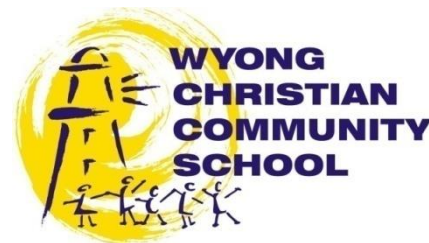


Enrolment Application



**WYONG
CHRISTIAN
COMMUNITY
SCHOOL**

OUR MISSION

To provide a Christian educational community founded on Biblically based beliefs, values and behaviour. We do this to equip young people to be responsible and responsive disciples of the Lord Jesus Christ.

A Ministry of Wyong Baptist Church

PO Box 550 - 100 Alison Road, Wyong 2259

Email: office@wyongccs.nsw.edu.au

Web: www.wyongccs.nsw.edu.au

Ph: 4351 2020

ENROLMENT INFORMATION:

Student's Name:

(First Name)

(Middle Name)

(Surname)

Date of Birth: / /

Gender: Male / Female

Student's Mobile:

Country of Birth:

Nationality:

Desired Time of Entry (e.g. Term 1, 2019):

Desired Level of Entry (please circle):

Junior School

Kindy

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

Secondary School

Year 7

Year 8

Year 9

Year 10

Year 11

Year 12

For Kindergarten enrolments: Has your child been attending Preschool?

Yes: No:

If yes, which Preschool?

Which of the following does your child regularly attend?

Worship Services

Sunday School

Church-Based Clubs

Youth Group

Other Give Details:

PREVIOUS SCHOOLING INFORMATION:

How is your child managing at school?

Academically:

Very Good

Good

Average

Poorly

Very Poorly

Socially:

Very Good

Good

Average

Poorly

Very Poorly

Is the student transferring from Interstate?

Yes: No:

Current School:

Reason for Leaving:

Has your child ever been asked to leave a school or been refused enrolment?

Yes: No:

If yes, please state the reason:

STUDENT INFORMATION:

Is your child of Aboriginal or Torres Strait Islander origin? No: Aboriginal: Torres Strait Islander:

Does your child speak a language other than English at home? No: Yes: Language: _____

Can your child speak and understand English clearly? Yes: No:

Would your child benefit from English as a Second Language help if available? Yes: No:

Has your child received Special Education? Yes: No:

Has your child received Special Services? Yes: No:

Does your child have any Specialist Reports (e.g. Psychometric, Speech – **Please attach reports**) Yes: No:

Does your child have any of the Special Needs identified below? Yes: No:

ADD <input type="checkbox"/>	Aspergers <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Food Allergies <input type="checkbox"/>	Sight Impairment <input type="checkbox"/>
ADHD <input type="checkbox"/>	Autism <input type="checkbox"/>	Asthma <input type="checkbox"/>	Medication Allergies <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>
ODD <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Other Allergies <input type="checkbox"/>	Physical Impairment <input type="checkbox"/>

Please give details or add any other not listed – **Please also attach any relevant reports/diagnosis etc:**

Special Gifts / Talents (please provide details and copies of any Assessment Reports):

In what subjects does your child have strengths?

What are your child's current interests, hobbies and sports?

Does your child play any musical instruments or sing?

Please note: Failure to disclose any relevant information or failure to agree to a Management Plan may result in Enrolment Offer being withdrawn. Parent/s or Guardian/s will be requested to attend meetings in managing Special Needs and failure to comply will place the enrolment at risk.

FAMILY INFORMATION:

Student's Residential Address:

Postcode: _____

Student lives with: Both Parents Mother Father Guardian Other

Are there any custodial or legal arrangements of which the school should be aware? Yes: No:

Please provide details (and copies of any Court Orders):

Other Children in the family (eldest to youngest – please include this child):

Name	Gender	Date of Birth	School Currently Attending

PARENT INFORMATION:

Father/Guardian

Name:							D.O.B:	
Address (if different from child):								
Country of Birth:				Nationality:				
Language Spoken (if other than English):								
Occupation:				Employer:				
Work Phone:				Mobile:				
Home Phone:				Email:				
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Defacto <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>		
Church Attended:				Denomination:				
Minister's Name:				Regularity:	Weekly <input type="checkbox"/>	Most Weeks <input type="checkbox"/>	Occasional <input type="checkbox"/>	
Highest level of schooling completed*:	Year 12 or equivalent <input type="checkbox"/>			Year 11 or equivalent <input type="checkbox"/>				
	Year 10 or equivalent <input type="checkbox"/>			Year 9 or below <input type="checkbox"/>				
Highest level of qualification completed*:	Bachelor Degree or above <input type="checkbox"/>			Advanced Diploma <input type="checkbox"/>				
	Certificate I to IV (including Trade) <input type="checkbox"/>			No post-school qualifications <input type="checkbox"/>				

