



*** IMPORTANT - After completing this form, please ensure it is saved then sent. This will ensure entered information is submitted.**

1. Student Details

Full name of child	<input type="text"/>		
Date of Birth	<input type="text"/>	Age as at June 30th, 20	<input type="text"/>
Male/ Female	<input type="text"/>	Year Level Entry	<input type="text"/>
		Start Date	<input type="text"/>
Centre/ School Currently Attending	<input type="text"/>		
1. Other Siblings Name	<input type="text"/>	Age	<input type="text"/>
2. Other Siblings Name	<input type="text"/>	Age	<input type="text"/>
3. Other Siblings Name	<input type="text"/>	Age	<input type="text"/>

2. Parent/ Father/ Mother/ Legal Guardian Details - GUARDIAN 1

Legal Guardian Title	<input type="text"/>	Title	<input type="text"/>	Name	<input type="text"/>
Residential Address	<input type="text"/>				
Residential Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Student Lives at this address?	<input type="text"/>	Occupation	<input type="text"/>		
Home Phone	<input type="text"/>	Position	<input type="text"/>		
Nationality	<input type="text"/>	Place of Employment	<input type="text"/>		
Mobile	<input type="text"/>	Work Phone	<input type="text"/>		
E-mail	<input type="text"/>				
Comments	<input type="text"/>				

2. Parent/ Father/ Mother/ Legal Guardian Details - GUARDIAN 2

Legal Guardian Title	<input type="text"/>	Title	<input type="text"/>	Name	<input type="text"/>
Residential Address	<input type="text"/>				
Residential Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Student Lives at this address?	<input type="text"/>	Occupation	<input type="text"/>		
Home Phone	<input type="text"/>	Position	<input type="text"/>		
Nationality	<input type="text"/>	Place of Employment	<input type="text"/>		
Mobile	<input type="text"/>	Work Phone	<input type="text"/>		
E-mail	<input type="text"/>				
Comments	<input type="text"/>				

3. Preferred Contact Correspondence

Primary Contact	<input type="text"/>	Correspondence Method	<input type="text"/>
Secondary Contact	<input type="text"/>	Correspondence Method	<input type="text"/>
Please include any relevant information regarding the custody of the student.	<input type="text"/>		

4. Family referee who can be contacted by head of school.

Title	<input type="text"/>	Name	<input type="text"/>	Relationship	<input type="text"/>
Residential Address	<input type="text"/>				
Residential Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Mobile	<input type="text"/>	Work Phone	<input type="text"/>		
Home Phone	<input type="text"/>	Nationality	<input type="text"/>		
E-mail	<input type="text"/>				
Additional Information	<input type="text"/>				

5. How did you find us ?

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Drive/ Walked by |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Friend | <input type="checkbox"/> Radio/ Television | <input type="checkbox"/> Co-worker |
| <input type="checkbox"/> Government | <input type="checkbox"/> Guidance Officer | <input type="checkbox"/> Employer | <input type="checkbox"/> Child Care Centre |

Other: (please explain)

6. What are your expectations for your child ?

Goals &
Expectations

7. Language/ Cultural/ Indigenous Background ?

- Are you from a Non-English Speaking Background? Yes No Are you of Australian Aboriginal Origin? Yes No
Do you speak a language other than English at home? Yes No Are you of Torres Strait Islander Origin? Yes No
Is the student a permanent resident of Australia? Yes No Is the student here on a VISA? Yes No

Please select student's country of birth?

8. Student Individual Needs and Medical Conditions ?

To foster individual learning needs of students,
individual information relating to medical conditions is required.

Does the student have a disability or long term medical condition? Yes No

If yes, please indicate the area of impairment.

If other please specify here:

Does your child receive any services from an external agency that may affect educational arrangements ? Yes No

If so, please provide contact
details of provider:

Does your child have a medical condition (i.e., asthma, epilepsy) which may require first aid ? Yes No

If yes please specify here:

Has your child ever taken part in a remediation programme ? Yes No

Has your child ever taken part in programmes for talented or gifted children ? Yes No

Has your child ever been accelerated ? Yes No

Has your child ever been ascertained ? Yes No

If yes please specify here:

PARENTAL/ LEGAL GUARDIAN DECLARATION (Please read carefully before signing)

Release

By signing this form I agree to releasing and forever discharging Queensland Independent College, its owners, employees, directors, board members, servants, agents, successors and permitted assignees from all duties, actions, suits, causes of action, proceedings, liabilities, claims and demand of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the Student's participation in the College and associated businesses.

The parent/ legal guardian understands that this release discharges Queensland Independent College from any liability or claim that the parent/ legal guardian/student may have against the Queensland Independent College with respect to any bodily injury, personal injury, illness, death, or property damage that may arise from the parent/ legal guardian/ student's participation in its courses, whether caused by Queensland Independent College or their employees; servants, agents, successors and permitted assignees.

The parent/ legal guardian expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of Queensland and that this Release shall be governed by and interpreted by the laws of Queensland, and the parent/ legal guardian agrees that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

The parent/ legal guardian in making signing this application is also aware:

- 1 - Has read, understood and agrees to Queensland Independent College's enrolment policy, procedures and conditions of enrolment as detailed by Queensland Independent College.
- 2 - The registration/ administration fee is non-refundable.

Parent/ Guardian Signature - 1	<input type="text"/>
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Parent/ Guardian Signature - 2	<input type="text"/>
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Print Name:	<input type="text"/>
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Print Name:	<input type="text"/>
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Date	<input type="text"/>
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Date	<input type="text"/>
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Acknowledgment when submitting by email

<input type="checkbox"/> I have read and understand the policies, procedures and conditions of enrolment and do hereby certify that this form has been completed by me personally being the parent/ legal guardian of the student. The information provided is correct and I agree to abide by Queensland Independent College's policies and procedures. I certify that I have read and clearly understand the Queensland Independent College Handbook and conditions of enrolment.

Once completed please forward to the Queensland Independent College by :

Fax: (07) 55 252 252 or **Email:** contact@qic.qld.edu.au

Mail: Queensland Independent College
Locked Bag 4, GCMC, Bundall, QLD, 9726

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Official Use

Date Application Received	<input type="text"/>	Confirmation of Enrolment Notes	<input type="text"/>
Amount Received	<input type="text"/>		
Admissions Interview Date	<input type="text"/>	Start Date	<input type="text"/>

Additional Notes	<input type="text"/>
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