

INITIAL INQUIRY FORM

Please note that this is **NOT** an Enrolment Form.

The completion and return of this form is the first step in the enrolment process at Burdekin Christian College.

FAMILY DETAILS

Father/Guardian

Name: _____

Address: _____

Ph: (H) _____ (BH) _____

Mobile: _____

Email: _____

Mother/Guardian

Name: _____

Address: _____

Ph: (H) _____ (BH) _____

Mobile: _____

Email: _____

Current Church Congregation: _____

Minister's / Pastor's Name: _____ Phone No: _____

Details of student(s) for whom you are seeking enrolment:

Name(s) in full	Date of birth	Gender (M/F)	Calendar year to be enrolled	Year Level at entry

Please indicate the position of the student(s) amongst siblings: 1st Child; 2nd Child; 3rd Child; 4th Child; 5th Child

EDUCATIONAL HISTORY

A. Please provide details (name of school, years attended, year level completed) of previous schooling of your child/children if applicable:

B. If you are inquiring at more than one school in the Burdekin, please list them (including BCC) in order of preference:

1. _____ 3. _____
2. _____ 4. _____

C. Please state why you would like your child/children to attend Burdekin Christian College:

E. Please describe your child/children's current academic progress, referring to any specific talents or difficulties:

F. Please share with us about your child's/children's interests, activities, sports or particular achievements.

G. Are there any medical or psychological conditions that are likely to impact the schooling of your child/children?

If YES, please outline: _____

H. Has a specific educational program or additional help been required by your child/children in any of the following areas:

	Yes	No		Yes	No		Yes	No
Reading	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Physical Movement/Disability	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	Speech	<input type="checkbox"/>	<input type="checkbox"/>	Gross/Fine Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	Neurological Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Language (ESL)	<input type="checkbox"/>	<input type="checkbox"/>	Poor Health History	<input type="checkbox"/>	<input type="checkbox"/>	Behavioural/Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
						Developmental, Condition (e.g. Autism, Asperger's Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: The indication of YES in response to either question above will require the disclosure of further information (via confidential forms and specialist reports) should an Enrolment Interview be offered to assist your Enrolment Application. Failure to disclose this information is viewed by the College as a lack of partnership and trust between the College and home and may result in the cancellation of enrolment.

I. Has there been history of suspension or expulsion for your child/children in/from another school? Yes No

J. **PLEASE NOTE:** The indication of YES will require the disclosure of further information should an Enrolment Interview be offered

CULTURAL BACKGROUND

Is/Are the student/s an Australian Citizen? Yes No

If **NO**, please state the student/s Visa subclass: _____

Start date of Visa: _____

Expiry date of Visa: _____

Country of Birth: _____

Language spoken in the home **to** the children: _____

Language spoken in the home **by** the children: _____

Father/Guardian Signature

Mother/Guardian Signature

DATE OF SUBMISSION OF INQUIRY FORM: _____

To submit the form on line, click on the 'Submit Form' button at the top right of the document and follow the prompts. If you still experience difficulties submitting the form simply save it and email it to:
office@burdekincc.qld.edu.au