



# Discovery Christian College Application for Enrolment

## PROCESS

Thank you for your expression of interest in enrolling your child at Discovery Christian College. We look forward to meeting with you in due course to discuss the possibility of your child's enrolment. In order to begin the process we would appreciate you taking the time to provide us with the information requested on this form.

The steps following this initial process are:

- Deliver or post this form to Discovery Christian College (see back page for addresses).

- The school will acknowledge receipt of the application.
- An initial interview will be held at a mutually convenient time.
- Following interview and confirming available places, a position may be offered for your child.
- If you wish to accept the place, a Confirmation Fee of \$150 per child is required to secure your enrolment.

This fee is non-refundable but will be transferred to your first term's tuition fees should your child commence enrolment.

## STUDENT INFORMATION

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Mobile No: (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Boy:  Girl:

To commence in: Prep:  1:  2:  3:  4:  5:  6:  7:  8:  9:  10:  11:  12:

Year to commence: \_\_\_\_\_ Previous school attended (if any): \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Please tick if you hold one of the following cards: Health care:  Pensioner Concession Card:  Department of Veteran Affairs Gold Card:

**Note: A copy of cards must be provided with your application for enrolment.**

If the student is a VISA HOLDER please provide the current VISA sub-class \_\_\_\_\_ and a copy with your application for enrolment.

Is the child an AUSTRALIA CITIZEN? Yes:  No:  If no, state citizenship: \_\_\_\_\_

I have supplied a copy of my child's BIRTH CERTIFICATE with my application form. Yes:  No:

Is the child an ABORIGINAL/TORRES STRAIT ISLANDER? Yes:  No:

Is there a current FAMILY COURT ORDER? Yes:  No:  If yes, the school needs a copy. \_\_\_\_\_

Do you speak English as a second language at home? Yes:  No:  If yes, First Language: \_\_\_\_\_

Is your child currently participating in a special education programme? Yes:  No:

Has your child had any testing such as a psychological assessment? Yes:  No:  If yes, please provide a copy. \_\_\_\_\_

Does your child have any disabilities? Yes:  No:

Does your child suffer any loss of hearing? Yes:  No:

Does your child suffer any problem with their sight? Yes:  No:

Does your child suffer from any chronic complaint? Yes:  No:

Does your child regularly take any medication? Yes:  No:

Are there any more details which would enable us to minister more effectively to your child? Yes:  No:

**Note: If "YES" is marked to any of the above questions – please give details and documentation where possible.**

## OTHER CHILDREN / SIBLINGS

Name of Sibling: _____	Date of Birth: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Name of Sibling: _____	Date of Birth: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Name of Sibling: _____	Date of Birth: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Name of Sibling: _____	Date of Birth: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Name of Sibling: _____	Date of Birth: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>

**Note: An enrolment application form is required for each child.**

## PARENT INFORMATION

### FATHER / GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### MOTHER / GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

## FINANCIAL INFORMATION

Do you have any outstanding school fees with another school? Yes:  No:

Are you currently bankrupt or subject to a personal insolvency agreement or a formal debt agreement? Yes:  No:

If "Yes", please specify the administration number ..... and the expected date of discharge or termination .....

*(Please note that the College reserves the right to obtain information from the Australian Government Insolvency and Trustee Services where it has reason to be concerned about a parent's capacity to pay the College's fees in situations of bankruptcy/insolvency).*

## SPIRITUAL INFORMATION

Do do you attend Church? \_\_\_\_\_

Name and Address of Pastor/Minister: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Note: Your Pastor/Minister may be phoned as a referee on your behalf.**

## AGREEMENT

In submitting this application for enrolment I / we:

- Agree to support and abide by the policies and procedures of the school.
- Agree to assist where practical and possible, within the school community with the improvement of school facilities.
- Agree to pay all tuition fees and charges as per invoice and honour our financial obligation to the school by the due date, unless alternative arrangements have been made with the School Principal or Business Manager / Bursar.
- Agree to give one term's notice of withdrawal in writing to the Principal, or otherwise be liable for one term's fee charged in lieu of notice of withdrawal.
- Consent to Discovery Christian College obtaining information from the previous school(s) at which my/our child has attended for the purpose of ascertaining debtor payment history.
- Agree to cooperate with and support the school in matters of discipline.
- Agree to disclose to the school relevant medical and educational information about the applicant.
- Understand that the school reserves the right to review enrolment at any time.
- Acknowledge that this form has been read in its entirety and that all information stated is a true and accurate record.

Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Failure to accurately complete all sections of this enrolment form may result in the school's inability to accommodate your child's individual needs and may affect your application.**

### OFFICE USE ONLY

Date Application Received: \_\_\_/\_\_\_/\_\_\_ Date of Initial Interview: \_\_\_/\_\_\_/\_\_\_ Entry Level: \_\_\_\_\_ Entry Date: \_\_\_/\_\_\_/\_\_\_

Application Accepted: \_\_\_/\_\_\_/\_\_\_ Application Denied: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Entered on: PCSchool: