

ST. ANDREW'S CHRISTIAN SCHOOL

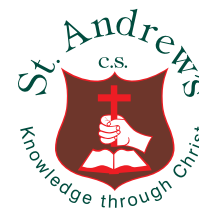
Preparatory, Primary and Secondary School

Address: 84 Washpool Road Clarenza NSW 2460

Phone: (02) 66434770

Email: reception@standrewscs.nsw.edu.au

Web: www.standrewscs.nsw.edu.au



APPLICATION FOR ENROLMENT

PLEASE COMPLETE ALL SECTIONS AND SIGN

PLEASE ANSWER ALL QUESTIONS AND SECTIONS FULLY SO WE CAN APPROPRIATELY SUPPORT YOUR CHILD

ENROLMENT PROCESS

Contact **Student Reception** on (02) 6643 4770 or complete the Enquiry Form under Enrolments at www.standrewscs.nsw.edu.au to arrange an appointment with the Principal.

Bring along to your appointment:

- Completed Application for Enrolment form (this form)
- Copy of Birth Certificate
- Copy of Visa if not Australian Citizen
- Copy of two most recent School Reports
- Copy of most recent NAPLAN Report
- Copy of Doctor's Reports/Specialist Reports (where applicable)
- Copy of Vaccination Records
- Any other relevant documents eg. Custody agreement

Please note that until all documents are received we cannot complete the enrolment process.

STUDENT DETAILS

Surname _____ Given Names _____

Preferred Name _____ Male Female

Date of Birth _____ Religious Denomination _____

Residential Address _____

Desired Year Level _____ in term _____ of Year 20 _____

If enrolling for Prep:

Preferred Days: Tuesday Wednesday Thursday

Pre-Prep: Monday only

FOR CENSUS PURPOSES ONLY

Is the student of Aboriginal or Torres Strait Islander origin? Yes No

Does the student have a language background other than English? Yes _____ (language)

Is the student an Australian Citizen? Yes No If No, please provide copy of current Visa.

PARENT/GUARDIAN DETAILS

FATHER'S DETAILS

Past Student? Yes No

First Name _____ Title _____

Surname _____

Home Ph _____

Work Ph _____

Mobile _____

Email _____

Occupation _____

Employer _____

Marital Status _____

School Education 9 10 11 12

Non-School Education Cert. Dip. Degree

Living with the student? Yes No

If No, please give address _____

Suburb _____ Post Code _____

Responsible for payment of accounts Yes No

Signed _____

GUARDIAN'S DETAILS

Past Student? Yes No

First Name _____ Title _____

Surname _____

Home Ph _____

Work Ph _____

Mobile _____

Email _____

Occupation _____

Employer _____

Marital Status _____

School Education 9 10 11 12

Non-School Education Cert. Dip. Degree

Living with the student? Yes No

If No, please give address _____

Suburb _____ Post Code _____

Responsible for payment of accounts Yes No

Signed _____

MOTHER'S DETAILS

Past Student? Yes No

First Name _____ Title _____

Surname _____

Home Ph _____

Work Ph _____

Mobile _____

Email _____

Occupation _____

Employer _____

Marital Status _____

School Education 9 10 11 12

Non-School Education Cert. Dip. Degree

Living with the student? Yes No

If No, please give address _____

Suburb _____ Post Code _____

Responsible for payment of accounts Yes No

Signed _____

GUARDIAN'S DETAILS

Past Student? Yes No

First Name _____ Title _____

Surname _____

Home Ph _____

Work Ph _____

Mobile _____

Email _____

Occupation _____

Employer _____

Marital Status _____

School Education 9 10 11 12

Non-School Education Cert. Dip. Degree

Living with the student? Yes No

If No, please give address _____

Suburb _____ Post Code _____

Responsible for payment of accounts Yes No

Signed _____

CUSTODY ARRANGEMENTS

Are there custody arrangements in place? Yes No

• If custody arrangements (Family Court Orders or Domestic Violence Orders) apply, please attach details 


Note: The school is happy to split fee payments between the above, however, all parties who have accepted responsibility for fees are ultimately responsible. The school reserves the right to communicate fee information to the other parties above, regarding unpaid fees.

We will require separate reports to be sent to each party Yes No

STUDENT'S CURRENT SCHOOL DETAILS

Current School _____ Year Level _____

School Address _____

A copy of the most recent two school reports should be enclosed and the most recent NAPLAN (where applicable), with the exemption of Prep. 

Student's interests and strengths _____

FURTHER FAMILY DETAILS

List ALL siblings school age or below (including those enrolled at St. Andrew's Christian School)

Name	Gender	DOB	Present School or Daycare	Grade Level

Number of children in family _____ Birth order of applicant _____

SCHOOL CONNECTIONS

If parent/guardian or relatives have previously attended St. Andrew's Christian School, please list details below

Name	Relationship to Student	Final Year

LOCAL EMERGENCY CONTACT

Other than parents

Name _____ Relationship to child _____

Phone _____

NEXT OF KIN

Not someone living with you

Name _____ Relationship to child _____

Phone _____

Address _____

STUDENT PRIVACY

On occasions, student information (such as academic and sporting achievements, activities, images (eg photographs, work samples and other news) is published in school newsletters, local newspapers, promotional material and on our website.

Please tick the appropriate box below:

- I'm happy for my child's image, work or achievement to be used by the school for the purposes of publicity or promotion.
- I DO NOT wish my child's image, work or achievements to be used by the school for the purposes of publicity or promotion.

MEDICAL DETAILS

Family Doctor _____ Ph _____

Medicare Number: _____ Medical Fund: _____

Has your child been fully immunised? Yes No

Is your child taking regular medication (eg for Asthma, ADHD etc)? Yes No

Please give details of this medication _____

Please provide specialist/doctor reports or a management plan for any conditions marked that your child has:

	Comments
ADHD	
Allergies	
ASD	
Asthma	
Bronchitis	
Eating Disorder	
Epilepsy	
Eye Sight Loss	
Diabetes	
Hay Fever	
Hearing Loss	
Mental Health Treatment	
Other (Please specify)	

How does this condition impact school activities? _____

Does your child follow a special diet? Yes No

If yes, please specify _____

Is your child allergic to any medicine or drug, insect sting, other substance? Yes No

If yes, please specify _____

Has your child ever been treated for mental health issues? Yes No

If yes, please specify _____

ADDITIONAL LEARNING AND SUPPORT NEEDS

Please indicate if your child has

A diagnosis (learning, physical, emotional) *Seen a Paediatrician? Please attach Specialist report.* 

Ever received learning support from your current or previous school *Please attach copy of learning plan* 

BEHAVIOUR MANAGEMENT

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

Were there any behavioral issues at your child's previous schools? Yes No

If yes to either, please specify

Has your child had any history of violence towards others? Yes No

If yes, please specify

MEDICAL AUTHORISATION

ALL MEDICATIONS SHOULD BE TAKEN TO THE SCHOOL OFFICE.

I GIVE PERMISSION FOR THE SCHOOL TO ADMINISTER PARACETAMOL TO MY CHILD WHEN DEEMED APPROPRIATE

YES NO

Signed _____ Date _____

ASTHMA

The school has the ability to nebulise students who suffer an asthma attack, however, students can only be nebulised with their own nebulisers.

If you wish your child to be nebulised, please sign the indemnity below and supply nebuliser as soon as possible.

I do/do not give permission for my child to be nebulised in the event of an asthma attack at school and I agree to send a nebuliser to be stored at school.

Signed _____ Date _____

AMBULANCE

On rare occasions students suffer more serious injuries or illnesses at school and they need to be transported to hospital. Please sign the indemnity below giving permission for any of the information contained on this form to be passed to members of the Ambulance Service.

I do/do not give permission for the information contained on this medical form to be passed on to the ambulance service in the event of an emergency,

Signed _____ Date _____

MEDICATIONS

Please list any medications you wish your child to be given while at school. Please appreciate the importance of keeping information about your child's medical needs up to date. Any changes should be notified to the school immediately.

