



APPLICATION FOR ENROLMENT

Please sign application form on page 4

OBLIGATION OF DISCLOSURE

The school reserves the right to terminate or review enrolments if parents fail to disclose relevant information. All Information supplied will be kept in confidence by school staff.

STUDENT INFORMATION

Surname: Given Names:

Known as: (name to be used by staff)

Birth date:/...../..... Sex: Male Female (tick one)

YEAR TO ENTER SCHOOL

Kindy ()	Year 7 ()
Year 1 ()	Year 8 ()
Year 2 ()	Year 9 ()
Year 3 ()	Year 10 ()
Year 4 ()	Year 11 ()
Year 5 ()	Year 12 ()
Year 6 ()	

Please tick and write in calendar year alongside
Desired Date of Entry if known:/...../.....

Nationality: Place of Birth:

Is the student Aboriginal or Torres Strait Islander Yes No

Is English usually spoken at home: Always Mostly No (tick one)

Other languages spoken at home:

Last school attended:

PARENT INFORMATION

Father / Guardian

Mother / Guardian Mrs Miss Ms (please circle)

Surname:

Given Names:

Residential Address:

.....P/code.....

Postal Address:

.....P/code.....

Telephone: HmWk

Mobile:

Email:

Marital Status: Married Divorced Single Parent
(tick one) Separated Remarried Widowed

Nationality:

Place of Birth:

Occupation:

Employer Name:

Contact Number:

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.....P/code.....

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.....P/code.....

HmWk

Mobile:

Email:

Married Divorced Single Parent
Separated Remarried Widowed

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PARENT INFORMATION CONTINUED

CHURCH ATTENDED

Father

Mother

Church Name:

Denomination:

Ministers Name:

Attendance: Weekly Most Weeks Occasional Weekly Most Weeks Occasional

CHILDREN IN THE FAMILY ... eldest to youngest (including this child)

	Name	M/F	Date of Birth	School
1.
2.
3.
4.
5.

ACCOUNTS & CORRESPONDENCE

All accounts and correspondence are normally addressed to both parents at the Fathers address. If you would prefer them to be sent to another address, please indicate below:

Mr Mrs Miss Ms Other

Name:

Address:

Relationship to Child:

PARENT INVOLVEMENT

In which of the following areas are you willing to help the school – please tick appropriate boxes:

- Administration
- Prayer
- Grounds
- Maintenance
- Class
- Other (indicate below)

General Comments:

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STUDENT DEVELOPMENT INFORMATION

PHYSICAL DEVELOPMENT AND HEALTH	YES	NO
Does the student have any problems in physical development? If yes, please give details (or attach)		
Does the student suffer from an incapacity in the following area/s that would affect their learning? Give details:		
Muscular/Skeletal		
Hearing		
Sight		
Does the student need to wear glasses?		
while reading		
all the time		
Does the student require a special diet?		
Is the student allergic to any -		
medication		
If yes, please give details:		
insect bites		
any other substance		
Does the student suffer from		
Asthma		
If yes, please give details (or attach reports):		
Epilepsy		
Diabetes		
ADHD		
Autism / Aspergers		

Are there any other facts (medical or physical) that the school should know?

CHRISTIAN DEVELOPMENT

Which of the following does the student regularly attend? *(please tick the appropriate box/es)*

- Worship Service/s
 Sunday School
 Church-Based Clubs
 Youth Group
 Other

EDUCATIONAL DEVELOPMENT	YES	NO
Kindergarten Enrolments Only - Does your child attend a pre-school? If so, name of preschool:		
Can your child speak and understand English clearly?		
Would your child benefit from ESL help, if available? (English as a Second Language)		
Would your child benefit from remedial help, if available?		
Has the student been professionally tested for a learning difficulty? Details (or attach reports):		

In what subjects does the student have real strengths?

What are the student's current interests, hobbies and sport?

Does the student play any musical instrument or sing?

Please sign this form on page 4

