

Parents undertake to accept and support willingly and freely the Vision, Mission, values and culture of Emerald Christian College as stated below.

Vision

To provide a Christian education for the students of Emerald.

Mission Statement

To educate individuals in a Christian environment enabling them, through a stimulating and dynamic curriculum, supported by the teachings of Jesus Christ, to participate meaningfully in contemporary society by providing “learning for life”.

Philosophy and Culture

The philosophy of Emerald Christian College is established on the belief that the Bible is the inspired and authoritative Word of God. We use the Bible as our sole standard of faith, truth and practice. The Bible provides the framework for all truth, and is the foundation upon which our decision making is based.

Emerald Christian College embraces a close relationship between school and home, as both institutions work closely together to establish young men and women in sound Biblical ethics and morals. Every student is encouraged to examine and develop a Biblical view of what is real, what is true and what is of value in their lives. As students recognize their identity, we encourage them to diligently use all the resources, talents and gifts that God has given them. Students are taught to acknowledge God as the source of these giftings.

Educators at Emerald Christian College have a very clear understanding of both their Christian worldview and how such a worldview affects their educational practice. Teaching staff recognise that they have a calling by God to minister to students, as well as a responsibility to lead students by example into a holistic understanding of their spiritual, academic, physical and emotional development. They are expected to pursue educational leadership characterized by professional competence and to exemplify Christian character and devotion to God.

The College’s curriculum is designed from the perspective of God’s truth and integrates all subject areas within the framework of a Biblical Christian worldview. The curriculum focuses not only on what is taught, but how it is taught and why it is taught. Its central thread is an integration of faith and learning where all truth is valued as God’s truth.

Christian culture is essential to Emerald Christian College as a means in which values, beliefs and ethics are nurtured within the College community. The culture of the College is one in which we value God, Excellence, Members and Service (GEMS).

	VALUES	AIMS
G	God	In each individual we foster a personal relationship with God through an understanding of His truth, His purposes, His character.
E	Excellence	In every thought, word and action we challenge each member of our school community to realise their potential in the context of ‘life in abundance’, enabling them to participate meaningfully in contemporary society.
M	Members	We encourage good relationships, right attitudes and commitment between members of the college community.
S	Service	We encourage service to God, family and community through educational programmes that are based on social justice and compassion.

The enrolment of my/our children at Emerald Christian College is conditional upon their full participation in the complete range of the College curriculum and activities.

I accept and support willingly and freely the Vision, Mission, Values and Culture of Emerald Christian College.

Father/Guardian 1’s Signature _____ Mother/Guardian 2’s Signature _____

Name (please print clearly) _____ Name (please print clearly) _____

Date: _____ Date: _____

Full and Frank Disclosure Is Required



Student Details

Student Personal Information

Surname: _____ Given Name/s: _____

Preferred Name: _____ Date of Birth: ____/____/____ Religion: _____

Gender: M F Year level applying for: _____ Year of entry to College: _____

Country of Birth: _____ Nationality: _____ Language spoken at home: _____

Student’s personal email: _____

Student’s personal mobile number: _____

Residency status (please circle): Australian Citizen, Permanent Resident, Visa

Does the student identify as being of: Aboriginal descent Islander descent
(Please tick appropriately)

NB: ATSI and citizenship questions are asked for statistical purposes required by annual government census.

Position in family: (Eg. B B I S = Brother, Brother, Individual, Sister.) _____

Schooling History

Current School: _____ Previous School: _____

Year Level Attended: _____ Year Level Attended: _____

Reason For Leaving: _____ Reason For Leaving: _____

1. Has this student ever been suspended, expelled or refused admission to another school? Yes No

If yes, please state which school and explain: _____

2. Student Interests (ie. Sport, music, hobbies, community involvement, etc)

3. Please indicate academic level of student’s previous work as stated in school reports (tick one):

Far above average Average Below average Well below average

Full and Frank Disclosure is required

Academic and Medical Details:**Full and Frank Disclosure Is Required**

Please indicate if the student has:

1. Received Learning Support from a previous school. Yes No
If yes, in which area did the student receive support? _____
2. Been tested by a guidance officer. Yes No
If yes, in which year was the student tested? _____
3. Been "verified" ? Yes No
Been "profiled"? Yes No
If yes: Please provide a copy of both
4. Repeated a year level at school. Yes No
5. Been elevated a year level at school. Yes No
6. Been diagnosed with any of the following disabilities? (please tick)

<input type="checkbox"/> Intellectual	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Visual	<input type="checkbox"/> Physical
<input type="checkbox"/> Speech	<input type="checkbox"/> Learning Difficulty	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Behavioural	<input type="checkbox"/> Aspergers/Autism	<input type="checkbox"/> Perceptual/Motor	

 Other (please specify) _____
7. Had a specialist (occupational therapist, student psychologist, paediatrician, speech therapist, guidance officer, development optometrist, etc) assessment for developmental, learning or behavioural issues? (If yes, please submit any reports or relevant documentation with this form)
Yes No
8. Any serious behavioural issues that we should be aware of?

Disagreements with staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Disagreements with peers	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Attention seeking behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Tends to be an isolate	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Attendance problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

 Other: _____
9. Allergies to: (If yes, please give details)

...Any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Insect stings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
10. Suffers from: (If yes, please give details)

Asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
11. Received childhood immunisation? Yes No
12. Medication they need to take on a regular basis. Yes No
13. Medication that is required to be taken at school. Yes No
If yes, what and how often: _____
14. Please give details if you think the student has any difficulties with the following.
Hearing Sight Speech Other _____

Special Circumstances**Full and Frank Disclosure Is Required**

1. Please note any special circumstances we need to be aware of in relation to your student (living arrangements/custody/guardianship/etc): _____

2. Please advise of any Family Court Orders or Domestic Violence Orders pertaining to this student:(copies to be provided with application) _____

For the students safety, it is essential that the parent advise the College in writing immediately if there are any changes in this regard.

If both living parents of the child are not applicants for enrolment, proof of consent to the child's enrolment may be required.

Administration of Medical Care

1. **I hereby give permission for the provision of any necessary urgent medical treatment for my children. Costs of this treatment will be borne by myself, the parent/guardian.**

Signature of Father/Male Guardian: _____

Signature of Mother/Female Guardian: _____

2. The guidelines for the administration of medication to students are as follows:
 - a) The College First Aid Officer may only administer medication when the medication is in correct pharmaceutical packaging, is labelled by the pharmacist with the student's full and correct name, date of birth and the dosage. Parents must complete a Request to Administer Medication Form which is available from the College office., We will under no circumstances administer medication without the above and written instruction from the parent.
 - b) If a student is unwell and the parent/guardian or emergency contact can not be reached, the student will be admitted to sick bay or alternatively remain in the classroom.
 - c) Please note that the College is unable to administer Panadol to students. In the event of a student presenting to First Aid with a headache or other form of pain and they are in need of pain relief, the College office will phone you (the parent/guardian) with the option of collecting your child or bringing appropriate medication to the College to administer to the child yourself.

I have read and understood this information.

Parent's Signature: _____ Date: ____/____/____

Consent for use of Photographs

Please sign the consent statement below if you are happy for your child's photograph to be published in a newspaper or as part of promotional material. Photographs in the paper would be to publicise sporting successes etc or in a College feature. Promotional material might include the student handbook, videos, brochures and a web site. Parents/Guardians who believe that giving consent might place their child in danger, would not sign the statement.

Statement: I, _____, give permission for ECC to use photographs of my child, _____, in newspapers for publicity purposes and in College promotional materials.

Signed Date: ____/____/____