Enrolment Application

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
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Ph: 4351 2020 Fax: 4353 3112
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Web: www.wyongccs.nsw.edu.au

ENROLMENT INFORMATION:

Student’s Name: (First Names) (Last Name)

Date of Birth: / / Gender: Male / Female Student’s Mobile:

Country of Birth: Nationality:

Desired Time of Entry (e.g. Term 1, 2010):

Desired Level of Entry: (Please circle)

Junior School Kindy Year 1 Year 2 Year 3 Year 4 Year 5
Middle School Year 6 Year 7 Year 8
Senior School 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 Aboriginal or Torres Strait Islander origin?  Yes: ☐  No: ☐
Aboriginal: ☐  Torres Strait Islander: ☐

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

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)  Yes: ☐  No: ☐

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

- ADD ☐  - Aspergers ☐  - Epilepsy ☐  - Food Allergies ☐  - Sight Impairment ☐
- ADHD ☐  - Autism ☐  - Asthma ☐  - Medication Allergies ☐  - Hearing Impairment ☐
- ODD ☐  - Anaphylaxis ☐  - Diabetes ☐  - Other Allergies ☐  - Physical Impairment ☐

Please give details or add any other not listed:

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 sport?

Does your child plan 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:
(Street)  (Suburb)  (Post Code)

Home Phone:

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)

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<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>School Currently Attending</th>
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PARENT INFORMATION:

Father/Guardian

Name: 

Address (if different from child): 

Country of Birth: 

Language Spoken (if other than English): 

Occupation: 

Employer: 

Work Phone: 

Mobile: 

Home Phone: 

Email: 

Marital Status: Single □ Married □ Separated □ Divorced □ Widowed □ 

Church Attended: 

Denomination: 

Minister’s Name: 

Regularity: Weekly □ Most Weeks □ Occasional □ 

Highest level of schooling completed*: Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or below □ 

Highest level of qualification completed*: Bachelor Degree or above □ Advanced Diploma □ Certificate I to IV (Including Trade) □ No post school qualifications □ 

Mother/Guardian

Mrs □ Ms □ Miss □ 

Name: 

Address (if different from child): 

Country of Birth: 

Language Spoken (if other than English): 

Occupation: 

Employer: 

Work Phone: 

Mobile: 

Home Phone: 

Email: 

Marital Status: Single □ Married □ Separated □ Divorced □ Widowed □ 

Church Attended: 

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

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: (e.g. Post 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 School?

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 their 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: ☐
Pay all fees one term in advance and where payment is not made within seven (7) days of the due date, a late payment charge may be levied. Yes: ☐ No: ☐
Give at lease one term’s notice of termination of enrolment. Failure to do so will render them 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: ☐
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 the 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: ☐

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 the 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: ☐
Immunisation History Statement (for Kindy to Year 6) ........................................................................................................ Yes: ☐ No: ☐
Copy of one Parent’s birth certificate or passport – proving residency .................................................................................. Yes: ☐ No: ☐
For overseas based enrolments – a copy of any travel visas. ................................................................................................. Yes: ☐ No: ☐
Application fee of $50 (non refundable) .................................................................................................................... Yes: ☐ No: ☐