SPECIAL NOTES

SIGNATURE

Signed _____ Date _____

CONDITIONS OF ENROLMENT

GENERAL

1. Completing and signing this Enrolment Application signifies your acceptance of, and agreement to, the conditions relating to the payment of fees and charges and to any other condition or rule which may be implemented by the St. Andrew's Christian School Board, or its appointed representatives, to ensure the orderly conduct of St. Andrew's Christian School ("the School").
2. The offer of a place at the School is subject to attendance at an Enrolment Information meeting and/or a satisfactory interview with at least one parent or guardian and the intending student with either the Principal or an Executive Staff member prior to the proposed date of commencement at the School. If the student is currently attending school, a photocopy of two recent reports should be included with this Application.
3. The Principal, in consultation with the School's Board, determines the courses offered and teaching practices used at the School. The elective subjects available to students in the Secondary School are also at the discretion of the Principal.
4. A student must attend the School throughout the year which is divided into four terms. In the case of absence due to an accident or sickness, the parent or guardian must notify the School by phone, email, or in writing. A request by the parent or guardian for an extended leave of absence for a student must be made in writing well in advance and addressed to the Principal. Such leave will be granted on a case by case basis eg. for medical or other special reasons.
5. All students are required to participate in sporting activities and other official functions as determined and notified by the Principal from time to time.
6. All students are required to wear the official uniform, as directed by the Principal, and conduct themselves in a manner consistent with the ethos of the School.
7. Parents and/or guardians acknowledge the importance of their involvement in the ongoing education of their son or daughter by attending parent/teacher information and speech nights and other official School functions.
8. We will teach from a Christian worldview including encouraging your child to do so. We will read the Bible and pray on a regular basis.

FEES

1. All fees are due and payable on the first day of the term, or on the first day of attendance if a student commences after the first day of term.
2. Where fees are still outstanding at the end of the term, and satisfactory arrangements for the payment of such fees have not been made, then the student's enrolment may be reviewed.
3. Absence from the school during the whole or any part of a term does not remove the obligation to pay that term's fees.
4. Parents will give at least one term's written notice of termination of enrolment or pay the equivalent amount in lieu, unless there are mitigating circumstances that are acceptable to the school.

DISCIPLINE

Disciplinary action taken by the school is determined by the Principal and may include:

- Withdrawal of privileges Detention at lunchtime Suspension – in school or external

EXPULSION

Failure to meet any of the above Conditions of Enrolment may make it difficult for the school to continue to fulfill its educational obligations. In this event, it may be necessary, at the discretion of the Principal to withdraw or expel the student who is the subject of a breach of these conditions.

PRIVACY LEGISLATION

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your son or daughter.
2. Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.

4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (AAP) under the Privacy Act. We ask you to provide medical reports relating to your child from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, medical practitioners, and people providing services to the school, including specialist visiting teachers, sports coaches and volunteers. A copy of St. Andrew's Christian School Privacy Policy can be obtained by contacting the Principal.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines, on our website or social media.
8. Parents may seek access to personal information collected about them and their child by contacting the School. Students may also seek access to personal information about themselves. However, there will be on occasions when access is denied. Such occasions will include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
9. The School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and school directory. If you do not agree to this you must advise us now.
11. If you provide the School with the personal information of others, such as doctor or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why. That way they can access that information if they wish as the School does not usually disclose the information to third parties.

DECLARATION

- | | | |
|--|------------------------------|-----------------------------|
| I/We agree to ensure my/our child regularly attends school | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I/We have supplied all relevant documents concerning my/our child's learning, physical and emotional needs including all specialist reports | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| My child's vaccinations are up-to-date and I am supplying St. Andrew's Christian School with vaccination records | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I am/We are prepared to support the Electronic Device Policy | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I am/We are prepared to support the uniform code of the school | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I am/We are prepared to support my/our child in completing regular homework | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I/We will communicate directly with the school staff concerning my/our child's education and broader school issues and avoid criticism of the school and staff on platforms such as social media etc | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I/We understand that my child may not be permitted to represent the school (eg. sport, events, excursions) if they have received detentions or been suspended | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signed _____ Date _____

(Parent/Guardian Signature)

Signed _____ Date _____

(Parent/Guardian Signature)

Where did you hear about St. Andrew's Christian School?

- Word of mouth Newspaper Advertisement
- Recommended by currently family - family name _____
- Website Other, please state _____