



Application for Enrolment

STUDENT'S DETAILS

Surname			
Christian names			Preferred name (if other than first)
Address	Street and No.		
	Suburb/Town	State	Postcode
Gender	Please circle one	Male Female	Child CRN (Centrelink Reference Number)
Date and place of birth	Date	Town	Country
Benefits/Rebates (Claim details for one parent)	Mother / Father (Please circle one)	Parent CRN	Parent Date of Birth
Australian citizen	Please circle one	Yes No	Resident Status (if not born in Australia)
Visa information (if <u>not</u> an Australian citizen)	A copy of the student's passport is submitted with this application. <input type="checkbox"/>		If student visa, visa type code:
Current preschool (if applicable)	Name	Suburb/Town	State
Proposed year of entry	20	Proposed start date: <input type="checkbox"/> Day 1, Term 1 or / / (Date)	
Sessions to be enrolled (Only tick "Other" Sessions if not using Session A and/or B)	<input type="checkbox"/> A. Week 1 Mon/Tues/Wed Week 2 Mon/Tues	<input type="checkbox"/> B. Week 1 Thur/Fri Week 2 Wed/Thur/Fri	<input type="checkbox"/> A & B <input type="checkbox"/> A <u>or</u> B
	Other (Min 3 days per week): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		
Long Day Care (Please tick sessions required each week)	Before School Care	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	
	After School Care	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	
Previous enrolment history	Has this child ever been refused enrolment at another preschool? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this child ever been suspended or expelled from another preschool, or has he/she been requested to be voluntarily withdrawn from a school? If yes, provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's health	(Refer to allergies, major illnesses, operations, medications, etc.)		
Doctor (In case of emergency)	Name	Phone no.	
Language(s) spoken by student at home	Main	Second	
Student lives with:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify) _____		
Aboriginal or Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes Aboriginal <input type="checkbox"/> Yes Torres Strait Islander		

STUDENT'S DETAILS

Does the student have a disability, or disorder such as ADD, ADHD, autism, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description
Does the student take any medication that affects behaviour? (eg. Ritalin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description
Does the student have a learning difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description
Has the student undergone any testing or assessment in relation to any of the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please provide a copy of all reports you have received in relation to tests / assessments carried out on this student.)
A Family Law Court Order exists in relation to this student		<input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLING DETAILS (Please list all siblings in order of age)

Name	Date of Birth	M/F	Enrolled at Covenant Christian School		
			Yes	No	Pending

FUTURE ENROLMENT AT COVENANT CHRISTIAN SCHOOL

I/We intend to seek ongoing enrolment at Covenant Christian School (ie. commencing Kindergarten the year after preschool)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note that ongoing enrolment will be granted wherever possible in accordance with the Covenant Christian School enrolment policy, but is not guaranteed. Where enrolment is sought and cannot be confirmed, parents will be advised as soon as possible.	
Further comment regarding future enrolment (optional):	

EMERGENCY CONTACT (In cases where neither parent/guardian can be contacted)

Full name		Relationship to student	
Phone	<small>(Home)</small>	<small>(Work)</small>	<small>(Mobile)</small>

PERMISSIONS

Medical Treatment	I authorise the school to seek necessary medical attention for my child and agree to pay all costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pain Relief	I give permission for my child to receive Paracetamol (eg. Panadol, Panamex) for pain relief from the Office if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Excursions	I give permission for my child to attend school outings within the general locality (ie 10km radius).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photographs	I give permission for photos of my child to be used for school and associated publications, including on the internet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permissions Consent	Father / Guardian	Mother / Guardian
	Signed: Name: Date: / /	Signed: Name: Date: / /

