

Application for Enrolment

EN - F1

Complete the form by ticking choices or printing in the appropriate response boxes. Please use BLOCK LETTERS.

STUDENT DETAILS

Surname	<input type="text"/>	Gender	<input type="text"/>
First name	<input type="text"/>	Country of birth	<input type="text"/>
Second name	<input type="text"/>	Date of birth	<input type="text"/>
Preferred name	<input type="text"/>	(Please attach evidence of date of birth)	
Residency status (ie Australia, Permanent Resident, visa subclass)	<input type="text"/>	(Please attach evidence of residency)	
Will your child be enrolling as an overseas student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your child's current school (if applicable)?	<input type="text"/>	Current grade	<input type="text"/>
What is the desired entry grade for your child?	<input type="text"/>	Desired calendar year of entry	2 _ _ _ _

STUDENT'S CONNECTIONS WITH THE SCHOOL

Tick any of the following that apply:

- Brother or sister currently attending this School House
- Brother or sister currently on the prospective students list
- Brother or sister currently on the waiting list
- Other relatives with past or present connections with the school (for example, if a grandparent is a past student):

Name	Relationship to student	Leaving Year	House
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY DETAILS
Parents' details

	Mother	Father
First name	<input type="text"/>	<input type="text"/>
Second name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, etc)	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Home address

A post office box is not acceptable as a home address.

Provide one address only if Mother's and Father's addresses are the same.

	Mother	Father
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>

The student lives at this address:

- All the time
 Part of the time

 All the time
 Part of the time

Mailing address

Provide a mailing address if it is different from the home address; otherwise, write "As above" in the first line below.

Provide one address only if Mother's and Father's addresses are the same, or if you only require correspondence mailed to one address.

	Mother	Father
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

Special family circumstances

Please advise us of any special circumstances such as illnesses or family separation (include copies of any Court Orders)

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Church

Are you involved in church activities? Yes No

If yes, please give details:

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EDUCATIONAL AND MEDICAL INFORMATION

1. Does your child suffer from any of the following?

Asthma Hearing impairment Diabetes Epilepsy

Allergy Sight impairment Other:

2. Does your child take medication for any of the above? Yes No

If yes, please list the medication.

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3. Does this condition prevent or restrict your child from participating in any activity? Yes No

If yes, please describe the circumstances.

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4. Is your child's immunization up to date? Yes No

Please attach a copy of the immunisation records or provide details if not up to date.

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5. Has your child ever encountered learning difficulties? Yes No

If yes, please describe the circumstances.

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6. Is there any further information about your child's needs or aptitudes that we should know?

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GENERAL CONSENT

This is a declaration by parents or a guardian responsible for fees.

We:

1. Apply to have the above-named student considered for admission to Emmaus Christian School Canberra.
2. Agree to provide, when requested, any information concerning the student's education or medical history.
3. Enclose with this Application a Registration Fee of \$100 (which includes 10% GST), which we understand is non-refundable and does not guarantee the offer of a place.
4. Enclose evidence of date of birth and residency (such as a copy of a birth certificate or passport).
5. Enclose copies of two latest school reports.
6. Undertake to conform to the rules, procedures and regulations made from time to time by the School.

Father's
signature

Date

Mother's
signature

Date

OFFICE USE ONLY

- Application Fee
- Photocopy of Birth Certificate
- Photocopy of Passport/Citizenship/Residence status (if born outside Australia)
- Photocopy of Court Orders and/or Custody Orders (if applicable)
- Photocopy of most recent School Report
- Medical/Special Needs documentation (if applicable)
- Attachment 'Student Interests Form' given (if Primary or Secondary student)