



Covenant

Christian School

Covenant College Tuggeranong ACT
Association Incorporated

ABN 80 161 716 452

CRICOS No. 02943C

1 Woodcock Drive
Gordon ACT 2906

PO Box 1067
Tuggeranong ACT 2901

Ph: 02 6294 2455
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Application for Enrolment

STUDENT'S DETAILS

Surname													
Christian names				Preferred name (if other than first)									
Address	Street and No.												
	Suburb/Town		State	Postcode									
Gender	Please circle one	Male	Female	Student Mobile Phone (if applicable)									
Date and place of birth	Date	Town		Country									
Birth Certificate	A copy of the student's Birth Certificate is submitted with this application.				<input type="checkbox"/>								
Australian citizen	Please circle one	Yes	No	Resident Status (if not born in Australia)									
Visa information (if <u>not</u> an Australian citizen)	A copy of the student's passport is submitted with this application.			<input type="checkbox"/>									
Current grade level	Please circle one	n/a	K	1	2	3	4	5	6	7	8	9	10
Current (pre)school	Name		Suburb/Town		State								
Principal's name and phone no.	Name		Phone no.		()								
Proposed year of entry	20	Proposed start date (If not beginning of new school year)			ACT student ID (if currently schooled in the ACT)								
Proposed grade on entry	Please circle one	K	1	2	3	4	5	6	7	8	9	10	
School report	A copy of the student's most recent report or statement indicating his/her present educational standard and conduct is submitted with this application.				<input type="checkbox"/>								
Previous enrolment history	Has this child ever been refused enrolment at another school? If yes, provide details.				<input type="checkbox"/> Yes								
					<input type="checkbox"/> No								
Student's health	Has this child ever been suspended or expelled from another school, or has he/she been requested to be voluntarily withdrawn from a school? If yes, provide details.				<input type="checkbox"/> Yes								
					<input type="checkbox"/> No								
Doctor (In case of emergency)	Name			Phone no.									
Language(s) spoken by student at home	Main			Second									
Student lives with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (please specify) _____										
Aboriginal or Torres Strait Islander	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander										

STUDENT'S DETAILS

Does the student have a disability, or disorder such as ADD, ADHD, autism, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description
Does the student take any medication that affects behaviour? (eg. Ritalin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description
Does the student have a learning difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description
Has the student undergone any testing or assessment in relation to any of the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please provide a copy of all reports you have received in relation to tests / assessments carried out on this student.)
Is the student under an Individual Learning Plan (ILP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please provide a copy)
A Family Law Court Order exists in relation to this student		<input type="checkbox"/> Yes <input type="checkbox"/> No
Student requires a MyWay public transport card		<input type="checkbox"/> Yes <input type="checkbox"/> No
Student requires an application for public transport subsidy (<i>NSW only</i>)		<input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLING DETAILS (Please list all siblings in order of age)

Name	Date of Birth	M/F	Enrolled at Covenant Christian School		
			Yes	No	Pending
			Yes	No	Pending
			Yes	No	Pending
			Yes	No	Pending

EMERGENCY CONTACT (In cases where neither parent/guardian can be contacted)

Surname			
First name			
Relationship to student			
Phone	(Home)	(Work)	(Mobile)

PERMISSIONS

Medical Treatment	I authorise the school to seek necessary medical attention for my child and agree to pay all costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pain Relief	I give permission for my child to receive Paracetamol (eg. Panadol, Panamex) for pain relief from the Office if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Excursions	I give permission for my child to attend school outings within the general locality (ie 10km radius).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photographs	I give permission for photos of my child to be used for school and associated publications, including on the internet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permissions Consent	Father / Guardian	Mother / Guardian
	Signed: Name: Date: / /	Signed: Name: Date: / /