PARENT'S DETAILS

		Father/Guardian		Mother/Guardian	
Surname					
Christian names					
Title (Mr, Mrs, Rev, Dr, etc)					
Residential address		Street and No.		Street and No.	
		Suburb/Town		Suburb/Town	
		State	Postcode	State	Postcode
Postal address (If same write 'as above')		Street and No. / PO Box		Street and No. / PO Box	
		Suburb/Town		Suburb/Town	
		State	Postcode	State	Postcode
Phone (home)					
(work)					
(mobile)					
Email					
Occupation including level / position					
Employer					
Marital Status (please circle current)		Married Separated Divorced De facto Single		Married Separated Divorced De facto Single	
Country of birth					
Nationality					
(These questions mandated by the Australian Government)	Does the parent speak a language other than English at home? (If more than one language, indicate the one that is spoken most often).	No, English only <input type="checkbox"/>		No, English only <input type="checkbox"/>	
		Yes, Other (Please specify) _____ <input type="checkbox"/>		Yes, Other (Please specify) _____ <input type="checkbox"/>	
	What is the highest year of school the parent has completed? (Tick one only).	Year 12 or equivalent <input type="checkbox"/>		Year 12 or equivalent <input type="checkbox"/>	
		Year 11 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
Year 10 or equivalent <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>			
Year 9 or below <input type="checkbox"/>		Year 9 or below <input type="checkbox"/>			
What is the highest qualification the parent has completed? (Tick one only)	Bachelor degree or above <input type="checkbox"/>		Bachelor degree or above <input type="checkbox"/>		
	Advanced Diploma / Diploma <input type="checkbox"/>		Advanced Diploma / Diploma <input type="checkbox"/>		
	Certificate I to IV (including trades) <input type="checkbox"/>		Certificate I to IV (including trades) <input type="checkbox"/>		
	No non-school qualification <input type="checkbox"/>		No non-school qualification <input type="checkbox"/>		
Are you the natural parent of the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'No', state your relationship to child					
Person(s) responsible for paying tuition fees		Name	Do you have unpaid tuition fees at any previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address where account is to be sent		Street and No. / PO Box		Suburb/Town	Postcode

CHURCH AFFILIATION

	Father/Guardian	Mother/Guardian
	I do not attend a church regularly <input type="checkbox"/>	I do not attend a church regularly <input type="checkbox"/>
	I regularly attend a local church <input type="checkbox"/>	I regularly attend a local church <input type="checkbox"/>
Denomination		
Congregation		
Pastor / Minister		
Involvement		

REASON FOR APPLICATION (A short explanation of why you are making application to attend this particular Christian school.)

HOW DID YOU FIRST HEAR ABOUT THIS SCHOOL? (Please circle one)

Church	Friend	Internet/website	Advertising leaflet	Newspaper	Referral from another school
Other: _____					

REFEREE

You may wish to use a family (non-relative) currently involved with Covenant Christian School. If you have Church affiliation, please provide details for your Pastor, Elder or other church leader (non-relative).

Surname		Christian name	
Address	Street and No.		
	Suburb/Town	State	Postcode
Occupation		Office held (if any)	
Home phone		Work phone	
Consent to being a referee	<p>I hereby consent to act as a referee for the family that is the subject of this <i>Application for Enrolment</i> form when contacted by a representative of the preschool.</p> <p>Signed: Date:</p>		

