



**NRL COWBOYS
HOUSE**

**STUDENT ENROLMENT APPLICATION PACK
2025/2026**

For assistance in completing this application, please contact:

PHONE: (07) 4727 6400 • EMAIL: cowboyshouse@cowboys.com.au

PO Box 446, Aitkenvale Qld 4814



Community
FOUNDATION





The key factor that will determine whether your child will be accepted into NRL Cowboys House is their desire and passion for gaining a good education and their ability to contribute to the community, internally and externally to NRL Cowboys House.

We will:

- look for a good school attendance record.
- review latest school reports.
- discuss with current school staff and/or principal:
 - academic achievement.
 - student strengths and interests.
 - areas for growth.
 - conduct and behaviour.
 - access to One School information, where possible.

We also want to make sure that this is the best decision for you as well as your child. To do this, we will have discussions with you and the student - where possible through face-to-face interviews in your home community.

Please note that, in order to finalise the decision about your application, NRL Cowboys House may seek information from community members and organisations.

For assistance completing this application:

NRL Cowboys House: 4727 6400

Email: cowboyshouse@cowboys.com.au

A. STUDENT INFORMATION

1. STUDENT'S FULL NAME & CONTACT DETAILS

Surname: _____

Given names: _____ Preferred name: _____

Home address: _____

Student CRN No: _____

2. WHO DOES THE STUDENT LIVE WITH? (Please tick below)

Parents Grandparents Aunty & Uncle Guardian/Other

Full name: _____

Home address (if different from above): _____

3. STUDENT'S BIRTH & CULTURAL HERITAGE DETAILS

Date of birth: / / Gender: Male Female

Place of birth: _____ State: _____

Your child's cultural heritage (please tick below):

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Clan name: _____

Language(s) spoken at home: _____

4. GOVERNMENT FINANCIAL ASSISTANCE

Is the student eligible for ABSTUDY? No Yes

Does the student have a Tax File Number? No Yes
(Please provide number)

5. DOES YOUR CHILD HAVE A CRIMINAL RECORD? (Please tick below)

No Yes – If yes, please give details

If yes, please give the name of their Social Worker: _____

Do you give permission for us to contact their Social Worker? Yes No

6. CURRENT SCHOOL

School Name: _____

Location: _____

Current year level: 6 7 8 9 10 11 12

Has your child ever been excluded or expelled from school? No Yes



B. FAMILY INFORMATION

1. PARENT 1 / GUARDIAN 1

Title (please circle): Mrs / Ms / Miss / Mr / Dr

Given names: _____

Surname: _____

Place of birth: _____ Date of birth: _____

CRN: _____

Do you speak a language other than English at home? Yes No

If yes, please give details: _____

What is your relationship to the student? (e.g., mother, father, aunt, uncle, grandparent, sibling, family friend)

Are you the student's legal guardian? Yes No

Does the student live with you permanently? Yes No

CONTACT INFORMATION

Mailing address: _____

_____ Postcode: _____

Community address (if different from above): _____

_____ Postcode: _____

Home number: _____ Mobile: _____

Work number: _____ Email: _____

EMERGENCY INFORMATION

Would you like to be the emergency contact for your child? Yes No

Please list the name, address, and contact number of nominated person(s):



2. PARENT 2 / GUARDIAN 2

Title (please circle): Mr / Ms / Miss / Mrs / Dr

Given names: _____

Surname: _____

Place of birth: _____ Date of birth: _____

CRN: _____

Do you speak a language other than English at home? Yes No

If more than one language, please indicate the one that is spoken most often:

What is your relationship to the student? (e.g., mother, father, aunt, uncle, grandparent, sibling, family friend)

Are you the student's legal guardian? Yes No

Does the student live with you permanently? Yes No

CONTACT INFORMATION

Mailing address: _____

_____ Postcode: _____

Community address (if different from above): _____

_____ Postcode: _____

Home number: _____ Mobile: _____

Work number: _____ Email: _____

Emergency Contact

Would you like to be the emergency contact for your child? Yes No

Please list the name, address, and contact number of the nominated person(s):



3. SPECIAL FAMILY CIRCUMSTANCES

Are there any special family circumstances? (e.g., single parent custody, dual custody foster care, access restrictions): Yes No

If yes, supporting legal documents are required – are these attached? Yes No

Are there any other conditions enforced by law? Please provide details: _____

4. FAMILY CONNECTIONS/RELATIVES

Do you or your child have relatives at NRL Cowboys House (e.g., siblings, cousins, nieces, nephews). This information will help with transitioning your child into Boarding.

