



Burrabadine Christian Community School

Enrolment Application

Year to start: 20__ Year level to start in e.g. Kindergarten, Year 5:

A. STUDENT DETAILS

First name:	Other name/s:
Last name:	Preferred first name:
Sex (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion:
Date of birth: / /20__	Does the student speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth:	If yes, other language/s spoken at home:
Country of citizenship:	Does your child attend a Community Language School: <input type="checkbox"/> Yes <input type="checkbox"/> No

INDIGENOUS IDENTIFIER

Is the student of Aboriginal or Torres Strait Islander origin? Yes No (If yes, please tick one box below)

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

STUDENT'S RESIDENCY STATUS

What is the student's residency status? (Evidence must be provided)

Australian citizen

Permanent resident

Temporary visa holder (includes New Zealand citizen, bridging, visitor and overseas student visas)

For students born overseas, on what date did the student last arrive in Australia? / /20__

If the student is a visa holder, please provide the following information

Current visa sub-class:

Visa expiry date: / /20__

Passport number:

Passport expiry date: / /20__

PREVIOUS SCHOOLS

Please provide details of any school where the student is currently, or has previously been, enrolled (NSW, interstate or overseas, homeschool) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.

Name of School/s Attended (Start with the Most Recent)	Location of School/s	Year Levels	Dates of Attendance
			From: / /20__ To: / /20__
			From: / /20__ To: / /20__
			From: / /20__ To: / /20__
			From: / /20__ To: / /20__

KINDERGARTEN STUDENTS ONLY

In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs?
 Yes No

If yes, indicate any of the following that apply and show if this was part time (less than 15 hours per week) or full time (15 hours or more per week).

<input type="checkbox"/> Preschool*	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Postcode:
<input type="checkbox"/> Long day care (with a preschool program)**	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Postcode:
<input type="checkbox"/> Long day care (without a preschool program)	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Postcode:
<input type="checkbox"/> Family day care	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Postcode:
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	
<input type="checkbox"/> Other formal or informal care (e.g. occasional care, playgroup, other relative, nanny, friend, neighbour)	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	

Name of preschool/long day care centre or other formal care service:

*Preschools usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

**Long day care services offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before school.

B. FAMILY AND RELATIONSHIPS

This section is for the parents/legal guardians/primary carers who have parental responsibility and with whom the student usually lives.
 Are there any Family Law Orders, other court orders or Parenting Plans that have been issued in relation to the enrolling student?
 Yes No – if yes, supporting documentation is required to be provided.

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Title (Mr/Mrs/Ms etc)		
Last name		
First name		
Other name(s)		
Mobile phone		
Home phone		
Work phone		
Email		
Current Working With Children Check?	Y / N Number: Expiry Date:	Y / N Number: Expiry Date:
Occupation		
Highest level of school education completed <i>Please choose from:</i> Year 9 (or equivalent) or below Year 10 (or equivalent) Year 11 (or equivalent) Year 12 (or equivalent)		
Highest level of further education completed <i>Please choose from:</i> None Bachelor's Degree or above Advanced diploma/Diploma Certificate I-IV (including trade)		

Residential Address

A post office box is not acceptable as a residential address. Provide only one address if mother's and father's addresses are the same.

	Parent/Guardian 1		Parent/Guardian 2	
Street Address				
Town				
State				
Postcode				
Student lives at this address (please tick)	<input type="checkbox"/> All of the time	<input type="checkbox"/> Part of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> Part of the time

Mailing Address

Provide a mailing address if it is different from the home address, otherwise, write "as above" in the first line below. Provide one address only if mother's and father's addresses are the same, or if you only require correspondence mailed to one address.

	Parent/Guardian 1		Parent/Guardian 2	
Street Address				
Town				
State				
Postcode				

SIBLINGS

Please list below all children in the family.

Birth Order	Full Student Name	School They Attend (Current Year)	Date of Birth	Year Level
Child 1			/ /20__	
Child 2			/ /20__	
Child 3			/ /20__	
Child 4			/ /20__	

REASONS FOR APPLICATION

Why do you want your child to come to Burrabadine Christian Community School?

What do you understand a Christian school to be?