Are separate copies of your child's School Reports required to be sent to each Parent/Guardian? Yes: No:

Mother/Guardian

Mrs Ms Miss

Name:							D.O.B:	
Address (if different from child):								
Country of Birth:				Nationality:				
Language Spoken (if other than English):								
Occupation:				Employer:				
Work Phone:				Mobile:				
Home Phone:				Email:				
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Defacto <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>		
Church Attended:				Denomination:				
Minister's Name:				Regularity:	Weekly <input type="checkbox"/>	Most Weeks <input type="checkbox"/>	Occasional <input type="checkbox"/>	
Highest level of schooling completed*:	Year 12 or equivalent <input type="checkbox"/>			Year 11 or equivalent <input type="checkbox"/>				
	Year 10 or equivalent <input type="checkbox"/>			Year 9 or below <input type="checkbox"/>				
Highest level of qualification completed*:	Bachelor Degree or above <input type="checkbox"/>			Advanced Diploma <input type="checkbox"/>				
	Certificate I to IV (including Trade) <input type="checkbox"/>			No post-school qualifications <input type="checkbox"/>				

*** Information required by Commonwealth Government for statistical analysis of educational outcomes.**

All accounts and correspondence are normally addressed to both parents at the Father's address. If you would prefer them to be sent to another address, please indicate below (e.g. PO Box Address):

Name:			
Address:			
	(Street or PO Box)	(Suburb)	(Post Code)
Relationship to child:			

COMMENTS:

Why do you want your child/children educated at a Christian School?

Why did you choose Wyong Christian Community School?

How did you hear about Wyong Christian Community School?

Driving past: Word of Mouth: TV: Radio: Newspaper: Website: Other:

DECLARATION:

As parents we are prepared to:

Allow the child to share fully in the life and program of the School, including the devotional activities and doctrinal lessons. Yes: No:

Support the aims of the School and order our own lives so that the child will be given every opportunity to "Grow up in Christ". Yes: No:

Undertake to provide the child with all necessary requirements and equipment deemed necessary to enable the child to benefit from the education offered. Yes: No:

Accept the right of the School to employ such discipline as it deems wise and expedient for the child and agree to uphold in every way possible the School's authority and right to administer appropriate punishment in accordance with the policies of the School. Yes: No:

Accept that the School may suspend or terminate enrolment at its discretion for failure to comply with the conditions or other serious breaches of the School's rules and regulations. Yes: No:

Give at least one term's notice in writing of termination of enrolment, knowing that failure to do so will render us liable for one term's fees unless there are mitigating circumstances that are acceptable to the School. Yes: No:

Accept that a refund of unutilised fees on termination of enrolment for any reason whatsoever will be solely at the discretion of the School. Yes: No:

Pay one term's fees in advance, per child, upon the acceptance of a position at the School. Yes: No:

Pay the costs of the collection of any monies due and payable by customer/parent/guardian, including the fees of any Collection Agency or Solicitor engaged by Wyong Christian Community School. Yes: No:

Pay an account keeping fee of \$25.00 per month which can be applied to accounts which are outside our Trading Terms. Yes: No:

Ensure that the student's behaviour does not bring dishonour to the name of Christ or disgrace the School, and while a student of the School, they undertake not to use alcohol, tobacco or other harmful drugs. Yes: No:

Accept that enrolment at our School does not mean automatic acceptance of a place in another Christian Community School. Yes: No:

Support the Uniform Policy. Yes: No:

Support your child/children doing regular homework. Yes: No:

Give our permission for you to contact my child's previous School. Yes: No:

Signed: _____ Date: _____
(Father/Guardian)

Signed: _____ Date: _____
(Mother/Guardian)

Any misleading or inaccurate information may render this application null and void, resulting in enrolment being terminated.

CHECKLIST: Please return completed Enrolment Application with the following:

Copy of your child's Birth Certificate Yes: No:
Reference from the church pastor or elder of the church you currently attend Yes: No:
Reference from someone who knows your family well Yes: No:
Copy of the most recent school report (Year 1 – 12) plus any NAPLAN test results Yes: No:
AIR Immunisation History Statement Yes: No:
Copy of one Parent's birth certificate or passport (proving residency) Yes: No:
For overseas based enrolments – a copy of all travel visas. Yes: No:
Application fee of \$55 per child or \$77 per family (if all forms submitted) (includes GST and is non-refundable) .. Yes: No: