

— Always aiming higher



**SCOTS PGC
COLLEGE**
Warwick, Queensland

Application for
Enrolment

+ spirit + tenacity + authenticity + excellence + respect

We're thrilled you've chosen SCOTS PGC College for your child.

Completing this form

YOUR ENROLMENT APPLICATION CHECKLIST

- I've attached a certified copy of my child's Birth Certificate
- Two of my child's most recent school reports and NAPLAN results are included
- I've included any documentation requested in this Application for Enrolment
- I've included a copy of my child's immunisation schedule (downloaded from the Australian Immunisation Register)
- A copy of Citizenship and a certified copy of my child's passport (if applicable) are included
- I've read the Conditions of Entry and Privacy Policy available via the College's website

APPLICATION FEE

A non-refundable Enrolment Processing Fee of \$50 is required for this Application to be processed. A further non-refundable Confirmation Deposit also applies to all new families enrolling at the College and is payable upon the College's acceptance of your Application. Details of the relevant Confirmation Deposit amount can be found in our Schedule of Fees.

PLEASE RETURN YOUR FORM TO OUR ADMISSIONS OFFICE VIA THE DETAILS BELOW. IF RETURNING ELECTRONICALLY, WE WILL ALSO REQUIRE THE ORIGINAL FORM TO BE POSTED IN DUE COURSE.

60 Oxenham Street Warwick Queensland 4370
p + 07 4666 9808 e + enrolments@scotspgc.com.au

Prep to Year 12
SCOTSpgc.com.au

+ spirit + tenacity + authenticity + excellence + respect

Application for Enrolment

1. STUDENT INFORMATION

Student's Name		Student's Middle Name	
Student's Surname		Student's Preferred Name	
Date of Birth	M	F	Country of Birth
Please specify Australian Resident Permanent Resident Overseas Student			Visa Number
Nationality		Language spoken at home	
Are you of Aboriginal descent?	Yes	No	Is a language other than English your child's primary language? Yes No
Are you of Torres Strait Island descent?	Yes	No	If yes, please specify _____ <i>Please include community home language or dialect if applicable</i>
Religious Denomination		Phone (Mobile)	
Residential Address			
Postcode			
Postal Address			
Postcode			
Please specify Day student		Boarder	If Boarder Full time Weekly
Year level		Year of Entry	

HISTORY OF SCHOOL ATTENDANCE

Please supply copies of last two years' school reports.

Years of Attendance	Year Levels	Name of School

Reason for leaving present school

Positions of responsibility (e.g School Captain)

Application for Enrolment

1. STUDENT INFORMATION CONT....

CO-CURRICULAR ACTIVITIES

Please indicate your child's areas of existing activities.
If you require further space, please attach a note to the application.

Sport (please indicate the sports in which your child participates. You may detail sporting achievements)

Visual Arts (please detail awards or prizes won)

Performing Arts (speech and drama, dance and other)

Music (examination results, current ensembles, or achievements)

Vocal or instrumental (indicate instrument/s)

MARKETING CONSENT

Do you give consent for the College to include your child's photograph or video footage in any of its promotional material if the occasion arises (including but without limitation, electronic media, year book, newsletter, advertising and or media releases and statements)?

Yes No

2. CHOOSING SCOTS PGC COLLEGE

Why have you chosen SCOTS PGC College?

Application for Enrolment



3. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 - Relationship to Student

Surname		Given Names	
Preferred Name		Title	Nationality
Residential Address (if different from student address)			
Postcode			
Postal Address		Postcode	
Phone (Home)		Mobile	
Email		Work Phone	
Position/Title		Employer/Company	

The Australian Government requires we collect the following details

Highest year of schooling completed

Highest qualification

Bachelor Degree or above

Advanced Diploma/
Diploma

Certificate I to IV
(including trade)

Not applicable

Parent/Guardian 2 - Relationship to Student

Surname		Given Names	
Preferred Name		Title	Nationality
Residential Address (if different from student address)			
Postcode			
Postal Address		Postcode	
Phone (Home)		Mobile	
Email		Work Phone	
Position/Title		Employer/Company	

The Australian Government requires we collect the following details

Highest year of schooling completed

Highest qualification

Bachelor Degree or above

Advanced Diploma/
Diploma

Certificate I to IV
(including trade)

Not applicable

Application for Enrolment

4. FAMILY INFORMATION

Who does the student live with?

Both parents

Mother

Father

Guardian

Specify Relationship

Please attach official documentation

Family Court Orders or Parenting Plans

Please tick if applicable and include copies of any documentation in relation to a Family Court Order or binding agreement regarding residency, contact or any other parenting issues that apply to the student. This is a requirement of admission.

Status of parents (select where appropriate)

Mother Deceased

Father Deceased

Parents Divorced

Parents Separated

Other, please specify

Who should the College communicate with regarding day-to-day matters?

Parent / Guardian 1 (as detailed in previous section)

Parent / Guardian 2 (as detailed in previous section)

Other Carer (please provide details below)

Name

Relationship to Student

Residential Address (if different from student address)

Postcode

Postal Address

Postcode

Phone (Home)

Mobile

Email

Work Phone

Position/Title

Employer/Company

Application for Enrolment



4. FAMILY INFORMATION CONT...

Please name any other siblings

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Do you have any other family connections with SCOTS PGC College?

Details

Application for Enrolment

6. MEDICAL HISTORY

Prior to enrolment, it is important that as parents you inform the College if your child has any particular special needs such as medical, physical, learning or social/emotional, which require specialised and professional attention (above and beyond the level of individual attention already afforded to students at The SCOTS PGC College). Please disclose these special needs in the space below and attach further documentation. The SCOTS PGC College reserves the right to determine its ability to meet the needs of students with any special needs.

If this section of the form is not completed, the College will assume that the student has no special needs and any offer of enrolment will be made on the basis of this assumption being correct.

Please attach any documentation that outlines previous and/or existing physical, emotional or mental conditions that may affect your child's progress.

Medicare Number	Reference No ()	Valid Until
Healthcare Number (if applicable)		Valid Until
Private Health Fund Name	Number	

If your child has a learning or special need, please tick

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ ADHD | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Non-verbal learning disorders |
| <input type="checkbox"/> Allergic Reaction / Anaphylaxis
<i>Please attach Action Plan</i> | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Physical challenges or disability |
| <input type="checkbox"/> Autism / Aspergers | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Social / emotional |
| <input type="checkbox"/> Asthma
<i>Please attach Action Plan</i> | <input type="checkbox"/> Learning difficulty | <input type="checkbox"/> Speech Impediment |
| <input type="checkbox"/> Auditory Processing Disorder | <input type="checkbox"/> Heart | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Other |

Does your child have a special dietary requirement?

No Yes

Has your child ever repeated a year level?

No Yes

Has your child ever received Learning Support Assistance?

No Yes

Application for Enrolment

6. MEDICAL HISTORY CONT...

Does your child have a diagnosed disability in any of the following impairment areas?

Physical Impairment (PI)

Hearing Impairment (HI)

Special Emotional Disorder (SED)

Autism Spectrum Disorder (ASD)

Intellectual Disability (ID)

Vision Impairment (VI)

Speech Language Impairment (SLI)

If yes, what is the level of impairment?

Please attach the appropriate specialist report(s).

Yes

No

A copy of the Individual Education Plan has been provided to the College

Has your child been appraised at a previous school?

Yes

No

If yes, please specify learning areas affected or difficulty detected

Has another school or teacher ever suggested that your child may suffer from a learning difficulty or disability?

Yes

No

If yes, please provide details

Has your child ever been referred to a speech or occupational therapist or had a development assessment?

Yes

No

If yes, please provide details

Does your child exhibit developmental delays in any area?

Yes

No

If yes, please provide details

Has your child ever been accelerated i.e. skipped a year level?

Yes

No

Has your child participated in a Learning Enrichment Program?

Yes

No

If test results indicate your child could benefit from Learning Support Assistance, do you give permission for your child to receive such assistance?

Yes

No

Application for Enrolment

6. MEDICAL HISTORY CONT...

Has your child ever been assessed by a medical professional for social or emotional challenges?

Yes

No

If yes, please provide details

Has your child had a diagnosis of a condition, syndrome or difficulty?

Yes

No

If yes, please provide details

Has your child ever suffered any serious trauma that has required support from a counsellor?

Yes

No

If yes, please provide details

Does your child have any social difficulties with other children?

Yes

No

If yes, please provide details

Has behaviour management ever been an issue with your child in the school setting?

Yes

No

If yes, please provide details

If you answered yes to any of the above, how does it impact on your child as a learner?

