

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

OFFICE USE ONLY

<input type="checkbox"/> Starting Date: _____	Date received: ____/____/____
<input type="checkbox"/> Rego No: _____	Tour: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Birth Cert/Passport/visa	Interview with Principal: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Immunisation	Letter of offer: ____/____/____
<input type="checkbox"/> Account Application	Letter of offer returned: ____/____/____
<input type="checkbox"/> Authorised Pickup	Application fee paid: ____/____/____
<input type="checkbox"/> Health Plan	Entered into MAZE: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bus Form	MCEETYA form: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Court Orders	Family key: _____
<input type="checkbox"/> Copy of current school report	Student key: _____

APPLICANT (STUDENT) DETAILS

Family name: _____

Given name/s: _____ Preferred name: _____

Date of birth: ____/____/____ Gender: _____

To commence grade: _____ In Term: _____ Year 20 _____

Residential address _____

Suburb/Town: _____ State: _____ Postcode: _____

Home telephone number: _____ Parent/Guardian mobile number: _____

Student 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: _____

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 your child's 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.

APPLICANT (STUDENT) PROFILE

If your child is already attending school please complete the following:

School currently attending:

Grade:

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

Sporting interests?

Club:

Cultural or other interests?

Club:

Siblings:

Siblings name:

Age

The applicant has sisters and brothers.

S1

Please circle the applicant's place among siblings:

S2

Oldest 1 2 3 4 5 6 Youngest

S3

LEARNING AND SUPPORT NEEDS.

Does your child require support for learning? Yes No

Please indicate if your child 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: _____

If yes, please provide any available reports to provide background information.

Hearing Speech Occupational Therapy Psychology Paediatrician Other: _____

If yes, depending on the level of need, a Collaborative Planning Meeting may be arranged.

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

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:

Child's number on card:

Health insurance provider:

Membership number:

INFORMATION FOR GOVERNMENT CENSUS

Is English your child's 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

PARENT/GUARDIAN DETAILS

	Mother	Father	Guardian
Title			
First Name			
Preferred Name			
Last Name			
Occupation			
Nationality			
Country of Birth			
Language			
Employer			
Religion			
Home Phone			
Work Phone			
Mobile Phone			
Street	Number: Name:	Number: Name:	Number: Name:
Suburb			
Postcode			
Email			
If Seventh-Day Adventist	<input type="checkbox"/> Baptised Church attending:	<input type="checkbox"/> Baptised Church attending:	<input type="checkbox"/> Baptised Church attending:
Marital Status			
Correspondence information 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*

1 Full name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Mobile phone: _____

2 Full name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Mobile phone: _____

PERMISSION NOTES

- 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 am willing for my child to have their image in any digital publication for marketing purposes.
- I am willing for my child to have their image in any print publication for marketing purposes.
- I am willing for my child to have their image in any social media publication for marketing purposes.
- I will contact the school in writing if I wish to withdraw consent for my child's image to be used for any marketing purposes.
- I give permission for my child to go on any regular school based program by bus or foot in the local area.
- I give permission for the school to provide my contact details to the Home and School Committee.

PLEDGE

- I/We understand that this is a christian school and agree to support the school in upholding its standards and ethos and I/we accept responsibility for payment of school fees.

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 cooperating with my teachers/staff and participating 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? _____

Did any of the following assist you in choosing this school for your child?

Letterbox flyer Newsletter ad/article Open Day Pre-Kindy student Church promotion School Banner

School website Preschool visit Friend Other _____

PAYMENT OF APPLICATION FEE *(\$100 non-refundable K-6 only)*

METHOD OF PAYMENT: Cash Credit card Cheque *(Please make payment to Narromine Christian School)*

Amount \$ _____ VISA Mastercard

Card No: _____/_____/_____/_____ Expiry date: ____/____/____ CVV Number: _____

Name on card: _____ Signature: _____ Date: ____/____/____