



# MACKAY CHRISTIAN COLLEGE

Christian Education on Purpose

## CLEAR Pathways Program

Mackay Christian College – Years 11 & 12

## Student Application Form

*For inclusion in the CLEAR Pathways Program, students must first be enrolled in the College*

Student's Name:	
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Year Level (select):	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12
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Recent Subjects/Results (attach):	<input type="checkbox"/> Recent report cards	<input type="checkbox"/> Recent references
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**What is your reason for applying to the CLEAR Pathways Program? (provide a brief response):**

**In addition to three core Queensland Curriculum and Assessment (QCAA) subjects, what additional qualifications do you intend to complete to achieve a total of 20 Queensland Certificate of Education (QCE) credits?**

**What preferences do you have for using your ISU time? (select all that apply)**

<input type="checkbox"/> RTALC independent study	<input type="checkbox"/> Certificate coursework
<input type="checkbox"/> Workshops/training	<input type="checkbox"/> Purposeful employment
<input type="checkbox"/> Other (please specify):	

**What is your intended post-school pathway? (select)**

<input type="checkbox"/> Employment	<input type="checkbox"/> Apprenticeship/traineeship
<input type="checkbox"/> TAFE/training	<input type="checkbox"/> University
<input type="checkbox"/> Undecided	

**Referred by:**

<input type="checkbox"/> Head of Academics	Signature:	Date:
<input type="checkbox"/> Head of Secondary	Signature:	Date:
<input type="checkbox"/> College Principal	Signature:	Date:

**Student Declaration**

I understand that participating in the CLEAR Pathways Program is an alternative to regular school programs.

I agree to:

- Attend all required classes
- Maintain satisfactory academic progress
- Check in with the CLEAR Pathways Coordinator as required
- Follow all College CLEAR expectations, policies and procedures
- Represent the College in a responsible manner when engaged in off-site learning activities

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Carer Acknowledgement**

I understand the expectations and responsibilities of the CLEAR Pathways Program and support my child's application.

**Parent/Carer Name/s:** \_\_\_\_\_

**Signature/s:** \_\_\_\_\_ **Date:** \_\_\_\_\_