Yes

No

If yes, please provide details

Application for Enrolment

6. MEDICAL HISTORY CONT...

MEDICATION

Does your child take medication on a regular basis? Yes No

If yes, what type of medication and how often is it taken?

Has your child ever been on prolonged periods of medication? Yes No

If yes, please provide details

Do you give the College authority to approve the administration of an anaesthetic where necessary in the opinion of the Medical Officer and when you cannot be contacted immediately? Yes No

IMMUNISATION

Please share details of your child's Immunisation History. Please either complete the following table in full or supply the record that can be obtained from the Services Australia website.

Instructions on how to access this information can be found by visiting:

www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register

Age	Disease	Vaccine Brand	Yes	No	Date
Birth	<ul style="list-style-type: none"> Hepatitis B 	H-B-Vax® II Paediatric or Engerix B® Paediatric			
2 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Pneumococcal Rotavirus 	Infanrix® hexa Prevenar 13® Rotarix®			
4 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Pneumococcal Rotavirus 	Infanrix® hexa Prevenar 13® Rotarix®			
6 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) 	Infanrix® hexa			
	Additional vaccines for Aboriginal and Torres Strait Islander children and medically at-risk children <ul style="list-style-type: none"> Pneumococcal 	Prevenar 13®			

Application for Enrolment

6. MEDICAL HISTORY CONT...

IMMUNISATION CONT...

Age	Disease	Vaccine Brand	Yes	No	Date
12 months	<ul style="list-style-type: none"> • Meningococcal ACWY • Measles, mumps, rubella • Pneumococcal 	Nimenrix® M-M-R II or Priorix® Prevenar 13®			
	Additional vaccines for Aboriginal and Torres Strait Islander children and medically at-risk children <ul style="list-style-type: none"> • Hepatitis A 	Vaqta® Paediatric			
18 months	<ul style="list-style-type: none"> • Haemophilus influenzae type b (Hib) • Measles, mumps, rubella, varicella (chickenpox) • Diphtheria, tetanus, pertussis (whooping cough) 	ActHIB® Priorix-Tetra® or ProQuad® Infanrix® or Tripacel®			
	Additional vaccines for Aboriginal and Torres Strait Islander children and medically at-risk children <ul style="list-style-type: none"> • Hepatitis A 	Vaqta® Paediatric			
4 years	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), polio 	Infanrix® IPV or Quadracel®			
	Additional vaccines for medically at-risk children <ul style="list-style-type: none"> • Pneumococcal 	Pneumovax 23®			
12- <13 years	<ul style="list-style-type: none"> • Human papillomavirus (HPV)e • Diphtheria, tetanus, pertussis (whooping cough) 	Gardasil®9 Boostrix®			
14- <16 years	<ul style="list-style-type: none"> • Meningococcal ACWY 	Nimenrix®			
15-49 years	Aboriginal and Torres Strait Islander people with medical risk factors <ul style="list-style-type: none"> • Pneumococcal 	Pneumovax 23®			

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7. INTERNATIONAL STUDENTS ONLY

Please tick where appropriate

Is the student a Full Fee paying overseas student? Yes No

Residency status

VISA	Permanent resident	Australian Citizen
Copy of passport attached	Copy of VISA attached	New Visa required <input type="checkbox"/> Yes <input type="checkbox"/> No
VISA Application	Date of Application	Place of Application
Passport Number	Date of Issue	Place of Issue
Expiry Date	Country of Birth	Date of Arrival in Australia
Type of VISA	Visa Sub-Class	Expiry Date

Has Overseas Health Cover been organised? Yes No

Medibank Private Membership No.

Schools attended

Have you completed an ELICOS course? Yes No

How many weeks did you spend completing your ELICOS course?

Please attach copy of recent IELTS Levels or other test details on speaking, listening, reading and writing levels

Agent Details (if applicable)

Contact Name	Company
Phone (Work)	Mobile
Company Address	
Postcode	
Email	

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8. SIGNATURES

By signing this Application for Enrolment Form you agree that information provided is true and correct.

Signature of Parent/Carer 1

Signature of Parent/Carer 1

Print Name

Print Name

Date

Date

Student's Name

Year Level of Entry

Year of Entry: 20



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COLLEGE**
Warwick, Queensland

Enrolling at SCOTS PGC

**HAVE QUESTIONS, WANT TO KNOW
MORE ABOUT THE NEXT STEPS?
CONTACT OUR ADMISSIONS OFFICE
TO FIND OUT MORE.**

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