



ENROLMENT APPLICATION

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 nonrefundable application fee of \$110.00 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, and if a place is available a formal offer of a place at the College is made to the student and a nonrefundable 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

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

Preferred Name Date of Birth Religion/Denomination

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 Middle Senior In year level: In calendar year:

As a: Day student Boarder

Present school Present year level

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:



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):

.....

International Students

Passport number: Expiry date:

Visa number: Visa subclass: Expiry date:

Overseas student health cover company/ policy number:

Expiry date:

Media Consent (This must be ticked)

Do you give consent for your child's image and/or name being used by Fairholme College for the purpose of promotion and marketing, including but without limitation, electronic media, year books, newsletter, advertising or promotional materials and/or media releases and statements. Yes No

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.

Family Court Orders/Parenting plan

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 have read and agree to the Condition of Entry (a current copy of which may be found on the Fairholme College website www.fairholme.qld.edu.au or from the Administration Office) and to be bound by the terms of the Conditions of Entry. This includes being joint and severally liable to pay the school account within the specified time on the invoice. Also, that one (1) Term's notice, in writing to the Principal, is required to be paid prior to the withdrawal of a student, or the change of status from Boarder to Day student. If not received, a full Term's fee in lieu of notice will be charged.

Legal Fees

We the undersigned agree to indemnify the College and pay on demand all legal costs it incurs as a result of:

- a) Any matter relating to the student which cannot be resolved between the College and the parents/guardians of the student to the reasonable satisfaction of the College; or
- b) The parents of the student becoming parties to legal proceedings between the parents/guardians of the student under the *Family Law Act 1975* and orders are made relating to access/custody/welfare of the student which the College must comply with at the request of either or both parents.

The College may, in its absolute discretion, determine when it is suitable and appropriate to obtain legal advice.



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:

Fairholme College. Wirra Wirra Street, Toowoomba / PO Box 688 Q. 4350. Tel: 07 46884688. www.fairholme.qld.edu.au
 ABN 16 917 099 053. Registered Provider(QLD):Fairholme College Toowoomba. CRICOS provider Code 00651J.