



APPLICATION FOR ENROLMENT

ALTA-1 COLLEGE QLD

Suites 12 & 14, 42-44 King Street, Caboolture QLD 4510

PO Box 388, Caboolture, QLD 4510

Phone: (07) 5301 8008

Email: admin@alta-1.qld.edu.au

Website: www.alta-1.com.au

APPLICATION FOR ENROLMENT

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Dear Parent / Guardian,

In your hand (or on your computer screen) is an Alta-1 College QLD Application for Enrolment. The completion of this important document is a part of the process in applying for a place at Alta-1.

The reason that our college exists is to provide quality education to at-risk young people. Our hope is that every young person who enrolls with Alta-1 will experience positive change (academically, socially, and emotionally) and that they will learn how to flourish in life.

Typically, young people who enrol in Alta-1 have experienced significant difficulty in their educational journey. Alta-1 students have often:

- been overwhelmed by academic demands
- struggled to comply with behavioural expectations
- felt unseen, unheard, or misunderstood
- not received the necessary support for success
- experienced breakdown in their working relationships with teachers
- struggled to attend school due to anxiety issues

We understand that, as a parent or guardian, your choice to look for alternative education for your young person may have come after years of attempting to help your child be successful in their education.

In finding Alta-1 you have found an alternative education provider with a number of distinct elements. These include:

- small campus sizes, which mean that typically there are not more than 45 students enrolled on any given site
- a strong focus on safety (our small campus sizes help us to promote safety among our student cohorts)
- we deliver a unique Personal Recovery and Community Building course (recognised by QCAA) that assists students with social and emotional recovery
- we ask students to make seven core commitments that are the foundation of their success at the college

Our college programs cater for students from Year 7 to Year 12 and include options for students who are long term educationally disengaged, with specialised and scaffolded return to school pathways, and for students who have learning difficulties that prevent them from being successful in an educational setting.

In completing this application pack you are engaging in the next stage of our enrolment process. Unfortunately, at this point, we can't promise your young person a place in the college, however it is our intention to ensure that you are supported through this application process.

To assist our team to process your application as quickly as possible we ask that you complete the paperwork thoroughly. It is important that all sections are filled out completely and, if for some reason you are not able to provide certain details, please make a note of this against the relevant section.

As always, our team are here to assist you. You are welcome to come to our administration office for support where a member of our excellent staff team will assist you with your enquiry. Alternatively, you can call or email us.

I trust that you will find your engagement with our college relational and supportive.

Yours sincerely,



Matthew Vandeppeer
Principal

COLLECTION OF INFORMATION

The collection of the information by Alta-1 College QLD throughout this Application for Enrolment and at other points during the application/ enrolment process is required for the following reasons:

- Federal government requirements
- Census requirements by the federal and state governments
- Determination of suitability for enrolment at the college
- Provision of individualised educational and therapeutic support by the college.

Incomplete paperwork may delay the enrolment process and negatively impact college funding. The college does not charge fees as most independent schools do; however, we do charge a small levy which contributes to student consumables, excursions, and some registration costs.

To this effect, **we request that you submit an application that is complete and detailed** to the best of your knowledge.

A checklist of all the required information and documents is provided on the last page of this application pack.

1. STUDENT INFORMATION

Details pertaining to the student, including demographics and contact information.

1.1 STUDENT DETAILS

Surname: _____ Given Name/s: _____
 Preferred Name: _____ Date of Birth: _____
 Gender (as per Birth Certificate): M F Student Phone: _____
 Student Email: _____
 Living address (while enrolled in the college): _____

(Please provide proof of QLD residential address)

Student Demographics

Country of Birth: _____ Nationality: _____

(Please provide copy of Birth Certificate, and Passport & Visa if born outside of Australia)

<p>Indigenous Status:</p> <p>1. Aboriginal but not Torres Strait Islander descent <input type="checkbox"/></p> <p>2. Torres Strait Islander but not Aboriginal descent <input type="checkbox"/></p> <p>3. Both Aboriginal and Torres Strait Islander descent <input type="checkbox"/></p> <p>4. Neither Aboriginal nor Torres Strait Islander descent <input type="checkbox"/></p>	<p>Language:</p> <p>Main Language spoken: _____</p> <p>Main Language spoken at home: _____</p>
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Current/Prior Education Details

Present or Previous School: _____

Year level previously completed and when: _____

(Please provide copy of two previous school reports)

