

## PARENTS APPLICATION CHECKLIST

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

Please detail here the years of past education/classes the child has attended:

<u>Year</u>	<u>Grade</u>	<u>Name of School</u>
20____	_____	_____
20____	_____	_____
20____	_____	_____
20____	_____	_____
20____	_____	_____
20____	_____	_____

- 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 enclosed a copy of any court orders (if applicable)
- I have enclosed a copy of the applicants Australian Citizenship (if applicable) (where child was born overseas and has since received Australian citizenship)
- I have paid the \$200 deposit

### OFFICE USE ONLY

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunisation Record	<input type="checkbox"/> Acceptance Letter Sent ..... / ..... / .....
<input type="checkbox"/> Deposit Paid ..... / ..... / ..... Cash/Chq/DD/CC/EFTPOS .....		Signature .....
<input type="checkbox"/> Interview ..... / ..... / .....	<input type="checkbox"/> Accepted	Date Entered ..... / ..... / .....
STUDENT CODE <input style="width: 100px;" type="text"/>	FAMILY CODE <input style="width: 100px;" type="text"/>	STUDENT NUMBER <input style="width: 200px;" type="text"/>



# 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. Please include Relevant Reports.

Asthma       ADD / ADHD       Diabetes       Autism       Allergies ( detail below )

Vision Impaired       Hearing Impaired       Dyslexia       Learning Disabilities       Sensory Processing Disorder

Other      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.**

# ENROLMENT AGREEMENT

## To be signed by both Parents:

I/We hereby apply to have our child enrolled in Canberra Christian School, and we each agree to the following conditions:

- That my/our child, during the period of enrolment, be bound by the rules and regulations of the school in regard to:
  - Behaviour, attitude and the wearing of the correct uniform at all times
  - Application to school work
  - Participation in school activities
- That I/We will support the school in its education programme and provide our child with the correct uniform
- That I/We accept full responsibility for payment of tuition fees, levies and charges as set out and notified by the school. Fees are billed annually and  $\frac{1}{4}$  of the total is to be paid by the end of each term.
- That I/we will give a full term's notice in writing when withdrawing our child or pay a term's fee in lieu of notice.
- I/We understand as part of the enrolment process Canberra Christian School may make contact with the student's current/previous school to obtain information that will assist the educational needs of the student. I/We hereby give consent for the current/previous school to release any information requested by Canberra Christian School regarding my child's academic, physical, emotional and social needs.
- That I/We will fully participate in the Parents Involvement Program (PIP) or pay the PIP levy if we are unable to participate.
- That I/We have read these condition of entry and agree to abide by their provisions and enclose the application fee of \$200 (including GST) on the understanding that the fee is not refundable, nor does the application guarantee a place in the school.

### **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.

MasterCard  Visa Card  Credit Card No. \_\_\_\_\_ Exp ..... / .....

Mother/Guardian 1- Full Name .....

Signature .....

Date ..... / ..... / .....

Father/Guardian 2- Full Name .....

Signature .....

Date ..... / ..... / .....