



*A ministry of*

## Girrawheen Baptist Church

*'The School is committed to safeguarding and promoting the safety, welfare and wellbeing of children and young people and expects all staff and volunteers to share this commitment'*

### Application for Enrolment (SINGLE)

FULL NAME: \_\_\_\_\_

YEAR LEVEL APPLIED FOR: \_\_\_\_\_

LODGEMENT OF THIS ENROLMENT FORM DOES NOT ENSURE ENROLMENT WHICH WILL DEPEND ON THE OUTCOME OF THE INTERVIEW AND AVAILABILITY OF PLACES IN THE SCHOOL.

#### CHECKLIST TO INCLUDE WITH APPLICATION:

- Application fee of \$100 for the first child & \$50 for sibling must accompany this form.
- Copy of your child's birth certificate.
- Recent school report including NAPLAN/MS9 (if available).
- Immunisation Records.
- Proof of AUSTRALIAN Citizenship OR Passport and VALID Visa Papers**
- Medical Forms: Asthma/Anaphylaxis**

*Note: Originals of Visas and Birth Certificates must be sighted on acceptance of this application.*

**SECTION 1 – STUDENT DETAILS**

<b>STUDENT DETAILS</b>			
Surname			
Given Names (as per birth certificate)			
Preferred name			
Date of Birth			
Gender	<input type="checkbox"/> Male / <input type="checkbox"/> Female		
Country of Birth		Nationality	
Visa Class (if not Australian)			
Present Year Level			
Present or Previous school			
Languages spoken by student	<input type="checkbox"/> English / <input type="checkbox"/> Other (please specify)		
<b>OTHER SIBLINGS</b>			
	Name	Gender	Date of Birth
<b>ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT</b>			
I wish to disclose that I am of Aboriginal or Torres Strait Islander descent	<input type="checkbox"/> Aboriginal / <input type="checkbox"/> Torres Strait Islander / <input type="checkbox"/> NA		
<b>RESIDENCY STATUS</b>			
<input type="checkbox"/> Australian citizen			
<input type="checkbox"/> Permanent Resident / <input type="checkbox"/> Temporary Resident / <input type="checkbox"/> Exchange Student / Overseas Student			
<b>PLEASE PROVIDE DETAILS</b>			
Visa Class			
Date of Arrival in Australia			
Visa Number			
Visa Expiry Date			
Name of Exchange Organisation (if applicable)			

CUSTODY / GUARDIANSHIP	
Student resides:	
<b>Permanently with</b>	<input type="checkbox"/> Both Parents / <input type="checkbox"/> Father only / <input type="checkbox"/> Mother only / <input type="checkbox"/> Other (please provide details)
<b>Occasionally with</b>	<input type="checkbox"/> Both Parents / <input type="checkbox"/> Father only / <input type="checkbox"/> Mother only / <input type="checkbox"/> Other (please provide details)
Details of Legal Guardianship	
<b>Are there any current Family Court Orders or current Restraining Orders that would apply to the child?</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO
<b>Have you provided the School the latest copy of Family Court orders?</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO
<b>Does your family, now or in the past, been involved with the Department of Child Protection (CPFS)?</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO
<b>PLEASE NOTE: PLEASE PROVIDE COPY OF FAMILY COURT ORDERS</b>	

## SECTION 2 – STUDENT DETAILS (MEDICAL AND HEALTH)

MEDICAL INFORMATION	
<b>The School requires medical information in case of emergency. Information supplied will be kept confidential and will only be used if necessary.</b>	
Medicare Number	Number appears beside the student's name on card
Expiry Date	
<p><b>We have St. John's Ambulance cover insurance</b> <input type="checkbox"/> YES / <input type="checkbox"/> NO            (Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first).</p> <p>We hereby give permission to the School to seek medical attention and/or hospitalise our child named on this Contract when such is considered necessary.</p> <p>We also give permission to the School, that if an emergency occurs requiring surgery/anaesthetic etc., and we are unable to be contacted within a reasonable time, the School may give consent on our behalf.</p> <p>We understand that:</p> <ol style="list-style-type: none"> <li>1. The School cannot accept responsibility for Medical Expenses arising from accident or illness, loss or damage to personal effects and property, or liability incurred by students for bodily injury.</li> <li>2. Our personal private health and general insurance policies should be reviewed to ensure adequate cover.</li> </ol> <p><b>Signature Guardian 1</b> _____ <b>Signature Guardian 2</b> _____</p>	
Private Health Fund Name	
Membership Number	

