



Enrolment Application

Student Name

Year Level

STUDENT INFORMATION

Year Level
(Eg Year 1)

Entry Year
(Eg 2020)

Entry Term
(Eg Term 3)

Age Starting Kindy
(Kindergarten only)

Given Names

Surname

Preferred Name

Date of Birth

Country of Birth

Nationality

Female

Male

Residential Address

Post Code

Student Mobile

Student Email

Is the student an Australian resident?

Yes No

Is the student of Aboriginal or Torres Strait Islander Origin?

No Both Aboriginal and Torres Strait Islander

Yes Aboriginal Yes Torres Strait Islander

Language spoken at home

Attach recent
photo of
student here

MOTHER/LEGAL GUARDIAN

Title

Full Name

Residential Address *(if different from student)*

Post Code

Home Phone

Work Phone

Mobile

Email

Country of Birth

Nationality

Language spoken at home

Occupation

Employer

Mother's School Education *(Tick the highest level completed)*

Yr 9 or equivalent Yr 11 or equivalent

Yr 10 or equivalent Yr 12 or equivalent

Mother's Post School Education *(Tick the highest level completed)*

Certificate I to IV Diploma Adv/Diploma

Bachelor Degree or above No post school education

Marital Status

Single Married Separated

Divorced Defacto Widowed

Spouse/Partner Name *(if applicable)*

Did you attend Charlton as a student? Yes No

Name enrolled as Charlton student

FATHER/LEGAL GUARDIAN

Title

Full Name

Residential Address *(if different from student)*

Post Code

Home Phone

Work Phone

Mobile

Email

Country of Birth

Nationality

Language spoken at home

Occupation

Employer

Father's School Education *(Tick the highest level completed)*

Yr 9 or equivalent Yr 11 or equivalent

Yr 10 or equivalent Yr 12 or equivalent

Father's Post School Education *(Tick the highest level completed)*

Certificate I to IV Diploma Adv/Diploma

Bachelor Degree or above No post school education

Marital Status

Single Married Separated

Divorced Defacto Widowed

Spouse/Partner Name *(if applicable)*

Did you attend Charlton as a student? Yes No

EMERGENCY CONTACT (List two people who can be contacted if either the Mother/Father/Guardian are unavailable during an emergency)

Full Name

Home Phone Mobile

Relationship to student

Full Name

Home Phone Mobile

Relationship to student

SPECIAL FAMILY CIRCUMSTANCES (If applicable attach copies of Family Court Orders. Originals must be sighted by the Principal or Enrolments Registrar)

Students live with: Both Parents Mother Father Grandparents Shared arrangement Legal Guardian

Is there a court order in place for this child? Yes No

School Reports sent to: Mother/Father Mother only Father only Other

Fee invoices sent to: Mother/Father Mother only Father only
 Step-Mother/Father Step-Father/Mother Other

Do you have any other children? Yes No

Child's Name	DOB	Age	Sex	Child's Name	DOB	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name	DOB	Age	Sex	Child's Name	DOB	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHURCH INFORMATION

Is the family associated with a Christian Church? No Yes (if yes provide details below)

Mother's Church <input type="text"/>	Father's Church <input type="text"/>
Pastor/Minister <input type="text"/>	Pastor/Minister <input type="text"/>
Postal Address <input type="text"/>	Postal Address <input type="text"/>
<input type="text"/> Post Code <input type="text"/>	<input type="text"/> Post Code <input type="text"/>
Attendance <input type="checkbox"/> Weekly <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally	Attendance <input type="checkbox"/> Weekly <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally

STUDENT SCHOOLING OR PRE-SCHOOL INFORMATION

How is the student managing at their current school/pre-school?

1. Academically Very Good Good Average Poor Very Poor

2. Socially Very Good Good Average Poor Very Poor

3. Behaviourally Very Good Good Average Poor Very Poor

School currently attending Current Year Level

Name of teacher or Principal School Phone School Fax

Reason for leaving

Has the current school been advised you are leaving? Yes No Are there any outstanding fees owing? Yes No

Name of previous school/s attended Year Level/s

Reason for leaving

STUDENT SCHOOLING OR PRE-SCHOOL INFORMATION

Has the student ever been expelled, suspended or refused enrolment to another school? Yes No

If yes, please state reason

Has the student/s;

(1) Repeated a year level?

