

Application For Enrolment



**NARROMINE
CHRISTIAN SCHOOL**

Nurture for today . Learning for tomorrow . Character for eternity

147 - 153 Terangion Street, Narromine NSW 2821
T (02) 6889 2510
E registrar@narrominechristianschool.nsw.edu.au

APPLICANT (STUDENT) DETAILS

OFFICE USE ONLY

- Starting Date: _____
- Birth Cert/Passport/visa
- Immunisation
- Account Application
- Authorised Pickup
- Health Plan
- Bus Form
- Court Orders
- Copy of current school report

Date received: ___/___/___
Tour: Yes No
Interview with Principal: Yes No
Letter of offer: ___/___/___
Letter of offer returned: ___/___/___
Application fee paid: ___/___/___
Entered into Synergetic:

(ID number)

Family name: _____
Given name/s: _____ Preferred name: _____
Date of birth: ___/___/____ Gender: _____
To commence grade: _____ In Term: _____ Year 20
Current school: _____ Current Year of schooling: _____
Residential address _____
Suburb/Town: _____ State: _____ Postcode: _____
Home telephone number: _____ Parent/Guardian mobile number: _____
Applicant lives with (please circle): Both parents, Mother only, Father only, Guardian(s), Other
Home email address: _____
Nationality: _____ Country of birth: _____
Nationality other than Australian, please provide visa number: _____ Date of arrival: _____
Religious denomination: _____ Church attending: _____
Language spoken at home: _____

Applicant Profile

The applicant has sisters and brothers. Please circle the applicant's place among siblings: Oldest 1 2 3 4 5 6 Youngest
Sporting interests? _____
Cultural or other interests? _____

Academically: Very Good Good Average Poor Very Poor
Socially: Very Good Good Average Poor Very Poor

INFORMATION FOR GOVERNMENT CENSUS

Is English the applicants second language? Yes No If yes, what language does he/she speak? _____
Is the applicant of Aboriginal descent? Yes No Is the applicant of Torres Strait Islander descent? Yes No

PRE-KINDY APPLICANTS

For Pre-Kindy applicants: Do you plan to enrol your child at Narromine Christian School for Kindergarten at the completion of Pre-Kindy:

Yes No Undecided

Pre-Kindy Options: 1 Day Tues Wed Thurs 2 Days Tues/Wed Wed/Thurs Tue/Thurs 3 Days Tues Wed Thurs

TRANSPORT TO SCHOOL

Please select the applicants method of travel to school (you may select more than one). If school bus required, please complete the separate bus travel form available on request from the office.

Car Bus Walk Other

NOTE: Any misleading or inaccurate information may render this application null and void. This information will be used in accordance with the schools Privacy Policy, a copy of which is available upon request.

LEARNING AND SUPPORT NEEDS.

Does the applicant require support for learning? Yes No

Has the applicant accessed a professional and received a report for:

Hearing Speech Occupational Therapy Psychology Paediatrician Other: _____

If yes, please provide a copy of the report.

Please indicate if the applicant has any of the following:

A vision impairment A hearing impairment A language disorder A specific learning disorder Intellectual disability
 A physical disability Behaviour disorder Social/emotional difficulties Autism Acquired brain injury
 Mental health disorder Other: _____

Has any previous education provider prepared a documented plan to support the applicants additional learning needs? Yes No

We provide access to Speech Pathology and Occupational Therapy.

Do you give permission for your child to be screened for: Speech Pathology
 Occupational Therapy

APPLICANT'S (STUDENT) GENERAL HEALTH STATUS

Allergies Asthma Diabetes Epilepsy Other

If other, please specify: _____

Current medication? Please specify: _____

Current Health Care Plan - Please provide: _____

APPLICANT'S MEDICARE NUMBER: _____

Applicants number on card: _____

Exp: _____

Health insurance provider: _____

Membership number: _____

Exp: _____

PARENT/GUARDIAN DETAILS *Government Data Collection*

	Parent/Guardian 1				Parent/Guardian 2			
Highest Year of Secondary <i>(Please circle)</i>	Yr12	Yr11	Yr10	Yr9 or below	Yr12	Yr11	Yr10	Yr9 or below
Highest Qualification Completed <i>(Please tick)</i>	<input type="checkbox"/> Bachelor or above <input type="checkbox"/> Advance diploma (including trade) <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification.				<input type="checkbox"/> Bachelor or above <input type="checkbox"/> Advance diploma (including trade) <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification.			
Occupation Group <i>(Please circle)</i>	1	2	3	4	1	2	3	4

Group 1 - Elected officials, Senior executives/manager, management in large business organisation, government administration and defence and qualified professionals

Group 2 - Other business managers/professionals and associate professionals.