Doctor's Name			
Medical Practice (and Address)			
Contact number			
Has the student received ALL the required vaccinations?	<input type="checkbox"/> YES / <input type="checkbox"/> NO *please provide Vax certificate		
Has the student received any of the following?	<input type="checkbox"/> Education Support / <input type="checkbox"/> Specialist Services		
Please provide details			
<b>HEALTH INFORMATION</b>			
<b>Does the student have any of the following specified disabilities, medical conditions, health care needs that would affect learning or management at School? (please tick ALL that apply)</b>			
ADHD/ ADD	<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Needs:	
Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	Deaf or hard of hearing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anaphylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing condition (e.g. Otis Media)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Intellectual disability	<input type="checkbox"/> YES <input type="checkbox"/> NO
Autism Spectrum Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Learning Impairment (e.g. Dyslexia)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Physical disability	<input type="checkbox"/> YES <input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Speech impediment	<input type="checkbox"/> YES <input type="checkbox"/> NO
GDD	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Impairment	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mental Health or behavioural Issues (e.g. Anxiety)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Dietary Needs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Migraines / Headaches	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other (please specify):			
<b>IF YOU TICKED ANY OF THE ABOVE BOXES, PLEASE PROVIDE DETAILS AND SUPPORTING DOCUMENTS</b>			
<ul style="list-style-type: none"> <li>• If the student has a medical condition, intensive health care need or psychological condition that requires an Emergency Action Plan, you will need to provide details.</li> <li>• Please attach copies of relevant documentation in relation to the above. These are for school records.</li> </ul>			
<b>PLEASE PROVIDE DETAILS IN THE SPACE BELOW OR ATTACH RELEVANT DOCUMENTATION SEPARATELY</b>			
<b>***SECONDARY SCHOOL ONLY***</b>			
<b>Non-Prescription Medication (e.g., Panadol, antihistamines) which you are authorising the School to administer when necessary:</b>			
Paracetamol	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
Nurofen	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
Antihistamines	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
Other (Please specify):			
<b>IS THE STUDENT ON REGULAR MEDICATION? PLEASE PROVIDE REASON WHY AND DETAILS.</b>			

### SECTION 3 - FAMILY DETAILS

	PARENT/ LEGAL GUARDIAN 1	PARENT/ LEGAL GUARDIAN 2
Title		
Surname		
Given Names (as per birth certificate)		
Relationship to Student	<input type="checkbox"/> Father / <input type="checkbox"/> Mother / <input type="checkbox"/> Guardian	<input type="checkbox"/> Father / <input type="checkbox"/> Mother / <input type="checkbox"/> Guardian
Nationality		
Visa Class (if not Australian)		
Home Address		
Postal Address		
Contact Nos		
Home	+618	+618
Mobile	+61	+61
Work	+618	+618
Email		
Occupation		
Marital Status	<input type="checkbox"/> Never Married / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Separated / <input type="checkbox"/> Widowed	<input type="checkbox"/> Never Married / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Separated / <input type="checkbox"/> Widowed
<b>EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS)</b>		
<b>IN CASE OF AN EMERGENCY WHERE THE PARENT/ GUARDIAN/ CARER CANNOT BE CONTACTED, PLEASE PROVIDE ALTERNATIVE CONTACTS. PERSONS NOMINATED AS EMERGENCY CONTACT ARE AUTHORISED TO PICK UP CHILDREN FROM SCHOOL.</b>		
Surname		
Given Names (as per birth certificate)		
Relationship to Student		
Contact Number		