Name: _____

Gender: Male Female

Age: _____

C. STUDENT HEALTH & WELLBEING

1. HEALTH CARE DETAILS

MEDICARE Card Number: _____

Reference: _____

Expiry: _____

Community Health Centre: _____ Phone number: _____

Private Health Fund: No Yes If yes, please specify: _____

THIS SECTION IS TO BE COMPLETED BY A MEDICAL PRACTITIONER

Is the student a carrier of any blood borne infection? (e.g., HIV, Hepatitis)

No Yes – if yes, please provide details:

Does the student have a Medic Alert bracelet or pendant?

No Yes – if yes, please provide details: _____



Is there any cultural or religious consideration relating to student's medical or health care?

No Yes – if yes, please provide details: _____

2. EXISTING HEALTH CONDITIONS

Please indicate if the student has any of the following chronic conditions? (Please tick or add details below.)

- | | |
|---|--|
| <input type="checkbox"/> Epilepsy or fits | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Rheumatic heart disease or other heart sickness | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Kidney disease or other kidney problems | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Asthma or other breathing problems | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Ear infection or perforation (hole in the eardrum) | <input type="checkbox"/> Eye problems or glasses |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Broken Bones | |

Behavioural Conditions:

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism |
| <input type="checkbox"/> ADD | <input type="checkbox"/> Asperger's |
| <input type="checkbox"/> OCD | |

Details of the condition: _____

Does the student have any existing health conditions? (Please list below)

Is the student currently taking medication?

No Yes – Please list the medications below

Please provide details of any diagnosed allergies and/or anaphylactic reactions to the following (please attach treatment plan if applicable):

Medications (e.g., Penicillin): _____
Food (e.g., peanuts): _____
Other (e.g., plants, insect bites/stings): _____



3. IMMUNISATION INFORMATION

Immunisation record attached: Yes No

Please indicate immunisation status in the boxes below using the most appropriate code:

F = Fully immunised

N = Not immunised

I = Incomplete immunisation

P = Personal objections

- | | | | | |
|-------------------------------------|--------------------------------------|--|----------------------------------|------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Pertussis |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio (OPV) | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> BCG |
| <input type="checkbox"/> Covid 1st | <input type="checkbox"/> Covid 2nd | <input type="checkbox"/> Covid Booster | | |

4. MEDICAL PRACTITIONER COMPLETING THIS SECTION (LOCAL GP/NURSE)

Name: _____

Position/Role: _____

Contact Number: _____ Email: _____

D. NRL COWBOYS HOUSE POLICIES

1. FEES & CHARGES

Families must contribute to the student's boarding costs. The Parental contribution Fee - \$50 per week, per child to cover extra expenses not covered by ABSTUDY. This will be discussed with you before this application is finalised.

Families need to provide clothing, personal items, and spending money throughout the year.

To provide the best leadership and development program for our students some activities will not be funded by ABSTUDY and may be an optional extra cost.

2. MOBILE PHONE POLICY

NRL Cowboys House Students are permitted to have mobile phones. However, their use will be restricted in the following manner:

- Junior students will be required to hand in phones at bedtime each night. Phones are then returned to the student on the following afternoon after study.
- Senior students will be allowed access to their phones at all times, as long as they are used within the ICT guidelines of use.
- Students must also adhere to their school mobile policy.
- If a student uses their phone irresponsibly, it may be confiscated and returned to the student at the end of the school term.
- Mobile phones are to be free of inappropriate or offensive content.
- Mobile phones will not be used during study times.
- The camera or video function on mobile phones is not to be used without explicit permission of both a staff member and the subject(s) of the picture/video being taken.

3. PRIVACY AND INFORMATION POLICY

- NRL Cowboys House collects personal information, including sensitive information about students, parents, or guardians before and during the student's enrolment at the House.

The primary purpose of collecting this information is to enable NRL Cowboys House to provide schooling and to exercise our duty of care to your child while they are a student with NRL Cowboys House.

