



2025 CONTINUING ENROLMENT APPLICATION FORM

If you want to continue enrolment in 2025, please complete and return the following four (4) items to the College:

- Continuing Enrolment Form
- Parent Commitment Form
- Student Code of Conduct
- Proof of Qld Residence

Please ensure all parts of both forms are read, completed, signed and dated then email **all pages** of the signed original documents, along with a copy of your Proof of Qld Residence to admin@pac.qld.edu.au.

We will be in contact with you once your request has been received to advise if your application to continue enrolment at Pinnacle Academic College has been successful.

PLEASE FILL IN AND UPDATE DETAILS

- Yes, the following student/s **will be** continuing enrolment with Pinnacle Academic College in 2025.
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- Our family will have a **new** enrolment starting with Pinnacle Academic College in 2025 and will require an enrolment form.

- No, the following student/s **will not be** continuing enrolment with Pinnacle Academic College in 2025
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DESIRED EDUCATION ARRANGEMENT

- OPTION 1: **(OC)** Full Time - ON CAMPUS at Kallangur. Years 1-6 *(Note: prior approval required due to limited spaces)*

- OPTION 2: **(MF)** Full Time - MULTIFACETED at Kallangur. Years 1-6 (Not available for Prep) PLEASE SPECIFY DAYS:
(Note: prior approval required due to limited spaces)

Option 2: Please circle your preferred two (2) or three (3) days.

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY – Kallangur PA DAY
- FRIDAY

- OPTION 3: **(B)** Full Time - DISTANCE EDUCATION. Years P-6 BRONZE

- OPTION 4: **(S)** Full Time - DISTANCE EDUCATION. Years P-6 SILVER

- OPTION 5: **(G)** Full Time - DISTANCE EDUCATION. Years P-6 GOLD

- OPTION 6: **(Int)** Full Time – INTERSTATE DISTANCE EDUCATION. Years P-6

Please refer to the Fee Schedule for more information and payment details.

STUDENT INFORMATION

Student First given name: _____
Student Surname: _____
Gender: _____

FAMILY INFORMATION

Residential address: _____

Parent/Carer name: _____
Phone number: _____
Email: _____

ENROLMENT INFORMATION

Desired education arrangement: _____
Year level you are seeking to enrol this student: _____
Are there any special circumstances PAC should know about? _____

Does the student have any medical issues? (If yes, please give more information below and provide relevant documentation-all medical conditions/allergies require an action plan)

MEDIA CONSENT

I have read the information about publishing student information and

- I GIVE PERMISSION** **I DO NOT GIVE PERMISSION**

For Pinnacle Academic College to publish photos and information about my child in publicly accessible communications. This permission remains effective until the school receives a letter in writing stating otherwise.

I have made full and frank disclosure, answered all questions to the best of my ability, and provided all relevant documentation to assist Pinnacle Academic College in providing curriculum and educational services to the student/s enrolled.
Parent/Carer Signature: _____ Date: _____

Office use only

- Continuation Approved by Principal Continuation Declined by Principal Date: _____