Is the Student an Independent Student? YES NO

(As proof of independence, please provide copy of Centrelink Letter/Statement that student is receiving Youth Allowance)

CUSTODY/GUARDIANSHIP DETAILS

Student resides: Permanently with: _____ Occasionally with: _____

Custody Details/Access Restrictions? YES NO

(Please include a copy of any Court Orders)

STUDENT USI (UNIQUE STUDENT IDENTIFIER NUMBER)

Students may undertake VET courses during their enrolment and will require a USI to be able to do so. Please obtain & provide USI details below:

USI Number: _____ *(Please find or create a USI. See instructions below.)*

I hereby give permission to Alta-1 College QLD to verify my USI stated above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Instructions to Find or Create a USI *(You will need to upload ID documents to create a USI)*

- Go to www.usi.gov.au
- Under the "For Students" tab, click "Get a USI".
- Agree to the Terms & Conditions. Click Next.
- Unsure or already have USI - Click "Forgotten USI" and complete the steps.
- Do not have USI - Click "Create USI" and complete all necessary information and steps.
- Set Account Password and Security Questions. Write them down in a safe place.
- Your USI will be displayed on the screen. Write it down in a safe place.

USI Helpdesk: 1300 858 536

2. RESPONSIBLE PERSON INFORMATION

Please provide the following details (even if you are an Independent Student)

2.1 PARENT/GUARDIAN CONTACT DETAILS

DETAILS	PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
Relationship to Student		
Title & Full Name		
Mobile Phone #		
Home Phone #		
Work Phone #		
Email		
Home Address		
Postal Address (if different)		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married/De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married/De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

2.2 EMERGENCY CONTACT DETAILS

When the parent/guardian is unable to be contacted in case of an emergency, the college will contact the emergency contacts provided. These emergency contacts will need to be able to reach the college in a short amount of time.

DETAILS	EMERGENCY CONTACT (1) Other than Parent/Guardian who will be contacted first?	EMERGENCY CONTACT (2) Other than Parent/Guardian who will be contacted second?
Full Name		
Relationship to Student		
Mobile Phone #		
Home Phone #		
Work Phone #		
Email		

2.3 PARENT / GUARDIAN DEMOGRAPHICS

The following information is required by the Australian Government to determine the level of funding the college is allocated. It must be completed in full.

DETAILS	PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
Country of Birth		
Language spoken at home		
Indigenous Status (Please tick the appropriate box)	<input type="checkbox"/> 1. Aboriginal but not Torres Strait Islander descent <input type="checkbox"/> 2. Torres Strait Islander but not Aboriginal descent <input type="checkbox"/> 3. Both Aboriginal and Torres Strait Islander descent <input type="checkbox"/> 4. Neither Aboriginal nor Torres Strait Islander descent	<input type="checkbox"/> 1. Aboriginal but not Torres Strait Islander descent <input type="checkbox"/> 2. Torres Strait Islander but not Aboriginal descent <input type="checkbox"/> 3. Both Aboriginal and Torres Strait Islander descent <input type="checkbox"/> 4. Neither Aboriginal nor Torres Strait Islander descent
Highest year of primary or secondary school completed? (Please tick the appropriate box)	<input type="checkbox"/> 1. Year 9 or equivalent or below <input type="checkbox"/> 2. Year 10 or equivalent <input type="checkbox"/> 3. Year 11 or equivalent <input type="checkbox"/> 4. Year 12 or equivalent	<input type="checkbox"/> 1. Year 9 or equivalent or below <input type="checkbox"/> 2. Year 10 or equivalent <input type="checkbox"/> 3. Year 11 or equivalent <input type="checkbox"/> 4. Year 12 or equivalent
Highest level of tertiary qualification completed? (Please tick the appropriate box)	<input type="checkbox"/> 5. Certificate I to IV (incl. trade certificate) <input type="checkbox"/> 6. Advanced Diploma/Diploma <input type="checkbox"/> 7. Bachelor's degree or above <input type="checkbox"/> 8. No non-school qualification	<input type="checkbox"/> 5. Certificate I to IV (incl. trade certificate) <input type="checkbox"/> 6. Advanced Diploma/Diploma <input type="checkbox"/> 7. Bachelor's degree or above <input type="checkbox"/> 8. No non-school qualification
Occupation group (Please tick the appropriate box)	<input type="checkbox"/> 1. Senior management and qualified professionals <input type="checkbox"/> 2. Other business managers, arts/media/sport, associated professionals <input type="checkbox"/> 3. Tradesmen/women, clerks, skilled office, sales, service <input type="checkbox"/> 4. Machine operators, hospitality, assistants, labourer, etc. <input type="checkbox"/> 8. Not in paid work in last 12 months <input type="checkbox"/> 9. Not stated or unknown	<input type="checkbox"/> 1. Senior management and qualified professionals <input type="checkbox"/> 2. Other business managers, arts/media/sport, associated professionals <input type="checkbox"/> 3. Tradesmen/women, clerks, skilled office, sales, service <input type="checkbox"/> 4. Machine operators, hospitality, assistants, labourer, etc. <input type="checkbox"/> 8. Not in paid work in last 12 months <input type="checkbox"/> 9. Not stated or unknown