## SECTION 4 – FAMILY DETAILS (GOVERNMENT DATA)

The following information is required by the Australian Government		
	Parent/ Legal Guardian 1	Parent/ Legal Guardian 2
Date of Birth (dd/mm/YYYY)		
Country of Birth		
Languages spoken		
<b>Education</b>	Please tick appropriate box	
What is the highest year of primary or secondary school you have completed?	<input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent
What is the level of the highest qualification you have completed?	<input type="checkbox"/> Bachelor's Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor's Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification
<b>Occupation</b>	Please tick appropriate box	
What is your Occupation Group?	<input type="checkbox"/> <b>Group 1</b> – Senior management in large business organisation, government administration / qualified professional  <input type="checkbox"/> <b>Group 2</b> – other business manager, art, medical sportspersons and associated professional  <input type="checkbox"/> <b>Group 3</b> – Tradesperson, clerk, skilled office and service staff  <input type="checkbox"/> <b>Group 4</b> – Machine operators, hospitality staff, trades assistants, shop assistants, labourers and related work  <input type="checkbox"/> <b>Other (Group 8)</b> – Not currently in paid work/ not in paid work in the last 12 months	<input type="checkbox"/> <b>Group 1</b> – Senior management in large business organisation, government administration / qualified professional  <input type="checkbox"/> <b>Group 2</b> – other business manager, art, medical sportspersons and associated professional  <input type="checkbox"/> <b>Group 3</b> – Tradesperson, clerk, skilled office and service staff  <input type="checkbox"/> <b>Group 4</b> – Machine operators, hospitality staff, trades assistants, shop assistants, labourers and related work  <input type="checkbox"/> <b>Other (Group 8)</b> – Not currently in paid work/ not in paid work in the last 12 months

## SECTION 5 – FAMILY DETAILS (COMMUNICATIONS)

ACADEMIC AND GENERAL COMMUNICATION	
All communication to be forwarded to	<input type="checkbox"/> Father only / <input type="checkbox"/> Mother only / <input type="checkbox"/> Other (please provide details)
Surname	
Given Names	
Relationship to Student	
Home Address	
Email Address	
FINANCIAL COMMUNICATION	
All communication to be forwarded to	<input type="checkbox"/> Father only / <input type="checkbox"/> Mother only / <input type="checkbox"/> Other (please provide details)
Surname	
Given Names	
Relationship to Student	
Home Address	
Email Address	
<p><b>PLEASE NOTE:</b> Both signatories in page 10, of the above-named child are jointly and severally responsible for all tuition fees and other charges and fees as annually advised by the School. Unless otherwise specifically requested and approved by the School in writing, this agreement remains in place and current for the full duration of the child’s enrolment with ECCS.</p>	

## SECTION 6 - FAMILY DETAILS (CHURCH INVOLVEMENT)

CHURCH ATTENDANCE			
Name of church / fellowship			
Address			
Ministry involvement			
Name of Pastor		Contact number	
CHILD'S CHRISTIAN DEVELOPMENT			
Has your child made a commitment to the Lord Jesus Christ?	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
Has your child been baptised?	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
Does your child regularly attend any of the following (tick all that apply):	<input type="checkbox"/> Worship Services <input type="checkbox"/> Fellowship <input type="checkbox"/> Home Group	<input type="checkbox"/> Sunday Services <input type="checkbox"/> Youth Group <input type="checkbox"/> Other: _____	



## SECTION 7 – COMMITMENTS AND AGREEMENTS

### FINANCIAL/ FEES

#### FEE PAYING FATHER/PARENT/GUARDIAN 1

Full Name (incl. Second name)	
Address	
Drivers Licence No.	
Date of Birth	

#### FEE PAYING MOTHER/PARENT/GUARDIAN 2

Full Name (incl. Second name)	
Address	
Drivers Licence No.	
Date of Birth	

1. I/We agree to pay Emmanuel Christian Community School such fees and charges for the education of my/our child and all subsequent children. I/We further agree to pay those fees and charges by the due date determined by the School.
2. I/We acknowledge that I/we are jointly and severally liable for all fees, interest and charges stated in each school account relating to the child/children covered under this application.
3. Once I/We have agreed with the School a frequency of payment and resulting due dates, I/We agree to comply with this agreement unless we have communication with the Business Manager otherwise. I/We agree to enter into a School Direct Debit Agreement if we wish to pay more frequently than termly.
4. I/We agree to give the School at least 10 school weeks' notice, in writing, prior to the withdrawal of my/our/child/children from the School. I/We agree that failure to do so requires payment of 10 school weeks' fees. This payment is a genuine pre-estimate by the School of the loss that it would suffer if parents have not provided 10 school weeks' notice of withdrawal.
5. I/We acknowledge that the School may refuse re-entry of my/our child/children into Emmanuel Christian Community School if any fee remains unpaid for a period of 20 days from when it is due and if there is no agreement, in writing, in place with the Business Manager to repay the fees by instalments.
6. I/We acknowledge that once all internal avenues for debt collection have been exhausted, any continuing outstanding debts may be forwarded to the School's debt collection agency and exclusively managed by them. Where due fees are not paid in full, any costs incurred by Emmanuel Christian Community School and its representatives relating to the recovery of these fees, will be passed on in full to me/us.
7. These costs include (but we not limited to) reasonable enforcement expenses, debt collector costs and commissions, legal fees, and interest on the default balance as allowed by the Court.

