



## APPLICATION FOR ENROLMENT

This application for enrolment form the first part of the enrolment contract between the parents/ guardian of the student and Fairholme College. When it is lodged, a non-refundable application fee of \$110.00 (\$132.00 International student) is payable. The student's name is then added to the list of entry in the year and level nominated. When the students name is reached, an interview with the Principal or Head of Junior School, is arranged. Following a successful interview, a formal offer of a place at the College is made to the student and a non-refundable Entrance Fee of \$500.00 (\$400.00 for Kindy boys) is immediately payable to accept the offer. Once paid, the enrolment is formally confirmed and the enrolment contract is complete.

Please include a copy of your daughters birth certificate and recent school report to complete this application

### Student Details

Australian Resident:  Yes  No (please tick)

Name of Student .....  
 (Surname) (Given Name/s)

Preferred Name ..... Date of Birth ..... Religion/Denomination .....

Students address: .....

Telephone: .....

Country of Birth ..... Citizenship: Permanent Resident or Visa Number .....

Student's nationality: .....  Female  Male (Kindy) (please tick)

Student lives with:  Both parents  Mother  Father  
 (please tick)  Other (please specify) .....

Apply to enter:  Junior  Senior In year level: ..... In calendar year: .....

As a:  Day student  Boarder (please tick)

If non-resident student, is English the major language of instruction at school?

Yes If so, number of years: .....  No

Present school ..... Present year level .....

### Family Information

Name(s) of siblings and school attended: .....  
 .....  
 .....

Are any family members current or past students of Fairholme College. (If past student, please state maiden name, house and year they left school): .....  
 .....



**Parent Information**

**Father / Legal Guardian**

Title: ..... Surname: ..... Given Name/s: .....

Address (if different from student address): .....

Country: ..... Postcode: .....

Telephone/Contact: Home: ..... Mobile: .....

Home Email: .....

Occupation: .....

**Mother / Legal Guardian**

(Past student:  Yes  No)

Title: ..... Surname: ..... Given Name/s: .....

Address (if different from student address): .....

Country: ..... Postcode: .....

Telephone/Contact: Home: ..... Mobile: .....

Home Email: .....

Occupation: .....

**International Students**

Under which status/visa will the student apply?

- Australian citizen       Permanent resident       Temporary resident  
 Business visa       Student visa

Passport number: ..... Expiry date: .....

Visa number: ..... Visa subclass: ..... Expiry date: .....

Overseas student health cover company/ policy number: .....

Expiry date: .....

**Learning Enhancement Needs (Support or Enrichment):**

Please give details (and attach all relevant documentation):

- |  |  |
|--|--|
| <input type="checkbox"/> Language skills support               | <input type="checkbox"/> Individual Teacher Aide time  |
| <input type="checkbox"/> Speech Therapy / Occupational         | <input type="checkbox"/> Is English your daughter's second language?                                       |
| <input type="checkbox"/> Therapy / Developmental Physiotherapy | <input type="checkbox"/> Does your daughter need ESL assistance?   |
| <input type="checkbox"/> Mathematics support                   | <input type="checkbox"/> Has your daughter ever seen a medical professional for social / emotional issues? |
| <input type="checkbox"/> Visual impairment support             | <input type="checkbox"/> Has your daughter ever had a diagnosis of condition / syndrome / difficulty?      |
| <input type="checkbox"/> Hearing impairment support            | <input type="checkbox"/> Other: .....  |
| <input type="checkbox"/> Physical impairment support           |  |

Please note: If this section is not completed, the College will assume your daughter does not have specific learning needs that require support. Non-disclosure may lead to a review of this enrolment. Documentation will be forwarded to Learning Enhancement Centre.

**Family Court Orders/Custody Details**

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

**Student Medical Details**

Please attach any documentation that outlines previous and/or existing physical, emotional or mental conditions that may affect your daughter's progress. Note that the Fairholme College Medical Form will be sent for completion prior to final enrolment.

*\*Please note that some students at Fairholme have an extreme and life threatening reaction to **peanuts** and, as such, we seek care and caution from all members of the College community.*

**Billing Information**

Name of person(s) to whom school fee accounts and statements should be addressed:

Title: .....

Surname: ..... Given Name/s: .....

Address: .....

Suburb: ..... Postcode: .....

Country: .....

**Condition of Enrolment:**

We the undersigned agree to the Conditions of Entry (a current copy of which may be found on the Fairholme College Website [www.fairholme.qld.edu.au](http://www.fairholme.qld.edu.au) or from the Administration Office). This includes being joint and severally liable to pay the school account within the specified time on the invoice. Also, that 1 Terms notice, in writing to the Principal, is required prior to the withdrawal of a student, or the change of status from Boarder to Day student. If not received, a full terms fee in lieu of notice will be charged.

**Signature of both parents/guardians**

Signature: ..... Signature: .....

Date: ..... Date: .....

Print Name: ..... Print Name: .....

Please note: This application is a legally binding agreement and requires the signature of both parents.

A NON REFUNDABLE ENROLMENT APPLICATION FEE of \$110.00 for Boarders or Day Students and \$132.00 for overseas students is required for this application to be processed. This fee is for administration costs. Please attach your cheque or money order for the relevant amount, or to pay by Credit Card please advise the following details:

Name on Card: ..... Card Type:  Visa  Mastercard (please click)

Card Number:                  Expiry Date: ..... /.....

Card Holder to sign: ..... Amount: .....

**Office Use**

Family No. .... Amount: .....

Student No. .... Learning Enhancement Profile: .....

C.R.: ..... Birth Certificate: .....

Date..... Report / NAPLAN: .....