If for some reason you are genuinely unable to complete the above section in full, please list the reason/s here:

2.4 STUDENT TRANSPORT ARRANGEMENTS

It is important that the college is fully aware of transport arrangements for students to and from school so that it can properly dispose its duty of care to students. Please tick the box that reflects the arrangement that you have in place for getting your child to and from school. Please provide further information if none of the options below are applicable.

- I drop my child off each morning and pick my child up each afternoon.
- My child will access the college nominated pick-up/drop-off area at the designated bus/train station each day.
- My child makes their own way to and from school each day.
- There is an alternative arrangement in place for my child (*please provide details*).

Details:

If your application for enrolment with the college is accepted, you agree to keep the college up to date by writing if there is a change to the student's transport arrangements.

2.5 AUTHORITY TO SHARE AND RELEASE INFORMATION

Permission for third parties to provide information regarding the student.

Important information pertinent to your young person is requested so that we can determine how Alta-1 College QLD can best support the student. All information will be kept strictly confidential. Please complete the form below which is asking you to give permission for previous schools and other organisations to release information to Alta-1 College QLD.

Previous School/s	Year Levels	Years Attended

Please provide details of the organisations your young person has accessed in the past. These may include but are not limited to medical specialists, psychologists, psychiatrists, counsellors, mental health services, occupational therapists, speech pathologists, and other professionals and support agencies.

Support Services	Name of Doctor/Agency/Service	Address & Phone Number

Parent/Guardian authorisation:

I hereby authorise Alta-1 College QLD to correspond with relevant organisations listed above (including but not limited to schools, professionals, support agencies, etc.) regarding my child, and for those organisations to release any information regarding my child to Alta-1 College QLD.

All information will be kept in the strictest confidence in accordance with the college's Privacy Policy.

Parent/Guardian Name: _____ Student Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

3. MEDICAL INFORMATION

3.1 LETTER TO DOCTOR / SPECIALIST

As Alta-1 College QLD is a Special Assistance School for students with mental health needs, we require documentation regarding the student's mental health conditions and diagnoses. Please present this letter to your child's doctor/specialist and request a letter from them containing the information stated below.

Dear Doctor / Specialist,

Alta-1 College QLD is a multi-sited Special Assistance School that provides alternative education to 12 to 19 year old students who are educationally disengaged. In appropriate circumstances the college accesses available funding for individual students, in order to provide them with the best educational and therapeutic resources to assist their re-engagement with education and to promote their personal recovery. These funding applications require documented evidence of a student's mental health and/or medical conditions from a relevant health professional.

Typically, students are enrolled into Alta-1 College QLD because they have been unsuccessful in mainstream schooling as a result of personal issues that have impacted their educational engagement. Students may have been excluded from their former schools and some are referred by external support agencies. Many of the students coming to Alta-1 College QLD are dealing with ongoing mental health or medical conditions.

The student presenting to you has applied to enrol at Alta-1 College QLD. For the college staff to be able to provide appropriate support to the student and access additional funding through State and Federal programs, we request a comprehensive letter describing the student's current mental health and/or diagnostic status.

In your letter, please state the following:

- The name of the student
- A statement about the student's current mental health condition and whether the student has a verified or imputed diagnosis
- Anticipated length of diagnosis
- Any medication the student is currently prescribed
- Description of how the student's current mental health condition has (or may have) impact the student's ability to attend school
- Any type of support the student is receiving (counselling, psychologist, other support agencies)
- Other relevant supporting documents, such as an updated mental health plan

Yours sincerely,



Matthew Vandeppeer
Principal

3.2 STUDENT MEDICAL INFORMATION

Please note that the answers to these questions won't determine whether your young person is accepted into Alta-1, however it will help to give the college a better understanding of your young person and equip us to care for them appropriately.