PARENT'S DETAILS

		Father/Guardian		Mother/Guardian	
Surname					
Christian names					
Title (Mr, Mrs, Rev, Dr, etc)					
Residential address		Street and No.		Street and No.	
		Suburb/Town		Suburb/Town	
		State	Postcode	State	Postcode
Postal address (If same write 'as above')		Street and No. / PO Box		Street and No. / PO Box	
		Suburb/Town		Suburb/Town	
		State	Postcode	State	Postcode
Phone (home)					
(work)					
(mobile)					
Email					
Occupation including level / position					
Employer					
Marital Status (please circle current)		Married Separated Divorced De facto Single		Married Separated Divorced De facto Single	
Country of birth					
Nationality					
(These questions mandated by the Australian Government)	Does the parent speak a language other than English at home? (If more than one language, indicate the one that is spoken most often).	No, English only <input type="checkbox"/>		No, English only <input type="checkbox"/>	
		Yes, Other (Please specify) _____ <input type="checkbox"/>		Yes, Other (Please specify) _____ <input type="checkbox"/>	
	What is the highest year of school the parent has completed? (Tick one only).	Year 12 or equivalent <input type="checkbox"/>		Year 12 or equivalent <input type="checkbox"/>	
		Year 11 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
Year 10 or equivalent <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>			
Year 9 or below <input type="checkbox"/>		Year 9 or below <input type="checkbox"/>			
What is the highest qualification the parent has completed? (Tick one only)	Bachelor degree or above <input type="checkbox"/>		Bachelor degree or above <input type="checkbox"/>		
	Advanced Diploma / Diploma <input type="checkbox"/>		Advanced Diploma / Diploma <input type="checkbox"/>		
	Certificate I to IV (including trades) <input type="checkbox"/>		Certificate I to IV (including trades) <input type="checkbox"/>		
	No non-school qualification <input type="checkbox"/>		No non-school qualification <input type="checkbox"/>		
Are you the natural parent of the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'No', state your relationship to child					
Person(s) responsible for paying tuition fees		Name	Do you have unpaid tuition fees at any previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address where account is to be sent		Street and No. / PO Box		Suburb/Town	Postcode

CHURCH AFFILIATION

	Father/Guardian	Mother/Guardian
	I do not attend a church regularly <input type="checkbox"/>	I do not attend a church regularly <input type="checkbox"/>
	I regularly attend a local church <input type="checkbox"/>	I regularly attend a local church <input type="checkbox"/>
Denomination		
Congregation		
Pastor / Minister		
Involvement		

REASON FOR APPLICATION (A short explanation of why you are making application to attend this particular Christian school.)

HOW DID YOU FIRST HEAR ABOUT THIS SCHOOL? (Please circle one)

Church	Friend	Internet/website	Advertising leaflet	Newspaper	Referral from another school
Other: _____					

REFEREE

Church Affiliation - Please provide details for your Pastor, Elder or other church leader (non-relative).

No Church Affiliation - Please provide details for a non-relative. You may wish to use a family currently involved with Covenant Christian School.

Surname		Christian name	
Address	Street and No.		
	Suburb/Town	State	Postcode
Occupation		Office held (if any)	
Home phone		Work phone	
Consent to being a referee	I hereby consent to act as a referee for the family that is the subject of this <i>Application for Enrolment</i> form when contacted by a representative of Covenant Christian School.		
	Signed:		Date:

CONDITIONS OF ENROLMENT

1. That my/our child shall, during the period of enrolment at the School, be punctual, be dressed in the full School uniform (as outlined in the Parent Handbook) and abide by the School routines.
2. That I/we will support the School in its educational program.
3. That I/we accept full responsibility for the payment of fees, levies and charges as set out and notified by the School from time to time.
4. That tuition fees are due and payable no later than the end of the first week of each term unless alternative arrangements have been made with the School Bursar. Notice of intention to withdraw my/our child from the School must be in writing, giving twelve weeks notice. **Tuition fees for a full term will be charged in lieu of notice.**
5. That Covenant Christian School is permitted to contact my/our child's previous school regarding any matter that relates to his/her enrolment at the School.
6. That I/we will assist with duties normally performed by parents as set out in the Parent Handbook and participate in the Parental Assistance Scheme (PAS). This includes carrying out cleaning and working bee duties as rostered. I/we agree to pay a monetary levy in lieu of duties not undertaken.
7. That I/we will make any grievances I/we may have through the correct channels, as outlined at the enrolment interview and in the Parent Handbook.
8. That I/we will conduct my/ourselves in a way that is not likely to bring the School or its community into disrepute.
9. That if regular church attendance has been indicated, I/we will maintain regular church attendance and committed church involvement on an ongoing basis such that can be attested to by my/our Pastor.
10. That I/we will promptly inform the School of any changes to information provided on this *Application for Enrolment* form.

CHRISTIAN ETHOS, VALUES & AIMS

Application for enrolment of your child at Covenant Christian School means that you are choosing a Christian education for your child. It requires your commitment to support the philosophy, values and aims of the School and a willingness to co-operate in their implementation. Specifically it means:

- Biblical Studies is a core subject, including participation in prayer, scripture memorisation and catechism.
- Christian values are emphasised.
- Academic excellence and the acquisition of skills are promoted within a Biblical worldview.

Your child is expected to adhere to the School's standards for:

- Behaviour, dress and self-discipline.
- Application to school work and study.
- Participation in School activities.

Your cooperation is essential to assist your child attain these goals. Parents are expected to participate in the life of the school including: Parent / Teacher interviews and School community activities.

ENROLMENT INFORMATION COLLECTION NOTICE

Covenant Christian School collects personal information, including sensitive information, about students and parents or guardians before and during the course of a student's enrolment. The primary purpose of collecting this information is to enable schooling to be provided for your son/daughter.

Some of the information collected is to satisfy the School's legal obligations, particularly to enable the discharge of its duty of care.

Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection Laws.

Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. The School may occasionally require medical reports about students.

From time to time personal and sensitive information is disclosed to others for administrative and educational purposes. This includes disclosure to government departments, medical practitioners, law enforcement officers, Centrelink and people providing services to the school, including specialist visiting teachers.

ENROLMENT DECLARATION (To be read and signed by both parents/guardians)

I/We hereby apply to have the child listed on this *Application for Enrolment* form enrolled at Covenant Christian School, Gordon, and

1. I/we have read and agree to the above **CONDITIONS OF ENROLMENT** and apply for enrolment of my child subject to those conditions;
2. I/we have read and agree to the responsibilities in the above **CHRISTIAN ETHOS, VALUES & AIMS** and apply for enrolment of my child subject to those conditions;
3. I/We have read, understood and agree to the above **ENROLMENT INFORMATION COLLECTION NOTICE**; and
4. I/We enclose the enrolment process fee on the understanding that the fee is not refundable once my/our child is placed on the "Enrolment Process List".*

Signature of parents and/or guardians:

Father/guardian _____ Date _____

Mother/guardian _____ Date _____

ENROLMENT PROCESS FEE IS \$75 PER APPLICATION
(Maximum fee - \$150 per family)

**Note: The payment of the Enrolment Process Fee does not guarantee enrolment.*

CHECKLIST FOR SUBMITTING APPLICATION

- Copy of Birth certificate attached (certified true copy, or accompanied by original for verification)
- Copy of passport attached (if not an Australian citizen)
- Copy of latest report card attached
- Copy of all reports in relation to disability / disorder / learning difficulty tests and assessments carried out on this student (if applicable)

FOR OFFICE USE ONLY

Date received / / 20	Letter of acceptance sent / / 20
Application accepted	Yes No	Student assessment required	Yes No
Administration fee receipt no.		"Confirmation" receipt no.	
EPL letter sent / / 20	Starting date / / 20
Interviewed on / / 20	Class assigned	
Interviewed by	/	Student ID no.	
Accepted	Yes No	Sports House	C L T
Referee's report			