

STUDENT DETAILS *(please complete a separate Student Details page for each child re-enrolling)*

Year Level *(circle)* K P 1 2 3 4 5 6 7 8 9 10 11 12

Given Names

Surname

Preferred Name

Date of Birth

 / /

Female/Male

F M

Is the student any of the below?

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

How will this student travel to school?

Bus

Car

Walk

Bicycle

Other

Is this student receiving the following:

Language Support

Mathematics Support

Individual Teacher Aide

Speech Therapy

English Second Language Support

Visual/Hearing Impairment Support

Student's Doctor's Name

Doctor's Phone

Medicare Number

Expiry

Position

Health Fund

Member Number

Student's Medical History *(if more space required please use attach extra paper)*

Does the student have prescribed medication? *(If yes, give details below)*

Are the medications required to be bought to school?

Does the student suffer from any illness, medical condition or disability such as?

(Please supply a copy of all clinical and/or Doctor's reports on the student's condition and management requirements where applicable)

Diabetes

Epilepsy

ADHD

ASD

Physical

Disability

Intellectual Disability

Vision

Hearing

Other

Does the student have any allergies?

Yes

(Details)

No

Does the student have asthma?

Yes

(Details)

No

Mild

Severe

Life Threatening

Mild

Severe

Life Threatening

Please sign to confirm the above is a true and accurate overview of the student's medical status

Signature:

Date:

OTHER

1. North West Christian School collects data and images of students for marketing and website/social media purposes. For more information please refer to the privacy guidelines in the school Policy and Guidelines Manual in the office.

Do you allow North West Christian School to use your child/s photo for the above purposes? Yes No

2. North West Christian School will take students on local excursions (within the Penguin area). These events will be by foot or staff/parent approved transport. Parents/Guardians will be notified but individual permission slips will not be sent home.

Do you give your child permission to attend these local excursions? Yes No

3. Do both parents require separate copies of school correspondence? Yes No

4. Do you require two copies of your child's school report? Yes No

FATHER/PARENT 1/GUARDIAN

Title

Given Names

Surname

Residential Address

State

Post Code

Postal Address

Sate

Post Code

Home Phone

Work Phone

Mobile

Email

Do you require your own copy of correspondence?

Yes No

MOTHER/PARENT 2/GUARDIAN

Title

Given Names

Surname

Residential Address

State

Post Code

Postal Address

Sate

Post Code

Home Phone

Work Phone

Mobile

Email

PARENT INFORMATION

Please select one of the following options:

Married Single Separated

Divorced Widowed De-facto

If parents are separated/divorced, student/s reside with?

N/A Mother Father

Shared Other (*please describe below*)

Are there any court orders in place that affect the student/s?

No Yes

(*If Yes - supply copy of order*)

EMERGENCY CONTACTS (*Someone other than a parent*)

Emergency Contact 1

Full Name

Relationship to Student

Work/Home Phone

Mobile

Emergency Contact 2

Full Name

Relationship to Student

Work/Home Phone

Mobile

PARENT AGREEMENT

1. We/I understand that our child will be welcome at the School if the North West Christian School Council is satisfied that he/she upholds the ethos of North West Christian School. We/I understand that our/my child is admitted subject to his/her application being processed by the North West Christian School Council.
2. We will support the Christian ethos of the School in every way. Further, we will ensure that, in after-hours meetings of school students under our jurisdiction or organised by us, the Christian principles and moral standards of the School will be upheld always.
3. We understand and agree that our child must abide by the School rules in force from time to time as interpreted by the School and the continued attendance at the School is at the absolute discretion of the School Council and Administration.
4. We/I agree to be jointly and severally liable for the payment of all fees and charges levied by the School (namely the Seventh-day Adventist Schools (TASMANIA) Limited trading as North West Christian School) and agree that all amounts not paid by the due date may incur interest.
5. We have read and accepted the Conditions of Enrolment and that to the best of our knowledge, all the information provided on this application is true and correct.

APPLICATION SIGNATURES

I/We certify that the informative above is true and correct and that I/We have read the Conditions of Enrolment and Fee Information details (included in this Application for Enrolment).

1. Father/Parent 1/Guardian Name (*printed*)

Signature

Date

2. Mother/Parent 2/Guardian Name (*printed*)

Signature

Date

3. Other/Step-parent/De-facto/Guardian

Signature

Date