Student's Full Name: _____

Has the student ever been diagnosed with any of the following? (Tick if applicable)

1. <input type="checkbox"/> Autism Spectrum Disorder (ASD) Details:	
2. <input type="checkbox"/> Deaf and Hard of Hearing Details:	3. <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Dyslexia (physiological, needing correction by coloured lens or overlays) <input type="checkbox"/> Other: _____
4. <input type="checkbox"/> Intellectual Disability <i>IQ score below 69 and deficits in adaptive behaviour, such as self-care, independence, safety, etc.</i> Details:	5. <input type="checkbox"/> Physical Disability Details:
6. <input type="checkbox"/> Medical/Health Condition* <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis (Beestings/food/medication) <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Arthritis <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Heart Disorder <input type="checkbox"/> Other: _____ *Please attach Management Plan/s	7. <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Dyslexia (Spelling, Comprehension, Reading Difficulty) <input type="checkbox"/> Dysgraphia (Writing) <input type="checkbox"/> Dyscalculia (Mathematics and numeracy) <input type="checkbox"/> Dyspraxia (Verbal and/or motor co-ordination) <input type="checkbox"/> Language or speech disorder (E.g. stutter) <input type="checkbox"/> Other: _____
8. <input type="checkbox"/> Mental/Behavioural Condition <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Drug/alcohol issues/addiction <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Bipolar Disorder (previously known as manic depression)	<input type="checkbox"/> Obsessive Compulsive Disorder (OCD) <input type="checkbox"/> Oppositional Defiant or Conduct Disorder <input type="checkbox"/> Motor Disorders such as tics, Tourette's etc. <input type="checkbox"/> Schizophrenia or other psychotic disorders <input type="checkbox"/> Trauma and post-traumatic stress (PTSD) <input type="checkbox"/> Other: _____
9. Other Please provide information relating to any diagnosis not listed above or any Health Issue that may impact your child's performance. (i.e. Significant illness or conditions / previous surgery / head or brain injury). Details:	
10. Risk to harm self: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Details:	
11. Risk to harm others: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Details:	
12. Substance use (e.g. Drugs, Alcohol) Details:	

If you indicated any condition in Section 6 above, you **must** supply a detailed illness management plan as a separate attachment to this form **and** indicate in this box: **Management plan attached.**

3.3 MEDICAL EMERGENCY DETAILS

Please provide details of health professionals and support agencies accessed by the student, details of medication the student is taking, and your contact details. This form is taken on excursions and off-site activities, so we request the information provided is complete and up to date.

Student Name: _____

GP Name / Medical Centre: _____

Address: _____

Phone No: _____

Specialist Name / Medical Centre: _____

Address: _____

Phone No: _____

Support agencies accessed by your child (e.g. Headspace):

Support Person/Agency: _____ Support Person/Agency: _____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

MEDICATION

Please any form of regular or emergency medication that your child takes. This is for reference purposes and may be useful information for health professionals in case of an emergency.

Name of Medication	Strength (eg 10mg)	Dosage (eg 1 tablet)	How to be given	Times to be given at school	Other useful instructions or information

- My child is not taking any regular form of medication.
- I have attached a separate [detailed medication management plan](#).

Note: It is not the responsibility of any Alta-1 staff to administer any medication by injection.

If your child suffers from any current or chronic illness, please indicate here:

- Asthma Diabetes Epilepsy
- Allergies: _____ Anaphylaxis: _____ Other: _____

If you indicated any condition above, you **must** supply a [detailed illness management plan](#) as a separate attachment to this form **and** indicate in this box: **Management plan attached.**

EMERGENCIES

I give permission for Alta-1 staff to seek medical attention for my child should it be necessary, and release to you the following details:

- Medicare number: _____ Line number: _____ Expiry date: _____
- Emergency day contact - Name: _____ Phone: _____
- Emergency night contact - Name: _____ Phone: _____

(Please provide copy of Medicare Card)

Parent/guardian name: _____

Parent/guardian signature: _____ Date: _____

3.4 REQUEST TO ADMINISTER MEDICATION AT SCHOOL FORM

(Valid for 12 months, new form to be completed at the beginning of each year)

This form must be completed for all students requiring medication (prescription and non-prescription) during school hours or at school events with the exception of antibiotics and short-term medication.