- Certain laws governing or relating to the operation of the boarding facility require that certain information be collected. These include Public Health & Child Protection Laws.
- Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students when requested.



- NRL Cowboys House occasionally must disclose personal and sensitive information to others for administrative, educational, health and wellbeing purposes. This includes the schools in which your student is enrolled, government departments, medical practitioners and people providing services to NRL Cowboys House, including tutors, coaches, volunteers, and counsellors.
- If we do not obtain the information referred to above, we may not be able to enrol or continue to enrol your child at NRL Cowboys House.
- Personal information, including photographs, collected of students will be regularly disclosed to parents or guardians. Information such as academic and sporting achievements, student activities or other news is published in newsletters and on our website.
- Parents may ask for access to personal information collected about them and their child by contacting NRL Cowboys House. Students may also ask for access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, or access may result in breach of NRL Cowboys House duty of care to the students or where students have provided information in confidence.

I/we acknowledge sections A, B and C have been filled out correctly and that we have understood the above information.

Signature(s) below confirm agreements, authorisations and consents as recorded in this document.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

E. STUDENT AGREEMENT

I, _____ (student name) want to come to NRL Cowboys House for educational reasons and to board at NRL Cowboys House.

- I will attend school every day unless I have permission from the General Manager, Head of Campus or Education Manager.
- I will return straight home on the bus from school every day unless there are school activities and/or I have prior permission from General Manager, Head of Campus or Education Manager.
- I will study with Tutors and complete further hours of study as required to finish my homework and to hand in my assignments on time.
- I will follow boarding rules and will do tasks around the NRL Cowboys House as directed.
- I will return to NRL Cowboys House and school on time after my holidays. If I cannot return on time, I will call NRL Cowboys House BEFORE I am due to arrive back in Townsville.
- I agree to pay for any damage I cause to NRL Cowboys House property.
- I understand that there will be no relationships of a sexual nature while I am living at NRL Cowboys House.
- I will treat everyone with respect at the NRL Cowboys House
- I understand that if I do not follow the above conditions my parents/guardians maybe called into a meeting with myself and staff and my position at the house could be cancelled.

I have read and understood these conditions. I accept and will abide by them.

Student signature: _____ Date: _____



F. PARENTAL CONSENT & AGREEMENTS

1. GENERAL PARENTAL AUTHORITY AND CONSENT

I agree for the staff of NRL Cowboys House to act on my behalf in matters concerning the safety, health, and welfare of my child.

Yes No

2. PARENTAL CONTRIBUTION

I agree to pay NRL Cowboys House a parental contribution fee of \$50 per week. This payment will cover the general expenses of the child.

Yes No

3. CONSENT TO WEEKEND VISITS

In conjunction with the Boarding Rules of NRL Cowboys House, my child has my permission to stay overnight or on weekends with nominated people for a maximum of 5 weekends per term.

Yes No

Nominated persons for weekend visits:

Name 1: _____ Relationship to student: _____

Address: _____

Phone number: _____

Name 2: _____ Relationship to student: _____

Address: _____

Phone number: _____

I understand that by giving consent for other persons to take my child out of NRL Cowboys House, I am agreeing to give that person(s) full responsibility for the wellbeing of my child.

Yes No

I agree that, where my child is planning on staying overnight or on weekends with a nominated person, NRL Cowboys House will be notified by the Thursday before of the full details of who will be picking them up and dropping them back and when.

4. Scholarships

Please tick if your child has or is eligible for the following scholarships:

ELY

WCCCA

Other Scholarships

5. MEDIA CONSENT

As part of NRL Cowboys House activities there may, on occasion, be a need for House staff or invited media to take photographs and or video footage of your child for publication in newspapers, newsletters, training videos, school/ NRL Cowboys House/North Queensland Toyota Cowboys websites and documentation. Please indicate below if you do/do not wish your child to feature in such publicity.

I agree that photographs and or video footage of my child may be taken and used for these purposes.

Yes

I agree that the information supplied on the Student Information and Family Information sections of this form can be provided to the relevant parties for the stated purposes.

Yes No

I acknowledge that NRL Cowboys House uses CCTV cameras within the facility for the added security of both the students and staff. I agree that footage of students may be taken and used for security purposes however, I understand that my child's personal privacy will be protected.