INVOLVEMENT IN THE CHRISTIAN CHURCH

Are you involved with a church? Y / N	Name of Church and location
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Please describe your involvement with the church:

SPECIAL FAMILY CIRCUMSTANCES

Please advise of any special circumstances eg. Illnesses, bereavement or family separation (include copies of any court orders).

C. MEDICAL AND EDUCATIONAL INFORMATION

MEDICAL DETAILS

I give my permission for the school to seek information from the doctor/medical centre named below regarding any allergy or medical condition experienced by the student Yes No

Doctor/Medical centre name:

Phone number:

Student's Medicare number:

Ref. no. on card:

Medicare expiry date:
/ /20__

Ambulance cover? Y / N Provider:

Are the student's immunisations up-to-date? Yes No
If no, the student will be considered 'at risk' and may be excluded if there is an outbreak of an infectious disease.

Date of last tetanus injection/booster: / /20__

It is essential that you inform the principal before your child starts school if he or she has any allergies, including anaphylaxis or an allergy to nuts, penicillin, bee stings etc., or other medical conditions (eg. Asthma, diabetes, epilepsy). You must also advise the school as soon as you are aware of any new allergies or other medical conditions.

ALLERGIES & ANAPHYLAXIS

Does the student have an anaphylaxis condition? Y / N

If Yes, reaction to (eg. Peanuts, insect stings):

Action Plan included

Carries EpiPen: Yes No

EpiPen expiry date: / /20__

Allergies:

e.g. hayfever

DISABILITIES

Does the student live with a disability? Y / N If yes, please provide details:

Physical Disability Intellectual Disability Hearing Vision Autism Spectrum Other

Details:

MEDICAL CONDITIONS

Does the student live with a medical condition? Y / N If yes, please provide details:

Asthma Diabetes Epilepsy ADHD Mental Health Other

Details:

MEDICATION PERMISSIONS

I give permission for this student to the following medications administered:

Medication	Permission	Dosage permitted (eg. 1 tablet, ½ tablet, 1 puff etc)
Ventolin	Y / N	
Paracetamol (eg. Panadol)	Y / N	
Ibuprofen (eg. Nurofen)	Y / N	
Antihistamine (eg. Claratyne)	Y / N	
Sunscreen application	Y / N	

Signature _____

Date _____

If the student requires prescription medication at school, please attach a separate sheet clearly stating: the name of the medication, the dosage required and the times to be administered

DIVERSE LEARNING NEEDS

Does the student have any other needs or areas of focus not listed anywhere else in this application (eg. Complex emotional/social needs, exceptional abilities in any domain etc.) Y / N

If yes, please provide further information:

Did the student have any specific supports in place to assist them with their learning in their previous educational setting? Y / N

If yes, please provide details:

A copy of any previous IEP or related school report has been included

D. ADDITIONAL CONTACTS

Emergency Contact 1 (Must Be Provided)		Emergency Contact 2 (Optional)	
First name:	Last name:	First name:	Last name:
Relationship to student: <i>e.g. aunt/grandfather</i>		Relationship to student: <i>e.g. aunt/grandfather</i>	
Date of birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone:	Mobile:	Phone:	Mobile:
Do they speak a language other than English at home?		Do they speak a language other than English at home?	
Does this person live/work within a 10km radius? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person live/work within a 10km radius? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permission to pick up from school <input type="checkbox"/> Yes <input type="checkbox"/> No		Permission to pick up from school <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have a current working with children check? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they have a current working with children check? <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. ADDITIONAL PERMISSIONS

When students are enrolled, parents consent to photos appearing unless they inform us otherwise. Should you wish to specify your permissions, you can do so here. The options are: Publish with name, Publish without name and Do no publish.

Publication	Permission (Please circle the desired one for each publication type)		
BCCS Newsletter	Publish With Name	Publish Without Name	Do Not Publish
BCCS Promotional Material	Publish With Name	Publish Without Name	Do Not Publish
BCCS Website	Publish With Name	Publish Without Name	Do Not Publish
Other Media	Publish With Name	Publish Without Name	Do Not Publish
Signature _____		Date _____	

Privacy – Your privacy is important to us. The school’s privacy summary statement and privacy policy set out how your personal information will be collected, managed and protected throughout the enrolment of your child at Burrabadine Christian Community School. Both of these documents are available from the school upon request.

