**Enrolment Application Form**



Choosing a school for your child is an important decision. Thank you for commencing the enrolment process with Compass Independent School.

As you proceed through this form, please do so in the spirit of open and honest communication. The enrolment process is designed to ascertain compatibility between the child, parent/guardian and School, and to ensure the School fulfils its obligation of providing education whilst keeping children safe. For these reasons, parents/ guardians have a responsibility to provide all relevant information when applying to enrol their child.

Please email this completed form to [hi\_compass@outlook.com](mailto:hi_compass@outlook.com)

|  |  |
| --- | --- |
| Child Details | |
| First name |  |
| Middle name |  |
| Family name |  |
| Preferred name |  |
| Gender/ pronouns |  |
| Date of birth |  |
| Year level equivalent for 2023 |  |
| Language/s spoken |  |

Is the child an **overseas student**? If so, please provide details below.

*As Compass Independent School is not a registered CRICOS School, eligibility for admission to the School is on a case-by-case basis. Overseas student fees will apply.*

|  |  |
| --- | --- |
| Do you have an Australian Visa? |  |
| Type of visa (e.g. student, visitor, temporary, permanent resident) |  |
| Visa number |  |

**Please supply a copy of your passport and full visa details (or proposed visa).**

|  |  |
| --- | --- |
| Parent/ Guardian Details | |
| First name |  |
| Family name |  |
| Street address |  |
| Suburb and postcode |  |
| Mobile phone |  |
| Email |  |
| Language/s spoken |  |

Compass Independent School has an enrolment priority for children of QUT Staff. Please complete if applicable.

|  |  |
| --- | --- |
| Parent name |  |
| Position at QUT |  |
| Faculty/ Division at QUT |  |

**Family Questionnaire**



Please type your responses to the following questions (taking as much space as you need). The questions are designed to help Compass gain a better understanding of your family and in particular, your child as an individual and learner.

|  |
| --- |
| 1. What is your understanding of the School’s educational philosophy? |
|  |
| 1. Why would you like your child to attend Compass Independent School? |
|  |
| 1. What characteristics would you use to describe your child as a unique individual? |
|  |
| 1. What qualities does your child show as a learner? |
|  |
| 1. What are your child’s strengths, talents or proficiencies? |
|  |
| 1. In what areas does your child benefit from extra help or support? |
|  |
| 1. How does your child tend to play with other children? |
|  |
| 1. Why do you think the learning environment at Compass is a good fit for your child? |
|  |
| 1. What things at Compass may be challenging for your child? Do you have any concerns? |
|  |
| 1. The dynamic program of learning involves active participation, a high degree of responsibility and a willingness to cooperate. How would your child find this style of learning environment? |
|  |
| 1. Children spend approximately 90 minutes every day in outdoor learning and play. How do you and your child feel about this? |
|  |
| 1. If your child was offered a place at Compass, what would it mean for your family? |
|  |

**Additional Needs**



This section relates to additional needs. Please complete if applicable.

|  |
| --- |
| 1. What additional needs does your child have? |
|  |
| 1. What accommodations, adjustments or support measures help your child? |
|  |
| 1. Please share any recognised learning difficulties, issues, impairments, disorders, disabilities, delays or diagnoses. e.g. Autism (ASD), ADHD, dyslexia, visual impairment, giftedness etc. |
|  |
| 1. Please share any relevant medical conditions and/or medications e.g. allergies, asthma, toileting etc. |
|  |

**Additional Needs Continued**

|  |  |  |  |
| --- | --- | --- | --- |
| Specialist Assessments | | | |
| Service | Yes/ No  (tick/cross) | When  (initial date/ date range/ ongoing) | Service Provider |
| Paediatrician |  |  |  |
| Educational Psychologist |  |  |  |
| Occupational Therapy |  |  |  |
| Speech Therapy |  |  |  |
| Psychology / Counselling |  |  |  |
| Early Intervention |  |  |  |
| Other |  |  |  |
| Why did/ does your child attend the service/s? | | | |
|  | | | |
| What are/ were the results or outcomes of attending the service/s? | | | |
|  | | | |

**Please provide available specialist report/s as attachments.**

**Educator Contact**

As part of the enrolment application, we require contact details for a responsible person who has been involved in your child’s learning. In most cases, this would be a present or former teacher (or when not possible, a coach or person independent of the family who knows the child well). A short discussion is undertaken with this person (usually by phone) to help ascertain the compatibility between the parent/ guardian, child and the School.

|  |  |
| --- | --- |
| Educator Contact Details | |
| Name |  |
| School/ Organisation |  |
| Relationship to the child |  |
| Email |  |
| Phone |  |

**Declaration**



In lodging this Enrolment Application Form the Parent/ Guardian:

* Acknowledge that any failure to disclose any information relevant to the School’s ability to educate my child, including but not limited to a medical condition, illness, disability or difficulties relevant to the School’s ability to educate my child may result in the rejection of this application form or the subsequent termination of my child’s enrolment, if my child has already been offered a position at Compass Independent School.
* Agree to provide documentation relevant to my child’s medical condition, illness, disability or difficulties, including but not limited to copies of records from the child’s current or previous education providers, and copies of medical, psychological or other reports/records from specialists, treating medical practitioners or allied health professionals upon request from the Principal.
* Agree to, upon request from the Principal, give permission for the Principal to obtain further information from the child’s previous school, disability agencies, medical and allied health professionals.
* Acknowledge that Compass Independent School will take into account the School’s ability to meet the educational needs of my child by making reasonable adjustments when considering the enrolment application.
* Declare the information provided in this form is, to the best of my knowledge and belief, accurate and complete. Where I have given personal information about people other than myself or my child, I have done so with their authorization. I agree to update the School immediately regarding any changes to the information I have provided. I understand that submitting an enrolment application does not guarantee an offer of enrolment at Compass Independent School.

**Parent/ Guardian:**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date signed |  |

**Enrolment application fees are $100 per child** (non-refundable). Please refer to the next page for payment details.

**Payment Details**

Enrolment application fee is $100 per child (non-refundable). Payment can be made via direct transfer to the following account:

|  |  |
| --- | --- |
| Name | Compass Independent School Ltd. |
| BSB | 034090 |
| Account Number | 257066 |
| Reference | Child’s name |

**Email**

Please email this completed form and any attachments to [hi\_compass@outlook.com](mailto:hi_compass@outlook.com)

Following receipt of the enrolment application and paid fee, will be in touch to organise an interview with the School Principal (given places are available).