

REFERENCES

Please nominate two people who know your child and would provide a reference.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SCHOOL INFORMATION

How did you first hear about the school? _____

Why did you choose Victoria Park Christian School? _____

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

Letterbox Flyer Newspaper ad/article School Expo or Fair Display Open Day Preschool Visit

Church Promotion School Bus sign School Banner School Website

Other: _____

FAMILY COURT ORDER

Has the Family Court placed any restrictions upon parental access to the student? Yes No

If yes, please give details: _____

NOTE: Please attach a copy of the Court Order to this application form.

CONDITIONS OF ENROLMENT

PLEDGE

- I/We declare, to the best of our knowledge, that all the information disclosed on this form is true and correct.
- I/We have read the School's Handbook and agree to abide by its contents.
- I/We give permission to the School to forward my/our child's educational records and other personal details to their new school if/when they transfer.
- I/We understand that failure to settle school accounts may result in termination of enrolled student.
- I/We understand if our account is referred to debt collection I will be responsible for all costs incurred.
- I/We understand that this is a Christian school and to support the school in upholding its standards and ethos.

SIGNATURES

PARENTS / GUARDIANS (Both parents or guardian/s to sign if possible)

FATHER / GUARDIAN SIGNATURE: _____ DATE: _____

MOTHER / GUARDIAN SIGNATURE: _____ DATE: _____

APPLICANT: I choose to support the school by wearing the correct uniform, behaving safely and courteously while travelling to and from the school, cooperating with my teachers and participating in school life. I promise to do and say things which show respect to both my home and to my school.

YEAR 3-12 STUDENT SIGNATURE: _____ DATE: _____



VICTORIA PARK
CHRISTIAN SCHOOL

APPLICATION FOR ENROLMENT

27 Colombo St, Victoria Park WA 6100 T (08) 9362 2626 E vpcs@adventist.org.au W victoriaparkchristianschool.wa.edu.au

STUDENT INFORMATION

Family Name: _____

Given Name/s: _____

Preferred Name: _____

Date of Birth: _____ Gender: Male Female

To Commence Grade: _____ In Term: _____ Year: _____

Residential Address: _____

Suburb / Town: _____ State: _____ Postcode: _____

Home Telephone Number: _____

Home Email Address: _____

Religious Denomination: _____

Church Attending: _____

Nationality: _____

Country of Birth: _____

Australian Resident: Yes No *If No, please provide an original visa for photocopying*

Entry date into Australia: _____ Passport No: _____

(Copy of Visa + Passport needs to be supplied to the school with Enrolment Application)

OFFICE USE ONLY

Application Received: _____ MCEETYA: Yes No Receipt No: _____

Interview Date: _____ Birth Certificate: Yes No MAZE Entered: _____

Commencement Date: _____ Immunisation: Yes No Fees Entered: _____

Confirmation Letter: _____ Bus Form: Yes No Family Code: _____

Visa Number: _____ Registration Number: Yes No _____

Visa Expiry Date: _____ Previous School Report: Yes No

Non-refundable Enrolment Fee: _____ Visa Copied: Yes No

EDUCATION INFORMATION (FOR STUDENTS TRANSFERRING FROM ANOTHER SCHOOL)

Name of most recent school attended: _____ Grade: _____

Address of School: _____ Phone: _____ Fax: _____

Students previous academic level of work was: Above average Average Below average

Describe any special learning difficulties with which your child will require assistance: _____

List any special academic achievements or awards: _____

BEHAVIOURAL INFORMATION

Indicate your child's level of past conduct: Excellent Good Poor

Has your child ever been refused admission to another school, suspended, expelled or had disciplinary difficulties? Yes No

If yes, give details: _____

INFORMATION FOR GOVERNMENT CENSUS

Is English your child's second language? Yes No Is the applicant of Aboriginal / Torres Strait islander descent? Yes No

If yes, what language does he/she speak? _____

MEDICAL / HEALTH INFORMATION

Indicate the level of your child's general health: Excellent Good Fair Poor

Describe any health concern (physical or emotional) or problems of which the School should be aware of: *(ie. ADHD, Mental Health issues, Diabetes etc.)*

Please attach relevant documentation from health professionals involved ie. Psychologists, Paediatrician)

Does the student have any allergies or disabilities? _____

Has the student participated in the Health Department's immunisation schedule? Yes No

(Please supply the school with a copy of your up to date immunisation records with this application.)

Medicare Number: _____ Expires: _____ Child's reference number on Card: _____

Does the student have Ambulance Cover? Yes No Private Health Fund: Yes No

Name of Health Fund: _____ Membership No: _____

Medication (regular) _____

Family Doctor _____ Telephone: _____

Emergency contact details (NOT parents):

Name: _____ Phone Number: _____ Relationship: _____

I authorise the following medication to be given to my child as required: Please fill in dose normally given.

Panadol / Paracetamol. Yes No Dose: _____ Signature _____

(Unless this section is signed, NO medication can be given to the student.)

PARENT / GUARDIAN INFORMATION

(Please indicate relationship to applicant by circling one) MOTHER / GUARDIAN / OTHER: _____

Title: _____ Surname: _____ Full Given Names: _____

Date of Birth: _____ Nationality: _____ Marital Status: _____

Occupation: _____ Employer: _____

Home Address: _____

Work Phone: _____ Home Phone: _____ Mobile: _____

Email: _____ Religious Denomination: _____

Country of Birth: _____

(Please indicate relationship to applicant by circling one) FATHER / GUARDIAN / OTHER: _____

Title: _____ Surname: _____ Full Given Names: _____

Date of Birth: _____ Nationality: _____ Marital Status: _____

Occupation: _____ Employer: _____

Home Address: _____

Work Phone: _____ Home Phone: _____ Mobile: _____

Email: _____ Religious Denomination: _____

Country of Birth: _____

OTHER CHILDREN IN THE FAMILY

Name	School	Age	Enrolled/Applying	Year
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____

TRANSPORT INFORMATION

Please specify the mode of transport your child will use to travel to and from the School:

Walk Car School Bus Public Bus Other (Specify) _____

Will your child/children be using the Adventist Christian Schools Bus Service? Yes No

FINANCIAL INFORMATION

Person Responsible for fees: _____

Postal address: _____ Telephone: _____ Mobile: _____

Email: _____ Signature: _____