Group 3 - Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff.

Group 4 - Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers.

***Government requirement for data collection to assess literacy and numeracy skills of students and how they relate to socioeconomic factors.**

	Parent/Guardian 1	Parent/Guardian 2	Other
Relationship to applicant/student			
First Name			
Last Name			
Occupation			
Nationality			
Country of Birth			
Language spoken at home	English only <input type="checkbox"/> Other <input type="checkbox"/> _____	English only <input type="checkbox"/> Other <input type="checkbox"/> _____	English only <input type="checkbox"/> Other <input type="checkbox"/> _____
Employer			
Home Phone			
Work Phone			
Mobile Phone			
Street	Number: Name:	Number: Name:	Number: Name:
Suburb			
Postcode			
Email			
Religion			
If Seventh-Day Adventist	<input type="checkbox"/> Baptised Church attending:	<input type="checkbox"/> Baptised Church attending:	<input type="checkbox"/> Baptised Church attending:
Parents Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Partner	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> M.Deceased <input type="checkbox"/> F.Deceased
Correspondence information, app notification and emails from school will be sent to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Academic Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fee statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: As family structures can differ widely, please supply any details related to the particular circumstances of your family. Detail any legal arrangements of which the school should be aware. Where necessary, please supply a copy of relevant documentation.

REFERENCES

Referee 1:	Phone:
Relationship to applicant (eg. minister of church, teacher, etc):	
Referee 2:	Phone:
Relationship to applicant (eg. minister of church, teacher, etc):	

EMERGENCY CONTACTS If parents cannot be reached the people below will be contacted.

1	Full name	Phone	Relationship to child
2	Full name	Phone	Relationship to child
3	Full name	Phone	Relationship to child

PERMISSIONS

- In the event that the school is unable to contact me in an emergency, I grant permission for my child to be given the treatment deemed necessary.
- I give permission for my child to go on any regular school excursion in the local Narromine area e.g. town library and sporting fields.
- I give permission for the school to provide my contact details to the Home & School Committee

MEDIA CONSENT

- I give permission for my child's photograph to appear in the school newsletter
- I give permission for my child's photograph to appear in the local newspaper
- I give permission for my child's photograph to appear on the school website, school app and school facebook page
- I give permission for my child's name to appear in the newsletter
- I give permission for my child's name to appear in the local newspaper
- I give permission for my child's name to appear on the school website, school app and school facebook page

SIGNATURES (Both parent(s) or guardian(s) to sign if possible)

Signature of FATHER/Guardian _____ Date: _____ Signature of MOTHER/Guardian: _____ Date: _____

APPLICANT

I choose to support the school by wearing the correct uniform, behaving safely and courteously while travelling to and from school. I will cooperate with my teachers/staff and participate in school life. I promise to do and say things which show respect to my home and my school.

Signature of Kindy - Year 6 _____ Date: _____

SCHOOL INFORMATION

How did you first hear about our school? _____
Why did you choose this school? _____

FEE PAYMENT DECLARATION

I/We undertake to meet the financial obligation and understand that the non-payment of school fees may result in the cancellation of my/our child's enrolment at Narromine Christian School

Parent/Guardian/Carer - 1 _____ Date: / /

Parent/Guardian/Carer - 2 _____ Date: / /

Person responsible for Fee Account: (please tick)

Parent/Guardian/Carer - 1 Parent/Guardian/Carer - 2 Both

By signing below, you understand that the contractual agreement of this account is binding.

Where split billing is required please inform the registrar upon submission of the enrolment application.