



Enrolment Application

STUDENT DETAILS

Surname Given Name

Street Address

Suburb State Postcode

Gender M/F Date of Birth / / Country of Birth

Aboriginal or Torres Strait Religion

Year to be Enrolled In K, 1, 2, 3, 4, 5, 6 Commencement Date / /

PREVIOUS SCHOOL ATTENDED

Name Phone

Street Address

LEARNING PROFILE

Please Give Details Of Any Medical Issues Or Learning Difficulties Which May Affect The Student's School Life.

Asthma Add Diabetes Adhd
 Vision Impaired Hearing Impaired Dyslexia Learning Disabilities (Please Include Relevant Reports)

Comments

MEDICAL PROFILE

Family Doctor's Name Phone

Doctor's Address

Emergency Contact Phone

Ambulance Cover Y N Medicare Number

FAMILY INFORMATION

MOTHER

FATHER

| | | | |
|---------------------------|---|---------------------------|---|
| First Name | ..... | First Name | ..... |
| Surname | ..... | Surname | ..... |
| Occupation | ..... | Occupation | ..... |
| Address | ..... ..... | Address | ..... ..... |
| Phone | Home | Phone | Home |
| | Mobile | | Mobile |
| | Work | | Work |
| Email | ..... | Email | ..... |
| Country Of Birth | ..... | Country Of Birth | ..... |
| Language Spoken At Home | ..... | Language Spoken At Home | ..... |
| Religion | ..... | Religion | ..... |
| Highest Year Of Education | ..... | Highest Year Of Education | ..... |
| Occupation Group* | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Occupation Group* | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |

* Refer to this table when completing Occupation Group

- Group 1:** Senior Management in large business organisation, government administration and Defence and qualified professionals
Group 2: Other business managers, arts/medical/sports persons and other associated professionals
Group 3: Tradesmen/women, clerks and skilled office, sales and service staff
Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

PERMISSION TO PUBLISH

Photographs and/or video recordings will be used in school promotional material. Eg School prospectus, brochures, website, yearbook, newspapers etc. Photos will be published without names or with first name only. I give the school permission to publish photographs and/or video recordings of my child.

Family Surname Parent Signature Date / /

FAMILY COURT ORDER

Please detail any Family Court Orders which may limit or prevent access by a non-custodial parent to the child whilst in the care of the school and attach any supporting documentation

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Please notify the school immediately if there are any changes to these details.

PERSON RESPONSIBLE FOR PAYMENT OF FEES

Surname Given Name

Postal Address

Suburb State Postcode

Tick Preferred Payment Plan

Year in advance Term in advance Weekly/Monthly

Tick Payment Method

Cash Cheque Direct Deposit BPAY Credit Card (Surcharge may apply)

Credit Card No Exp /

Amount \$ Signature

Direct Deposit Details

Bank: Westpac **BSB:** 032 713 **Acc:** 222 830 **Reference:** Your Surname

CANBERRA CHRISTIAN SCHOOL REQUIRES THE DETAILS OF AT LEAST ONE PARENT/GUARDIAN WHO WILL TAKE FULL RESPONSIBILITY FOR THE STUDENT AND (if applicable) GUARANTEE PAYMENT

This agreement shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and effect until the whole of the monies owing to Canberra Christian School (CCS) by the Parent/Guardian and all obligations herein have been fully paid, satisfied, and performed. I/We will be jointly and separately responsible for the payment of fees charged and understand that non-payment of fees will be passed on to the debt collector. Any fees and charges incurred from the debt collector will be my responsibility. If I/We execute this agreement as the person/s responsible for payment on behalf of the Parent/Guardian, I guarantee the due and punctual payment of all monies payable under this agreement. I/We also give CCS permission to automatically debit my credit card with any outstanding fees.

Signature Date / /

SIGNATURE DATE / /

ENROLMENT AGREEMENT

I/We have read the handbook and agree to abide by the conditions as outlined therein

I/We are prepared to cooperate with the school in the education and management of our child.

Signature Date / /

Signature Date / /

ENROLMENT CHECKLIST

I have enclosed a copy of the applicants latest Academic Report and NAPLAN report (applicants in Years 3 - 6 only)

I have enclosed a copy of the applicants Birth Certificate (or extract)

I have enclosed a copy of the applicants Immunisation Certificate

I have enclosed a copy of the applicants Visa (if applicable)

I have enclosed a copy of supporting reports for learning difficulty (if applicable)

I have paid the \$200 deposit

OFFICE USE ONLY

Birth Certificate Immunisation Record Acceptance Letter Sent / /

Deposit Paid / / Cash/Chq/DD/CC/EFTPOS Signature

Interview / / Accepted Date Entered / /

STUDENT CODE FAMILY CODE STUDENT NUMBER