

Application

Please complete this form by ticking choices or printing in the appropriate response boxes. Please use BLOCK LETTERS and N/A if questions are not applicable.

Student de	tails		
(Student's Name nee	eds to be the full name as	it appears on the child's birth	certificate)
Surname			Gender
First name			Country of birth
Second name			Date of birth
Preferred name			(Please attach evidence of birth date)
Residency status (Australian, Perman		ss) attach residency evidence	
Will your child be enrolling as an overseas student?		□ Yes □ No	
Name of your child's current school?		Current grade	
What is the desired entry grade for your child?		Desired year of entry 2	
Student's Connections with the School			
Do you have any connection to Emmaus? (please give details)			
Family Det	ails		
Contact	Parent 1		Parent 2
Title eg Mrs			
First name			
Surname			
Mobile phone			
Email			
Relationship to stu	ıdent		



Home address

A post office box	is not acceptable as a home address. Provide onl	y one address if the same.
	Parent 1 - Address	Parent 2 - Address
Street address		
Suburb		
State		
Postcode		
Phone		
The student live	s at this address:	
	☐ All the time ☐ Part of the time	☐ All the time ☐ Part of the time
	following section if necessary: eg Additional con ontact details (if necessary)	ntacts/ joint care arrangements are in place
CONTACT	Carer / Guardian 1	Carer / Guardian 2
Title eg Mrs		
First name		
Surname		
Mobile phone		
Email		
Relationship to s	tudent	



Addition home address (if necessary)

A post office box is not acceptable as a home address. Provide only one address if the same

	Carer / Guardian 1	Carer / Guardian 2
Street address		
Suburb		
State		
Postcode		
Phone		
The student live	s at this address:	
	☐ All the time ☐ Part of the time	☐ All the time ☐ Part of the time
Special fami	ly circumstances (if necessary)
Please advise u	s of any special circumstances such as	illnesses or family separation (include copies of Court Orders)
Church in	volvement	
Are you involve	d in church activities? ☐ Yes ☐ No	If yes, please give details:
Name of Church	n:	
= 1	Part Catalogue	
Education	al and medical information	on
1. Does your	child suffer from any of the follow	ving?
☐ Asthm	a ☐ Hearing impairment ☐ Diabet	res Epilepsy
☐ Allergy	✓ ☐ Sight impairment ☐ Other:	



2. Does your child take medication for any of the above?	☐ Yes	□ No
If yes, please list the medication.		
3. Does this condition prevent or restrict your child from participating in any activity?	□ Yes	□ No
If yes, please describe the circumstances		
4. Is your child's immunization up to date?	☐ Yes	□ No
Attach a copy of immunisation records or provide details if not up to date.		
5. Has your child ever encountered learning difficulties?	☐ Yes	□ No
If yes, please describe the circumstances.		
6. Is there any further information about your child's needs or a	aptitudes th	at we should know?



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.
- 7. Have received and read the Application & Information Pack.

Parent/Guardian signature		Date	Э
Parent / Guardian signature		Date	9
I/we have chosen the following payr	ment option (please tick) fo	or the Application for En	rolment Fee
1. Direct Credit Date Paid _		Amount \$	
2. Credit Card Authorisation			
Card Type - Mastercard / VISA	A (No AMEX) Fees apply	Account Name	
Card Number		Expiry Date/	Amount \$
3. School Office Date Paid		Amount \$	
Payment of Application for En	rolment Fee Options		
1. DIRECT CREDIT- email notifying us	of your payment.		
Bank - National Australia Bank			
BSB - 082-902			
Account - 673097388			
2. CREDIT CARD* – Authorisation above	ve or via telephone to the Sch	nool Office. (* 1% surcharge	e Credit Cards)
3. EFTPOS/CHEQUE/CASH - Over the	counter at the School Office.		

NOTE: In order for payments to be correctly allocated, please quote the first four letters of your surname and APP to

indicate the payment is for your application fee. eg. For the Macdonald family, MACD - APP.



Student Interests (for Primary & Secondary Student use only)

1. Why do you want to come to	this School?		
2. Do you have any special res	ponsibilities or jobs at your	current school?	
3. Which books do you like to re	ead?	_	
,			
4. Which movies do you like wa	atching?		
5. What sports have you played	d in the last two years?		
Activity	Club or School	Team or Level	How many years played?
6. What music have you been i	involved in over the last two	vears?	
Instrument (including voice)	Band or Orchestra	Group	How many years played?
7 List any prizes or enocial aw		ar at ashaal ar alsowh	
7. List any prizes or special awa	ards you have received, eiin	ler at school of eisewin	ere
8. Do you do any extra activitie	es at school or outside of sch	20012	
C. Do you do arry oxid dodivido	3 at 3011001 01 04t0140 01 05.1	1001 :	



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)
□ Student Interests Form (if applicable)