Student Name: _____ Date of Birth: _____

Student Allergies: _____

Please list medications that your child may require during school hours:

Name of Medication	Strength (eg 10mg)	Dosage (eg 1 tablet)	How to be given	Times to be given at school	Other useful instructions or information

I give permission for my child to be administered the following pain and allergy relief medication(s) if required: Paracetamol Ibuprofen

Important Information:

- Alta-1 staff will never take responsibility for the administration of any medication by injection.
- For college staff to administer any medication (including over the counter medication), a medical certificate or letter is required from a medical practitioner.
- The college is not permitted to administer "natural" remedies from alternative therapy practitioners.
- The following points are for security and safety purposes and are a requirement of the Health (Drug and Poisons) Regulation 1996 (QLD).

Parents/guardians must:

- Notify the school in writing to administer medication. This may include written guidelines from the prescribing medical practitioner, including potential side effects or adverse reactions.
- Provide medication in the original pharmacy labelled container to the school
- Provide the medication with the original pharmacy label detailing the student’s name, dosage and times to be taken
- Not provide out of date medication
- Notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- Notify the school if the student has received a dose at home with ill effects
- Advise the school in writing and collect from the school when the medication is no longer required at school

Parent Declaration:

- I hereby request that school staff administer the above necessary medication to my child while at school.
- I agree to notify the school in writing, if there are any changes in the above medication.

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

4. FINANCIAL INFORMATION

4.1 CONSUMABLES CONTRIBUTION (LEVY) INFORMATION

Many independent schools charge school fees, however, Alta-1 College QLD does not do so. Nonetheless the college does ask parents/guardians for a financial contribution towards items that are consumed in the day to day of their child's education. This contribution by parents and guardians is called a Consumables Contribution (or Consumables Levy).

To provide some insight, the following list details some of the items that are covered by the contribution:

- Stationery & student learning materials (e.g. pens, pencils, rulers, calculators, glue sticks, exercise books, journals, textbooks, reading materials)
- Paper and printing
- Some kitchen/electrical appliances (e.g. students have access to kettles, microwave, toaster, fridge/freezer)
- Fuel (e.g. fuel for regular student outings and excursions)
- Food (e.g. staples that are supplied by the college for all students)
- The cost of running Afternoon Activities for students

The contribution is also used to supplement costs for the enrolment of students in various aspects of the college program. Student participation in the Duke of Edinburgh Award and the Certificate courses has associated registration fees that the college supports.

The Consumables Contribution is \$107 per student per term. Across 40 school weeks it equates approximately to a modest \$10 per week.

The best way that you can pay the contribution is by Direct Debit. Alternatively, you can speak with a member of the college administration who can assist you with other payment options.

For your benefit there is a Direct Debit Request Form on the following page.

It is important to note that financial hardship should not prevent any young person from attending Alta-1 College QLD and no young person will be denied an Alta-1 College education because of a family's genuine inability to pay the Consumables Contribution.

Applications for assistance with the Consumables Contribution should be made in writing to:

The Principal - Matthew Vandeppeer
Alta-1 College QLD
PO Box 388
CABOOLTURE, QLD, 4510

Or Email: admin@alta-1.qld.edu.au



4.2 DIRECT DEBIT REQUEST FORM

Request and Authority to debit the account named below to pay Alta-1 College (QLD) Ltd

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN /ARBN _____ "You"

Student/s full name _____ Site: _____

request and authorise **Alta-1 College (QLD) Ltd and User ID: 529157** to arrange, through its own financial institution, a debit to Your nominated account any amount **Alta-1 College (QLD) Ltd**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be Debited

Name/s on account _____

BSB number (Must be 6 Digits) ____ - ____

Account number _____

Weekly Fortnightly Monthly **(Please tick appropriate payment frequency)**

Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between You and **Alta-1 College (QLD) Ltd** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

Second account signatory

(if required)