F. REFEREE CONTACTS

Referee 1			Referee 2		
First name:	Last name:		First name:	Last name:	
Relationship to family: <i>e.g. pastor, friend, teacher</i>			Relationship to family: <i>e.g. pastor, friend, teacher</i>		
Street Address:			Street Address:		
Town:	State:	P/Code:	Town:	State:	P/Code:
Home/Work phone number:			Home/Work phone number:		
Email:			Email:		

G. SCHOOL FEE ADMINISTRATION

The collection of school fees will be in accordance with Burrabadine Christian Community School's Fee Collection Policy available at www.burrabadineccs.nsw.edu.au

Please complete as appropriate	Parent/Guardian/Carer 1	Parent/Guardian/Carer 2
Full name:		
Billing address:		
Suburb and postcode:		
Email address:		
Preferred payment frequency:	<input type="checkbox"/> Annual (start of year) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Term (start of each term) <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual (start of year) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Term (start of each term) <input type="checkbox"/> Monthly
<input type="checkbox"/> I confirm that any fees due to Burrabadine Christian Community School have been paid <input type="checkbox"/> I understand that in enrolling my child I will be held jointly and severally responsible for all school fees <input type="checkbox"/> I agree to pay all school fees for each school year prior to the conclusion of Term 4		

H. DOCUMENTATION CHECKLIST

Please confirm you have provided copies of the following documentation:

- Birth certificate
- Parents' photo identification (e.g. copy of driving licence)
- Australian Immunisation History Statement
- Most recent previous school reports, NAPLAN results and other external test results (where applicable)
- Health care card (where applicable)

In addition, if your child is the subject of family law matters you will need to provide:

- Any relevant family court orders or other relevant court orders particularly Apprehended Violence Orders (AVOs) applicable to this student

In addition, if your child has health, disability or other support needs you will need to provide:

- Relevant medical information including clinical/educational assessments and plans where applicable
- All current assessments, records of clinical interventions related to exceptional abilities, disability, complex social and emotional needs or other additional needs as named in the section on diverse learning

In addition any of the following documents applicable to the enrolling student:

- Evidence of student residency status e.g. citizenship documentation, Visa Grant Notice, passport or Immicard
- Evidence of parent/s residency status if required

Note: a child born in Australia is an Australian citizen at birth only if at least one parent was an Australian citizen or permanent resident when the child was born.

I. DECLARATION

Please sign to acknowledge the following.

1. I/We apply to have the above named student considered for enrolment at Burrabadine Christian Community School.
2. I/we consent to the school gaining access to relevant information about the student on whose behalf this application for enrolment is made, held by previous educational institutions, healthcare professionals or other agencies as required, for the purposes of determining whether or not to accept this Application to Enrol.
I/we understand that this may include visits to preschools or prior educational settings.
I/we understand that the information sought may include information related to any of the questions I/we have answered in this Application to Enrol.
3. I/we declare that the information provided in this Application to Enrol is to the best of my/our knowledge and belief, accurate and complete.
4. I/we agree to notify the school of any change in circumstances including parental circumstances, care arrangements, financial circumstances, visa status and special needs of the student applying to enrol, that require amendment/s to the information provided in this Application to Enrol.
I/we understand that I/we or another person may be requested to complete a new Application to Enrol on behalf of the student and provide relevant documents.
5. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this Application to Enrol, an Enrolment Offer will not be made, or if discovered after acceptance of the Enrolment Offer, Burrabadine Christian Community School reserves its rights to withdraw the offer.

Signature of enrolling parent/guardian

PRINT NAME:

SIGNATURE:

Date: / /20__

Signature of enrolling parent/guardian

PRINT NAME:

SIGNATURE:

Date: / /20__

Please note:

- This Application to Enrol is to register the parent/guardian's interest in their child/dependent attending Burrabadine Christian Community School
- The purpose of this Application to Enrol is to provide information to the school so that it can assess the information, make relevant enquiries and determine whether an Enrolment Offer will be made.

