

# 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			
<b>Highest Year of Secondary</b> <i>(Please circle)</i>	Yr12	Yr11	Yr10	Yr9 or below	Yr12	Yr11	Yr10	Yr9 or below
<b>Highest Qualification Completed</b> <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.			
<b>Occupation Group</b> <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:
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### 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:
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## 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: / /
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Parent/Guardian/Carer - 2	Date: / /
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Person responsible for Fee Account: (please tick)

Parent/Guardian/Carer - 1 <input type="checkbox"/>	Parent/Guardian/Carer - 2 <input type="checkbox"/>	Both <input type="checkbox"/>
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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.