Yes No

6. TRANSPORT POLICY

I consent to my child travelling with the permission of NRL Cowboys House and Staff in the House vehicles, public transport or by private vehicle in connection with house activities.

Yes No

7. MOBILE PHONE POLICY

I acknowledge that my child's access to their mobile phone is subject to House rules and that I may contact them by calling the duty phone in their dormitory which is available 24 hours a day.

Yes No

I give permission for General Manager, Director of Boarding or Head of Campus at their discretion to monitor my child's mobile phone usage and content.

Yes No

8. MEDICAL EMERGENCY AUTHORISATION

I authorise NRL Cowboys House to seek medical / dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise that, if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, or medication and I am unable to be contacted within a reasonable time, NRL Cowboys House has the authority to authorise on my behalf treatment as recommend by an accredited medical practitioner.

Yes No

9. AUTHORITY/CONSENT TO SUPPLY MEDICAL INFORMATION

I authorise medical information (including dental and allied health information) about my child to be released and to be given to NRL Cowboys House and any Medical Practitioners/ Health Authorities so they can look after my child's health and administer standard treatments to ensure optimal health care.

Yes No

10. AUTHORITY/CONSENT FOR VACCINATIONS

I also give consent for my child to receive vaccinations and immunisations (e.g., polio, hepatitis B, rubella, tetanus) as recommended by a registered medical practitioner.

Yes No

11. AUTHORITY/CONSENT TO FOR GENERAL HEALTH SERVICES

NRL Cowboys House has partnered with a local medical clinic in Townsville to provide comprehensive health services.

NRL Cowboys House staff will inform parents/ guardians of any concerns arising from the health check and will discuss with parents/ guardians any follow-up required.

If required, the GP will make a referral to a relevant specialist or other health provider follow-up.

In addition to the initial and regular health checks, the GP may support the ongoing health needs of your child by:

- working with NRL Cowboys House Staff to handle daily health needs of students including medication.
- administration, non-invasive procedures, and care for chronic illness (diabetes, asthma, seizures, life threatening allergies and other concerns).
- responding to any immediate health concerns, during clinic hours.
- providing health information and education to students.

In addition to these GP services, NRL Cowboys House employs general registered psychologists to provide social and emotional support to our boarders.

I give consent for my child to have a complete Health Check on commencement at NRL Cowboys House and twice a year thereafter, receive ongoing health and dental care from the House's nominated GP and for the GP to share health- related information with other health providers for the purpose of making a referral and or coordinating healthcare.

Yes No



12. AUTHORITY/CONSENT FOR EDUCATION INFORMATION

I give consent for NRL Cowboys House to seek education information from my child's current and previous schools.

Yes No

I give consent for NRL Cowboys House to a One School Report on the students' behaviour from my child's current and previous schools.

Yes No

I give consent for NRL Cowboys House Manager to sign permission slips for my child to attend School Excursions and Functions.

Yes No

13. CHECKLIST, ACKNOWLEDGEMENT AND SIGNATURE OF PARENT(S) / GUARDIAN(S)

I have completed this application form fully and to the best of my knowledge.

I acknowledge and accept that if it can be demonstrated that I have withheld information relevant to this application, especially in relation to this student's individual needs, medical conditions, health care requirements, Parenting Orders or other Court Orders then the application may be refused or enrolment terminated.

I have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- Birth Certificate
- Two most recent school reports and NAPLAN test results
- ABSTUDY – Authority to enquire form
- Immunisation Record
- Details of any medications – prescription & non-prescription
- Details of any allergies
- Relevant Family Court Orders (where applicable)
- Medical reports and/or special needs information including clinical/educational assessments

FOR THIS APPLICATION TO PROCEED, ALL REQUESTED INFORMATION MUST BE PROVIDED

I understand that that if this application is successful the information that I/we have provided must be kept up to date throughout the enrolment period at NRL Cowboys House.

I acknowledge that completion of this form does not necessarily follow that our student will be accepted into NRL Cowboys House and that final selections will be determined in accordance with NRL Cowboys House enrolment criteria.

Our signature(s) below confirm our agreements, authorisations and consents as recorded in this document.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____