Signed \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Date: \_\_\_\_\_

**PLEASE NOTE**

- Fees are payable in advance of each school term. The total term fee is expected to be paid in full by the end of the third week of each school term.
- A concession is offered on a year’s fee paid in advance before the first Friday of Term 1 each year (refer to fee schedule).
- Method of payment can be:
  - Credit Card
  - Cash or Cheque
  - EFTPOS at the School Office
- Payments made weekly, fortnightly, or monthly will only be accepted using the bank direct debit authority system on your cheque or savings account (authority forms for this method are available from the School office).

**CREDIT CARD PAYMENT FORM**

**I hereby give you permission to make the following deductions from my Credit Card:**

CARD NO	
EXPIRY DATE	
PRINT NAME ON CARD	
<b>ENROLMENT FEE</b> Amount to be debited	<input type="checkbox"/> \$100 for the first child <input type="checkbox"/> \$50 for sibling
<b>SCHOOL FEE</b> Amount to be debited <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	\$
Childs Name	
Authorised Signature	

**PARENTAL CONSENT FOR INFORMATION/ ASSESSMENTS TO BE SHARED**

Parental consent for assessments and information to be shared with and between Emmanuel Christian Community School and other authorities. For example, Department of Health, CDC, AISWA Inclusive Education, medical and therapy service providers, community health nurse, other schools, etc.

Name of Student	
Name of Parent or Guardian	
Relationship to Child	
Written Consent Signature	
Date	

## **TERMS AND CONDITIONS/ CONDITIONS OF ENROLMENT**

### **ENROLMENT AT THE SCHOOL IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**

1. That the children will be allowed to share fully in the life and programme of the School. Students should attend School on each designated school day, except for absences authorised by the Principal, or in cases of illness.
2. Students are required to be courteous, respectful, friendly, and dignified in their behaviour at all times.
3. Students are also required to demonstrate a high level of commitment, diligence, and participation in the learning process. Each student is expected to do their best.
4. That students should wear appropriate school uniform as determined by the School.
5. Written notice, through the Principal, of at least one term in advance is required should a student be removed by his/her parents or guardian. In default of such notice, an additional payment of one term's fees is payable.
6. The School may terminate an enrolment at its discretion. This may occur if the Principal determines, in his opinion, that the student has an unsatisfactory attitude, or has displayed unsatisfactory behaviour or broken School rules. In the event of this happening, the School is not obliged to refund any fees or charges. Moreover, fees and charges outstanding will still be payable.
7. That the parents will totally support the School's Student Management policy.
8. That the parent and students fully support the Christian ethos of the School and that all students enrolled at the School will participate in Devotion, Worship Assemblies, Whole School Prayer, the Christian curriculum, and any other Religious activity that the School may deem necessary.

## PARENT AGREEMENT

BOTH PARENTS PLEASE READ AND INITIAL EVERY CONDITION BELOW AS INDICATED:

EMMANUEL CHRISTIAN SCHOOL PARENTS COMMITMENTS	INITIALS
I/We agree to support the school's vision and mission and pray for staff	
I/We agree to be bound by the rules of Emmanuel Christian Community School as sated in the Constitution, including the Statement of Beliefs, and advise you: (I) we have studied the Statement of Beliefs and declare that I/We accept, the teaching of this statement to our children. (ii) I/We have reviewed and understand the requirements for Enrolment and Declare that I/We fulfil, and will abide by, all aspects. (iii) I/We have read the School Statement of Beliefs and understand that our children will be taught according to it. (iv) I/We support and endorse the principle of Christian education for our child/Children as expounded in the School Mission Statement.	
I/We agree to support the Behaviour Management Policy and procedures of Emmanuel Christian Community School and I/We irrevocably authorise the Board and/or its delegate to discipline, suspend or expel my/our child/children (according the School Discipline Policy), whose behaviour is considered unacceptable.	
I/We acknowledge that I/We are responsible for the punctual attendance of my/our child/children each day.	
I/We agree to ensure that the appropriate School uniform is worn each day in a good and clean condition, and in such a way as to show pride in being identified with the School.	
I/We agree that the School accepts no responsibility for the loss of any personal property brought to the School.	
I/We authorise for my/our child/children to attend all school approved excursions, including transportation to and from the venue.	
I/We agree to provide the School with updated contact details within 14 days of any change occurring (including mobile numbers and email addresses for both parents as well as our current home address and where applicable phone numbers at work and home) and acknowledge that failure to do so can result in our application being cancelled.	
To respect the significant number of parents who have requested no social media coverage of their children and in keeping with current privacy legislation; Please Note: it is a condition of entry that any images you capture of students, whether photos, videos or other media are used entirely for your private purposes and may not appear in any public forum such as on websites or social media.	
I/We grant the School permission to check our visa documents via VEVO, DIPB website or by other means as determined by the School.	
<b>I/We grant the School permission to capture the image of the children under our care for all school publications, including official class photos in school magazine, newsletters and social media.</b>	

I/ We have read the parent agreement and agree that these are appropriate and reasonable expectations. I/ We commit to working with the school for the educational wellbeing of our child / children.

I We understand and agree with the purpose of Emmanuel Christian Community School and indicate that I/ we enrol my child / children because of my/our desire for my/our child to receive a Christ – centred education.

Signed \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Date: \_\_\_\_\_

## SCHOOL STATEMENT OF BELIEFS

**We believe** in the Divine inspiration, the infallibility and supreme authority of the Old and New Testaments in their entirety and that the Holy Spirit so moved the writers that what they wrote are authoritative statements of truth for all matters of faith and conduct.

**We believe** there is one God in whom there is three equal Divine Persons, revealed as the Father, the Son and the Holy Spirit, and who of His own sovereign will have created the heavens, the earth and all that is contained within the Universe.

**We believe** the Lord Jesus Christ is the eternally existing, only begotten Son of the Father, conceived by the Holy Spirit and born of the Virgin Mary. As God He became flesh and dwelt among us: as man He was God.

**We believe** all men are in a fallen, sinful and lost condition through the rebellion of Adam and Eve, who were created without sin, and in this state of depravity are helpless to save themselves and are under the condemnation of God to eternal punishment in Hell.

**We believe** that salvation from the penalty and consequences of sin is found only through the substitutionary, atoning death and resurrection of the Lord Jesus Christ.

**We believe** it is the Holy Spirit alone who convicts men of sin, leads them to repentance, creates faith within them and regenerates and fills those who believe on the Lord Jesus Christ as Lord. It is the indwelling Spirit who bestows the Gifts of the Spirit and manifests the Fruit of the Spirit in the believer.

**We believe** Christ died for our sins, was buried and the third day rose from the dead; that He appeared to men who touched Him and knew his bodily presence and that He ascended to His Father.

**We believe** the Lord Jesus Christ will return in person with His saints and that the full consummation of the Kingdom of God awaits His return.

**We believe** those who have been regenerated by the Holy Spirit will receive a resurrection body at the return of Jesus Christ and be forever with the Lord, while those who have not believed will be resurrected to stand at the Judgment Seat of God to receive His judgment and eternal condemnation to Hell.

**We believe** the Church is the Body of Christ composed of all believers in the Lord Jesus Christ, which finds its visible manifestation in the local community of believers, is competent under Christ as Head of the Church to order its life without interference from any authority whether civil or ecclesiastical.

**We believe** the Lord's Supper, is a memorial and proclamation of the Lord's death until He returns.

**We believe** and reaffirm our uncompromising stand on God's Word that marriage is instituted by God to be between one man and one woman.

Signed \_\_\_\_\_ (Father)                      \_\_\_\_\_ (Mother)

Date: \_\_\_\_\_