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

5. TERMS AND CONDITIONS

5.1 APPLICATION TERMS AND CONDITIONS

Acceptance of School Policies and Rules and Request for Offer of Enrolment

- I/We understand that I/we will be required to comply with college policies and rules and to support our student to comply with the college policies and rules.
- I/We understand that the college policy with respect to images of the student being used for general college promotional and informational purposes (not including marketing images where students are posed specifically and which is subject to a separate specific parental consent form for each instance) forms part of this application.
- I/We understand that I/we may change our permission at any time by advising the Principal in writing.
 - I/We give permission for the student to be included in college-generated images.
 - OR
 - I/We do not give permission for the student to be included in college-generated images.
- I/We certify that I/we have completed the Application for Enrolment fully, honestly, and correctly to the best of my/our knowledge and belief.
- I/We understand that failure to provide complete and correct information to the college may result in the immediate refusal of Enrolment, or termination of any subsequent Enrolment Contract by the college at the sole discretion of the college, with forfeiture of the enrolment fees paid in advance.
- I/We understand that acceptance of this Application for Enrolment is not an agreement to enrol the student in the college.
- I/We have provided copies of all supporting documentation required with this Application for Enrolment.
- I/We hereby request that this Application for Enrolment of our student, _____ (name of student) into Alta-1 College (QLD) Ltd be considered by the college with a view to the college making an offer of enrolment to me/us. We understand that no Enrolment Contract will be formed unless and until the college makes an offer of enrolment to me/us and we accept that offer of enrolment.
- I/We confirm that we have read the college's Consumables Contribution Policy and acknowledge that enrolment at the college is subject to prompt payment of all fees and levies and that the student's enrolment at the college may be terminated for failure to pay fees as and when they fall due.
- I/We authorize and direct any School or other care provider to provide to Alta-1 College (QLD) Ltd upon their request information in respect of the student. I/We understand that we can revoke this authority and direction at any time in writing to Alta-1 College (QLD) Ltd.

Parent/Guardian 1 Signature: _____

Parent/Guardian 2 Signature: _____

Where only one parent signs this Application for Enrolment, you warrant that you have authority to do so on behalf of both parents/caregivers.

PRIVACY STATEMENT

In accordance with requirements of the *Privacy Act (Cth) 1998, as amended, and the Privacy, (Notifiable Breaches) Act 2017* the college is bound by the thirteen (13) Australian Privacy Principles under the compliance authority of the Office of the Information Commissioner and set out in the Act - see www.privacy.gov.au.

Alta-1 College (QLD) Ltd collects personal, including sensitive, information about students, their parents/guardians and relevant others for the primary purpose of fulfilling its educational services under law to the students and to parents/guardians seeking an education for their students. Information is collected through filling out of application forms, face-to-face interviews and at times third party reports, with consent.

Parents acknowledge that the information that they are providing to the college is Personal, and Sensitive Personal Information. This information is collected and then used or disclosed to assist the college to assess the application for enrolment of the student, provide education to the student, managing the college including meeting legal and government obligations the college owes, and assisting the college to meet the duty of care they have to students. The information may also be used for such other secondary purposes that are related to the primary purpose for collection and are reasonable expected, or to which you have consented.

Information collected by the college will be managed in accordance with the college's Privacy Policy which can be found in the Parent & Student Handbooks.

5.2 STANDARD COLLECTION NOTICE

1. The college collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the college. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the college to provide schooling to students enrolled at the college, exercise its duty of care, engage in marketing/fundraising and perform necessary associated administrative activities, which will enable students to take part in all the activities of the college.
2. Some of the information we collect is to satisfy the college's legal obligations, particularly to enable the college to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. A student's enrolment may be delayed or prevented if the college cannot collect certain personal information. This is particularly so where the information is relevant to the health and safety of the student, other students and/or staff.
5. If you provide the college with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the college and why.
6. Health information about students is sensitive information within the terms of the Australian Privacy Principles (**APPs**) under the *Privacy Act 1988*. We may ask you to provide medical reports about students from time to time.
7. The college may disclose personal and sensitive information for educational, legal, administrative, marketing and support purposes. This may include to:
 - other schools and teachers at those schools;
 - government departments (including for policy and funding purposes);
 - medical practitioners;
 - people providing educational, support and health services to the college, including specialist visiting teachers, [sports] coaches, volunteers, and counsellors;
 - providers of learning and assessment tools;
 - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority (ACARA), Queensland Curriculum and Assessment Authority (QCAA), and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN);
 - people providing administrative and financial services to the college;
 - anyone you authorise the college to disclose information to; and
 - anyone to whom the college is required or authorised by law, including child protection laws, to disclose the information.
8. Personal information collected from students is regularly disclosed to their parents or guardians.
9. The college may use online or 'cloud' service providers to store personal information and to provide services to the college that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some personal information may also be provided to these service providers to enable them to authenticate users that access their services, and for technical support. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the college's use of on online or 'cloud' service providers is contained in the college's Privacy Policy.
10. The college's Privacy Policy, accessible on the college's website, sets out how parents or students may seek access to and correction of their personal information which the college has collected and holds. However, access may be refused in certain circumstances such as where the college believes the student has the capacity to consent and opposes access, where the access would have an unreasonable impact on the privacy of others, where access may result in a breach of the college's duty of care to a student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.
11. The college's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
12. The college may engage in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the college's fundraising activities solely for that purpose.] You consent to the disclosure of your personal information to third parties for fundraising activities related to the college unless you have otherwise notified us in writing.
13. On occasions information such as academic and sporting achievements, student activities and similar news is published in college newsletters and magazines, on our intranet and website. This may include photographs and videos of student activities such as sporting events, college camps and college excursions. You consent to the publication of such materials in the college newsletter and magazine, on the college's intranet and website unless you have otherwise notified us in writing.
14. We may include students' and students' parents' contact details in a class list and college directory.
15. If you provide the college with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the college and why.

