

# Student Name

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## Enrolment Form: Official Record

Day School

*Please tick one box*

Distance Education

### DETAILS OF STUDENT:

Surname:

Previous Name:

Christian Names:

Preferred Name:

Address:

Post Code:

Phone:

Mobile:

Email: (family)

Date of Birth:

Gender:  Male  Female

Birth order in family:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
 other \_\_\_\_\_

Church Affiliation:  
Age on 1 Jan (current year): \_\_\_\_\_  
Years Months

Commencement date at Riverside:

Current school/preschool/college:

School Year Level:  
 ACE  Other \_\_\_\_\_

Curriculum used at last school:  State curriculum

### PREVIOUS SCHOOLS ATTENDED:

Name of School & phone number:

Year level: From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Does the student regularly attend:  Church  Sunday School  Kids' Group  Youth Group

Does anyone in your family speak a language other than English at home?  Yes  No  
Please give details:

### CITIZENSHIP ARRANGEMENTS:

Birthplace: \_\_\_\_\_ Copy of Birth Cert enclosed  Yes  No  
Aboriginal / Torres Strait Is  Yes  No

Australian Permanent Citizen  Yes  No

Born outside of Australia:  Yes  No

Date of arrival: \_\_\_\_\_

Country of Citizenship:  
Visa details:

### COMMUNICATION / TECHNOLOGY:

Does the student have access to a computer?  Yes  No  
Type of computer:  PC  Mac

Operating System:  Windows XP  Windows 2000  Windows 95  Linux  Other \_\_\_\_\_  
 CD burner  DVD player  DVD burner

Does the student have internet access?  Yes  Broadband  No

Email: (student)

Would you like to be on Riverside's Distance Education circulation list?  Yes  No  
*This enables us to share your contact details with other Riverside DE families for non-commercial interests only*

**CUSTODY / CARE ARRANGEMENTS:**

Name of person with legal care of the student:

Copy of any Parenting or Restraining Order is attached (*if applicable*):  Yes  No

Any other conditions enforced by law:

**EMERGENCY CONTACT:**

*In the case of not being able to contact the residential parent/guardian in an emergency, please contact*

Name: Relationship to

Student:

Phone (home): Phone (work):

Phone (mobile): Other contact:

Address:

Alternative Accommodation Arrangements:

Please provide alternative accommodation arrangements for any students who live in an area where an emergency event e.g. floods may prevent them returning to their home

**SIBLINGS /CHILDREN OF PREVIOUS RIVERSIDE STUDENTS:**

Has this student, or your family been registered or enrolled at Riverside Christian College (or Maryborough Christian Academy) before?

Name of siblings / parents currently or previously attending Riverside: Years attended:

Name of siblings attending other schools: Yr Level: School: Yr Level: School: Yr Level: School:

**HEALTH RELATED MATTERS:**

***Does your child have any health related problems that may require attention while at the College or attending College activities?***

***Does your child regularly require medication to be administered by the College?***

**SUPPORT PROGRAMS:**

*Does your child require or have they received support in any of the following ways*

**Special Needs:**

Physical impairment:	Hearing impairment:	Visual impairment:
Intellectual impairment:	Autism Spectrum Disorder:	Attention Deficit Disorder / ADHD:
Social/Emotional disorder:	English-as-a-second Language:	Other:

**Learning Support:**

Individual Education Plan:	Education Support Plan:	Extension/Gifted & Talented:
Literacy:	Numeracy:	Other:

**GOVERNMENT ASSISTANCE:**

Will you be receiving the following benefits for this student?

Youth Allowance  
 Austudy  
 Abstudy

**DISTANCE EDUCATION FAMILIES ONLY:**

Reason for choosing to educate your child through Distance Education?  
(you may choose more than one response)

Geographically isolated  
Travelling overseas  
Travelling Australia  
Medically unfit for 'day school'  
Adult student  
Special needs \_\_\_\_\_  
Want to home school  
Other \_\_\_\_\_

The Home Tutor/s will be:

Mother    Father    Both

Other \_\_\_\_\_

What previous experience with Distance Education, teaching or training has the Home Tutor/s had?

Has the Home Tutor/s completed ACE Training?    Yes    No

\_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

D.O.B.: \_\_\_\_\_  
Student Number: \_\_\_\_\_  
Sports Term: \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_