a successful enrolment an Enrolment Interview will be organised with the Principal or his delegate.
7. The student will be able to commence at Mackay Christian College in full and correct Mackay Christian College uniform.

Information Required by MCEETYA

The following information is required by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) for assessment and reporting purposes.

Mother/Guardian Name:

Father/Guardian Name:

In which Country was the:

Mother/Guardian born:

Father/Guardian born:

What is the Nationality of the:

Mother/Guardian:

Father/Guardian:

Do the parents/Guardians speak a language other than English at Home?

(If more than one language, indicate the one that is spoken most often.)

	Student	Mother/Guardian	Father/Guardian
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Maori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Pidgin English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes, other - please Specify:

What is the highest year of school the parents/guardians have completed?

(For persons who have never attended school, mark Year 9 or equivalent or below)

	Mother/Guardian	Father/Guardian
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 (or below)	<input type="checkbox"/>	<input type="checkbox"/>

What is the level of the *highest* qualification the parents/guardians have completed?

(Mark one box only in each column)

	Mother/Guardian	Father/Guardian
Bachelor 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"/>

Occupation Groups are listed over the page.

What is the occupation group of Mother/Guardian:

What is the occupation group of Father/Guardian:

Parent Occupation Groups

Please Note: If the person has not been in paid work in the last 12 months, please write a number '8' in the box.

If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

<p>Group 4</p> <p>Machine Operators, Hospitality Staff, Assistants, Labourers and Related Workers</p>	<ul style="list-style-type: none"> • Drivers, Mobile Plant, Production Processing Machinery and other Machinery Operators • Hospitality Staff (Hotel Service Supervisor, Receptionist, Waiter, Bar Attendant, Kitchen Hand, Porter, Housekeeper) • Office Assistants, Sales Assistants and other Assistants • Office (Typist, Word Processing/Data Entry/Business Machine Operator, Receptionist, Office Assistant) • Sales (Sales Assistant, Motor Vehicle/Caravan/Parts Salesperson, Checkout Operator, Cashier, Bus/Train Conductor, Ticket Seller, Service Station Attendant, Car Rental Desk Staff, Street Vendor, Telemarketer, Shelf Stacker) 	<ul style="list-style-type: none"> • Assistant/Aide (Trades' Assistant, School/Teacher's Aide, Dental Assistant, Veterinary Nurse, Nursing Assistant, Museum/Gallery Attendant, Usher, Home Helper, Salon Assistant, Animal Attendant) • Labourers and Related Workers • Defence Forces (ranks below Senior Non – Commissioned Officer not included below) • Agriculture, Horticulture, Forestry, Fishing, Mining Worker (Farm Overseer, Shearer, Wool/Hide Classer, Farm Hand, Horse Trainer, Nurseryman, Greenkeeper, Gardener, Tree Surgeon, Forestry/Logging Worker, Miner, Seafarer/Fishing Hand) • Other Worker (Labourer, Factory Hand, Storeman, Guard, Cleaner, Caretaker, Laundry Worker, Trolley Collector, Car Park Attendant, Crossing Supervisor)
<p>Group 3</p> <p>Tradesmen & Women, Clerks & Skilled Office Staff, Sales and Service Staff</p>	<ul style="list-style-type: none"> • Tradesmen/Women (generally have completed a 4 year Trade Certificate, usually by Apprenticeship. All Tradesmen/Women are included in this group) • Clerks (Bookkeeper, Bank/PO Clerk, Statistical/Actuarial Clerk, Betting Clerk, Stores/Inventory Clerk, Purchasing/Order Clerk, Freight/Transport/Shipping Clerk, Bond Clerk, Customs Agent, Customer Services Clerk, Admissions Clerk) • Skilled Office, Sales and Service Staff 	<ul style="list-style-type: none"> • Office (Secretary, Personal Assistant, Desktop Publishing Operator, Switchboard Operator) • Sales (Company Sale Representative, Auctioneer, Insurance Agent/Assessor/ Loss Adjuster, Market Researcher) • Service (Aged/Disabled/Refuge/Child Care Worker, Nanny, Meter Reader, Parking Inspector, Postal Worker, Courier, Travel Agent, Tour Guide, Flight Attendant, Fitness Instructor, Casino Dealer/Supervisor)
<p>Group 2</p> <p>Other Business Managers, Arts/Media/ Sportspersons and Associate Professionals</p>	<ul style="list-style-type: none"> • Owner/Manager (of Farm, Construction, Import/Export, Wholesale, Manufacturing, Transport, Real Estate Business) • Specialist Manager (Finance/Engineering/Production/Personnel/ Industrial Relations/Sales/Marketing) • Financial Services Manager (Bank Branch Manager, Finance/Investment/Insurance Broker, Credit/Loans Officer) • Retail Sales/Services Manager (Shop, Petrol Station, Restaurant, Club, Hotel/Motel, Cinema, Theatre, Agency) • Associate Professionals (generally have Diploma/Technical Qualifications and Support Managers and Professionals) 	<ul style="list-style-type: none"> • Arts/Media/Sports (Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media Presenter, Photographer, Designer, Illustrator, Proof Reader, Sportsman/Woman, Coach Trainer, Sports Official) • Health, Education, Law, Social Welfare, Engineering, Science, Computing Technician/Associate Professional • Business/Administration (Recruitment/Employment/Industrial Relations/Training Officer, Marketing/Advertising Specialist, Market Research Analyst, Technical Sales Representative, Retail Buyer, Office/Project Manager) • Defence Forces (Senior Non-Commissioned Officer)
<p>Group 1</p> <p>Senior Management in Large Business Organisation, Government Administration & Defence and Qualified Professionals</p>	<ul style="list-style-type: none"> • Senior Executive/Manager/Department Head (in Industry, Commerce, Media or other Large Organisations) • Public Service Manager (Section Head or Above, Regional Director, Health/Education/Police/Fire Services Administrator) • Other Administrator (School Principal, Faculty Head/Dean, Library/Museum/Gallery Director, Research Facility Director) • Defence Forces (Commissioned Officer) 	<ul style="list-style-type: none"> • Professionals (generally have Degree or Higher Qualifications and experience in applying this knowledge to Design, Develop or Operate Complex Systems; Identify, Treat & Advise on Problems; and Teach Others) • Health, Education, Law, Social Welfare, Engineering, Science, Computing Professional • Business (Management Consultant, Business Analyst, Accountant, Auditor, Policy Analyst, Actuary, Valuer) • Air/Sea Transport (Aircraft, Ship's Captain, Officer, Pilot, Flight Officer, Flying Instructor, Air Traffic Controller)