CONDITIONS OF ENROLMENT

1. That my/our child shall, during the period of enrolment at Covenant Christian Preschool/School, be punctual, be dressed in the full School uniform (as outlined in the Parent Handbook) and abide by the School routines.
2. That I/we will support the School in its educational program.
3. That I/we accept full responsibility for the payment of fees, levies and charges as set out and notified by the School from time to time.
4. That I/we will pay the School fees no later than the end of the first week of each term unless alternative arrangements have been made with the School Bursar. I/we will give any notice of intention to withdraw my/our child from the School in writing, giving twelve weeks notice in Preschool to Year 10 (except for Term 4 in Preschool). **School fees for a full term will be charged in lieu of notice.**
5. That the School is permitted to contact my/our child's previous school regarding any matter that relates to his/her enrolment at the School.
6. That I/we will assist with duties normally performed by parents as set out in the Parent Handbook and participate in the Parental Assistance Scheme (PAS). This includes carrying out cleaning and working bee duties as rostered. I/we agree to pay a monetary levy in lieu of duties not undertaken.
7. That I/we will make any grievances I/we may have through the correct channels, as outlined at the enrolment interview and in the Parent Handbook.
8. That I/we will conduct my/ourselves in a way that is not likely to bring the School or its community into disrepute.
9. That if regular church attendance has been indicated, I/we will maintain regular church attendance and committed church involvement on an ongoing basis such that can be attested to by my/our Pastor.
10. That I/we will promptly inform the School of any changes to information provided on this *Application for Enrolment* form.

CHRISTIAN ETHOS, VALUES & AIMS

Application for enrolment of your child at the School means that you are choosing a Christian education for your child. It requires your commitment to support the philosophy, values and aims of the School and a willingness to co-operate in their implementation. Specifically it means:

- Participation in prayer, scripture memorisation and catechism. Biblical Studies is a core subject in Years K-10.
- Christian values are emphasised.
- Academic excellence and the acquisition of skills are promoted within a Biblical worldview.

Your child is expected to adhere to the School's standards for:

- Behaviour, dress and self-discipline.
- Application to school work and study.
- Participation in School activities.

Your cooperation is essential to assist your child attain these goals. Parents are expected to participate in the life of the preschool/school including: Parent / Teacher interviews and School community activities.

ENROLMENT INFORMATION COLLECTION NOTICE

The School collects personal information, including sensitive information, about students and parents or guardians before and during the course of a student's enrolment. The primary purpose of collecting this information is to enable schooling to be provided for your son/daughter.

Some of the information collected is to satisfy the School's legal obligations, particularly to enable the discharge of its duty of care.

Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection Laws.

Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. The School may occasionally require medical reports about students.

From time to time personal and sensitive information is disclosed to others for administrative and educational purposes. This includes disclosure to government departments, medical practitioners, law enforcement officers, Centrelink and people providing services to the school, including specialist visiting teachers.

ENROLMENT DECLARATION (To be read and signed by both parents/guardians)

I/We hereby apply to have the child listed on this *Application for Enrolment* form enrolled at Covenant Christian Preschool/School, Gordon, and

1. I/we have read and agree to the above **CONDITIONS OF ENROLMENT** and apply for enrolment of my child subject to those conditions;
2. I/we have read and agree to the responsibilities in the above **CHRISTIAN ETHOS, VALUES & AIMS** and apply for enrolment of my child subject to those conditions;
3. I/We have read, understood and agree to the above **ENROLMENT INFORMATION COLLECTION NOTICE**; and
4. I/We enclose the enrolment process fee on the understanding that the fee is not refundable once my/our child is placed on the "Enrolment Process List".*

Signature of parents and/or guardians:

Father/guardian _____

Date _____

Mother/guardian _____

Date _____

ENROLMENT PROCESS FEE IS \$75 PER APPLICATION
(Maximum fee - \$150 per family)

**Note: The payment of the Enrolment Process Fee does not guarantee enrolment.*

CHECKLIST FOR SUBMITTING APPLICATION

- Copy of Birth certificate attached (certified true copy, or accompanied by original for verification)
- Copy of passport attached (if not an Australian citizen)
- Copy of all reports in relation to disability / disorder / learning difficulty tests and assessments carried out on this student (if applicable)

FOR OFFICE USE ONLY

Date received / / 20	Letter of acceptance sent / / 20
Application accepted	Yes No	Student assessment required	Yes No
Administration fee receipt no.		"Confirmation" receipt no.	
EPL letter sent / / 20	Starting date / / 20
Interviewed on / / 20	Class assigned	
Interviewed by	/	Student ID no.	
Accepted	Yes No	Sports House	C L T
Referee's report			