Yes No

(2) Ever had any disciplinary difficulties at home/school?

Yes No

(3) Ever been in trouble with the law, arrested, etc?

Yes No

(4) Ever used alcohol, tobacco or illegal drugs?

Yes No

(5) Received EAL (English Additional Language) support?

Yes No

(6) Previous school received funding for any of the above?

Yes No

(7) Received additional tuition/classroom support?

Yes No

Please describe below;

Specialist Services*	Yes/No	Name of Centre	Date of first visit	Student currently attending	Copy of report
1. Speech Pathologist					
2. Occupational Therapist					
3. Physiotherapist					
4. Psychiatrist					
5. Audiologist					
6. Educational Psychologist					
7. Paediatrician					
8. Specialist Clinic (Hospital/Private)					
9. Other (ie Optometrist)					

* Please provide student's assessment reports from the above specialists.

Are there any areas of concern you may have with your child's progress at school?

Does your child display special gifts/talents or strengths in any particular subject area? *(please provide details)*

What are your child's hobbies/interests?

What are your child's abilities/strengths?

PRE-SCHOOL INFORMATION (KINDERGARTEN ONLY)

Does your child currently attend Pre-School or Daycare?

No Yes, please provide the following:

Name of Centre

Contact Name

Centre's Address

Post Code

Centre's Email

Centre's Phone

Number of days attending

What days?

Do you give permission for us to speak with the Pre-School about your child?

No Yes

Does your child currently attend the College Play School?

No Yes

DEVELOPMENT (KINDERGARTEN ONLY)

Describe your child's personality

Did your child reach developmental milestones at expected times?

(1) Crawling

Yes No

(2) Walking

Yes No

(3) Talking

Yes No

If no, please describe below;

Does your child show any signs of anxiety/attachment? Yes No

If no, please describe below;

Has your child ever seen a medical specialist (Speech, Occupational) Yes No

If so, please describe below;

Has your child had a recent;

(1) Sight Test Yes No

(2) Hearing Test Yes No

Has your child ever been to early intervention? Yes No

If so, please describe below;

WELLBEING & LEARNING (KINDERGARTEN ONLY)

Does your child eat well? Yes No

If yes, please describe below;

Is your child involved in any extra curricular activities? Yes No

If so, please describe below;

Do you have any concerns about your child's learning? Yes No

If so, please describe below;

Does your child know any other children starting Kindy? Yes No

Please list

Does your child

(1) Have a regular bedtime Yes No

(2) Have a day sleep Yes No

(3) Favour a writing hand Left Right

(4) Dress themselves Yes No

(5) Show interest in writing Yes No

(6) Learning Numbers Yes No

Is there anything else that is worrying you about your child starting Kindergarten?

LEARNING HISTORY (Reports need to be no older than 2 years)

Has your child ever been diagnosed/verified as having any of the following?

Disability/Impairment	Yes/No	Date of diagnosis	Report attached ✓
1. Autistic Spectrum Disorder (including Aspergers)			
2. Hearing Impairment			
3. Intellectual Impairment			
4. Development Delay			
5. Physical Impairment			
6. Social/Emotional Impairment			
7. Speech Language Impairment			
8. Vision Impairment			
9. Learning Difficulty/Disability			
10. Dyslexia			
11. Anxiety			
12. Behaviours that interfere with learning (ie ADD/ADHD/OCD/ODD)			
13. Sensory Processing Disorder			
14. Other (please specify)			

FACTORS INFLUENCING LEARNING

Has your child had;

- (1) Prolonged absences from school? Yes No
- (2) Frequent short absences from school? Yes No
- (3) Numerous changes of school? Yes No
- (4) Schooling in another state/country? Yes No
- (5) Several changes of teachers? Yes No
- (6) Come from a non-English speaking background? Yes No
- (7) Difficulty learning in their first language? Yes No
- (8) Overseas/home schooling? Yes No
- (9) Long term illness or hospital stay? Yes No

List details below;

MEDICAL HISTORY

Medicare Number

Position on Card

Expiry

Is your child's vaccinations up to date? Yes No
(please provide details)

Doctors Name

Work Phone

Has your child had their;

- (1) hearing checked? Yes No
- (2) vision checked? Yes No

Does your child suffer from?