CHECKLIST - APPLICATION FOR ENROLMENT

Please check to ensure you are submitting a completed application.

Student Name: _____

Parent/Guardian Name: _____ Parent/Guardian Phone Number: _____

The following documents are required before a second (program) interview can be booked.

ADMIN CHECK	APPLICATION FORM SECTIONS:	PARENT/GUARDIAN CHECK
<input type="checkbox"/>	1.1 Student Details	<input type="checkbox"/>
<input type="checkbox"/>	2.1 Parent/Guardian Contact Details	<input type="checkbox"/>
<input type="checkbox"/>	2.2 Emergency Contact Details	<input type="checkbox"/>
<input type="checkbox"/>	2.3 Parent/Guardian Demographics	<input type="checkbox"/>
<input type="checkbox"/>	2.4 Student Transport Arrangements	<input type="checkbox"/>
<input type="checkbox"/>	2.5 Authority to Share & Release Information	<input type="checkbox"/>
<input type="checkbox"/>	3.2 Student Medical Information	<input type="checkbox"/>
<input type="checkbox"/>	3.3 Medical Emergency Details	<input type="checkbox"/>
<input type="checkbox"/>	3.4 Request to Administer Medication at School	<input type="checkbox"/>
<input type="checkbox"/>	4.2 Direct Debit Request Form	<input type="checkbox"/>
<input type="checkbox"/>	5.1 Application Terms and Conditions	<input type="checkbox"/>

ADMIN CHECK	ADDITIONAL DOCUMENTS:	PARENT/GUARDIAN CHECK
<input type="checkbox"/>	Alta-1 College Referral Form - Completed & Signed by Referee	<input type="checkbox"/>
<input type="checkbox"/>	Previous School Reports for at least 4 semesters	<input type="checkbox"/>
<input type="checkbox"/>	Learning or Behaviour Support Plans from previous school/s	<input type="checkbox"/>
<input type="checkbox"/>	Diagnosis Letters / Reports from doctors / psychologists / other professionals	<input type="checkbox"/>
<input type="checkbox"/>	Mental Health Care Plans (if applicable) <input type="checkbox"/> N/A	<input type="checkbox"/>
<input type="checkbox"/>	Safety Plans (if applicable) <input type="checkbox"/> N/A	<input type="checkbox"/>
<input type="checkbox"/>	Action Plans - Allergies / Anaphylaxis / Asthma / Diabetes / Epilepsy / other (if applicable) <input type="checkbox"/> N/A	<input type="checkbox"/>
<input type="checkbox"/>	Court Orders (if applicable) <input type="checkbox"/> N/A	<input type="checkbox"/>
<input type="checkbox"/>	Birth Certificate / Passport	<input type="checkbox"/>
<input type="checkbox"/>	Medicare Card - current	<input type="checkbox"/>
<input type="checkbox"/>	Proof of QLD Residential Address	<input type="checkbox"/>

ADMIN CHECK	INDEPENDENT STUDENTS: (if applicable)	PARENT/GUARDIAN CHECK
<input type="checkbox"/>	Letter from Centrelink to show they receive a Youth Allowance.	
<input type="checkbox"/>	Responsible Person & Emergency Contacts must still be listed.	

MISSING DOCUMENTS OR INFORMATION FOR FOLLOW UP:	