

Rec:

Narre Warren South



Student Information

Victorian Student No:

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Surname: _____

Given Name(s): _____

Preferred Name: _____

Street: _____

Suburb: _____ Postcode: _____

Home Tel: _____

Male Female Date of Birth: / /

Student's Country of Birth Australia Other (please specify): _____

Is the student of Aboriginal and/or Torres Strait Island origin?

No Yes, Aboriginal Yes, Torres Strait Islander

School attended now: _____ at Year Level: _____

Address: _____ Tel: _____

Which language does the student **mainly** speak at home? _____

Family Information

Father Name: _____ Employer: _____

Country of Birth: _____ Occupation: _____

Citizenship: _____ Bus Tel: _____

Mobile: _____ Email: _____

Mother Name: _____ Employer: _____

Country of Birth: _____ Occupation: _____

Citizenship: _____ Bus Tel: _____

Mobile: _____ Email: _____

Parents' marital status: _____

Are there any Family Court Orders in place? Yes / No (If "Yes", please attach a copy.)

Names of other children attending the College this year: _____

Names of children **already enrolled** in the future: _____

Church Information

Church attended: _____

Address: _____

Senior Minister: _____ Tel: _____

Father: Christian? Yes No Mother: Christian? Yes No

Has student ever made a profession of faith in Christ? Yes No Not Yet

Medical Information

Family Doctor: _____ Tel: _____

Does the student have any special medical needs e.g. asthma, allergy? If so, please explain:

Other Information: _____

School Information

Academic level of the student's work: Excellent Good Average Poor

Does the student have any special educational needs e.g. auditory, language? If so, please explain:

Has the child ever had any disciplinary difficulties or been expelled, dismissed, suspended or refused admission to a school? If so, please explain:

Has the child ever been in trouble with the law, used alcohol, tobacco or drugs of any kind etc.?

If so, please explain: _____

General Information

How did you hear about this school? _____

Reason for selecting this school: _____

Agreement and Declaration

I/we have read the information supplied and agree to the following:

1. That I/we will support the College in the application of its policies and procedures
2. That my/our child will comply with all the requirements of the policies, rules, and regulations of the College
3. That the responsibility for payment of fees will remain with the person/s who sign the Agreement on this Application for Enrolment
4. That fees will be paid by the due date as detailed in the Fee Schedule
5. That a Term's notice is required in writing when my/our child leaves the College
6. That if I/we fail to provide a term's notice, the College reserves the right to invoice me/us for a Term's fees in lieu of notice
7. I/we have read the College Handbook and agree with the policies set out therein.

Both signatures required:

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

If divorced or separated, which parent is applying for enrolment? _____

It is the policy of Waverley Christian College to comply with the National Privacy Principles as contained in the *Privacy Amendment (Private Sector) Act 2000*. Please refer to the College Handbook for the Standard Collection Notice which details how the College uses and manages personal information provided to and collected by it.

OFFICE USE ONLY

Interview Date: _____

Student's Present Age: _____ Student's Present Year Level: _____

Year of Entry: _____ At Expected Year Level: _____

Notes:

WAVERLEY CHRISTIAN COLLEGE



Application for Enrolment Narre Warren South Campus

Please read the College Handbook carefully before submitting this application form.

This application form must be filled in completely, signed and submitted with the following:

- A Pastoral Letter of Recommendation
- A **Photocopy** (not original) of Birth Certificate
- A **Photocopy** (not original) of the child's or parent's Passport and Visa, or Citizenship document, if neither parent was born in Australia
- A **Photocopy** (not original) of the most recent report from student's current school (where applicable)

Each of these items must be included for an application to be considered.

An interview with the parents and student will be required before acceptance, and will be offered when a place is available.

Mr Peter Sheahan
Principal

Postal Address: PO Box 395, VERMONT VIC 3133
Telephone: 9871 8604 (Admissions Registrar) Fax: 9887 3907
ABN 48 847 193 961 Reg.No: A0018722X

Website: www.wcc.vic.edu.au

Email: enrolnws@wcc.vic.edu.au