- (1) Asthma Yes No
- (2) Diabetes Yes No
- (3) Epilepsy Yes No
- (4) Heart Problems Yes No
- (5) Depression Yes No
- (6) Migraines Yes No
- (7) Anorexia Yes No
- (8) Respiratory problems Yes No

List medical details below;

MEDICAL HISTORY - ALLERGIES

Does your child suffer from an allergy? Yes No

If yes, please describe

Is your child Anaphylaxis? Yes No Do they require an Epipen? Yes No

If yes, please describe

Do you give the first aid personnel permission to administer the following:

(1) Paracetamol Yes No

(2) Antihistamine Yes No

Will the first aid personnel be required to administer medications on a regular basis? Yes No

If yes, please describe

Does the child require a special diet? Yes No

If yes, please describe

STATEMENT OF FAITH

We believe

There is one God, existing eternally as Father, Son and Holy Spirit. He is the Creator of all things visible and invisible. He created human beings to be in a loving relationship with Him. God is holy, loving, good, just and wise.

The Lord Jesus Christ is the eternally existing one and only Son of God who became a human being through conception by the power of God and a virgin birth. He was without sin; truly God; truly man. In love, Jesus Christ voluntarily suffered the penalty of death by crucifixion for the sin of the whole world. He was buried and rose from the dead on the third day. He is now seated at the right hand of God.

The Holy Spirit is the eternally existing Spirit of God. He reveals the Truth and convicts people of sin, leads them to repentance, creates faith within them and regenerates them. He comforts, guides, instructs and empowers Christians for godly living and service.

By personal faith in Jesus Christ people can know the complete forgiveness of sins, be reconciled to God, become members of the family of God and receive eternal life. Christ lives in every Christian by the Holy Spirit from the moment they commit their lives to Jesus and become part of God's family. People can have two-way communication with God through prayer.

The Church, called the Body of Christ, is composed of all believers in the Lord Jesus Christ. Members use their God-given gifts to build up and minister to each other and the wider community.

The Bible in its entirety was inspired by the Holy Spirit, and is the infallible Word of God. It is the sole authority for Christians and is absolutely binding in matters of Faith and conduct. The Word of God is living and active and has power to change lives.

Satan comes to kill, rob and destroy. He is the originator of all evil and because of him sin, suffering and sickness came into the world through the disobedience of Adam and Eve, the first humans. All people are fallible and sinful, unable by their own efforts or work, to meet the standards of a holy God. However, Jesus brings abundant life which believers receive by grace through faith.

The Lord Jesus Christ will return in person to receive all believers to Himself and to set up His kingdom. At that time all believers will be united with Him eternally but those who have rejected Jesus Christ as Saviour will be separated from God eternally. Then there will be a new heaven and a new earth in which God's sovereignty will be unchallenged.

ENROLMENT AGREEMENT/CONTRACT

Enrolment at the College is subject to the following terms and conditions:

1. That I/we will support the ethos, philosophy and practices of the College including the Statement of Faith, and order their own lives and home so that the child/children will be given every opportunity to develop their faith and a life foundation based on Christian values.
2. That I/we give permission to contact my child's current/previous school regarding academic and behavioural progress and development in relation to enrolment.
3. That I/we will agree to allow the child to share fully in the life and programme of the College, including devotional activities, Chapels and Christian Studies lessons. This is reflected in the College's Statement of Faith which all parents have sighted prior to the initial interview.
4. That I/we will provide the child with the correct uniform approved by the College, and to ensure that the child is always sent to school neatly and modestly dressed in the required uniform (refer to uniform policy for more details). I/we will provide the child with all necessary textbooks, equipment and devices required to enable the child to participate fully in the education program.
5. That I/we acknowledge that signing this Enrolment Application covers any permissions for my child/children to attend sports carnivals, sporting gala days, subject related activities (including field work), FUEL electives, some excursions such as art galleries and museums. I/we acknowledge that this is the College's all-in-one permission consent. I/we understand that overnight excursions or camps are not included in the all-in-one permission consent and that the College will send separate permission notes for all overnight excursions and camps.
6. That I/we will assist and encourage their children to participate in and do their best in all school activities, including homework and extra-curricula experiences, including the camping/ excursion program which is an integral and compulsory part of the College's educational planning.
7. That I/we will assist as able in varying aspects of College life. This could include areas such as helpers in the classroom and the library, working bees, ground maintenance, and College activities as organised by the Parents' Association.
8. That I/we understand that students need to behave in a way that supports the College's expectations and values and accept the right of the College to employ such discipline consistent with the College's Discipline and Behaviour Management Policy, and agree to uphold the College's authority in this area.
9. That I/we (or the person/s nominated on the fee account) are responsible for fees are billed each semester (twice a year). For current fee structure, due payment dates and options please refer to our fee schedule. For further information regarding fee payments please arrange to speak with our Business Manager.
10. That I/we understand that the final responsibility for the payment of fees rests with the person/s who signs this application form. Therefore, if an arrangement has been made with another person to pay the fees and they default, the College has no alternative than to pass the account back to the original applicant/s.
11. That I/we understand that each student who has been accepted for enrolment must pay an enrolment bond. The bond is \$500 per family. The bond will be refunded after the last child leaves the College provided all outstanding liabilities have been met by the parents. I/we understand that the enrolment application fee of \$55 (\$70 max per family) is non-refundable.
12. That I/we understand that a minimum of one term's notice in writing to the Principal is required if enrolment is withdrawn. Failure to do so may render you liable for one term's fees in lieu of notice. The enrolment bond will be used to cover unpaid fees. Should there be any outstanding fees after the bond has been relinquished the College may take legal action for recovery of unpaid fees. I/we understand that we may be required to pay any associated costs for this.
13. That I/we understand the College is subject to the legislation in regard to 'Child Protection' and has a policy and procedures in place with regard to these matters.
14. That I/we understand photos will be taken of my child/children to be used in publications such as the College Newsletter, Social Media and Website. If you do not wish for your child's/children's photo to be published, please notify the Principal in writing.
15. That I/we understand by signing this Application Form it does not guarantee the applicant an interview or position at the College. The College Enrolments Registrar will arrange an interview with the Principal and all positions offered will be notified in writing.
16. That I/we understand that in the event of an accident or other emergencies resulting in the need of immediate medical attention, I give permission for any staff member to arrange for my child/children to receive assistance from the ambulance service, medical centre staff or hospital assistance and agree to meet any and all medical expenses thereby incurred. I/we understand if I/we or our emergency contact are uncontactable, I/we give permission for the doctor contacted is authorised to give immediate medication, anaesthetic or surgery if necessary to my child/children.
17. That I/we understand the College may suspend or terminate enrolment at its discretion for failure to comply with these conditions.

I/we accept the Conditions of Enrolment as set out above and hereby apply to have my/our child enrolled at Charlton Christian College.

SIGNATURES OF ALL PARENTS/LEGAL GUARDIANS

Mother/Legal Guardian Signature

Date

Father/Legal Guardian Signature

Date

SIGNATURES OF PERSON/S RESPONSIBLE FOR FEE ACCOUNT

Full Name

Signature

Date

Relationship to student

Full Name

Signature

Date

Relationship to student

ADDITIONAL INFORMATION

1. How did you first hear about Charlton Christian College?

- Friend Relative Signage Website Facebook Google Local Newspapers Pre-School Flyer Play School
 Open Morning Event Other

2. What are the main reasons for choosing Charlton Christian College?

3. In your opinion, which school would have been your main alternative to Charlton Christian College and why?

4. Please list your main expectations for your child's schooling

PARENT CHECKLIST

- Completed all sections of this form
- Copies recent School Reports (2 years where applicable)
- Copies of last NAPLAN Test results
- Copies of medical, psychological or medical documents
- Immunisation Certificate
- Birth Certificate (passport or citizenship certificate if student was not born in Australia)
- Court Orders (if applicable)
- Recent photo of applicant
- Application Fee paid via our Business Office. THIS IS A NON-REFUNDABLE ADMINISTRATION FEE. \$55 per student (max \$70 per family)
- Return Enrolment Application to:
The Enrolments Registrar
PO Box 605 Toronto NSW 2283
p. (02) 4959 9111 e. office@charlton.nsw.edu.au



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