



Australian Christian College – Southlands

APPLICATION FOR ENROLMENT

Student Information

Family Name Given Names

Preferred Name Date of Birth

Address

Starting Date of Enrolment Level/Grade

Aboriginal or Torres Straight Islander Descent Yes No

Previous School Attended

School	Grade	Date commenced	Date left

Church Attended

Out of School Classes (eg music, art) or tutoring attended

Special Interests or Hobbies

Other Children in the Family

Applicants place in the family: (Youngest to Eldest) 1 2 3 4 5 please circle

Other Children in the Family Attending Australian Christian College – Southlands

Medicare Number: _____

Please include copy of birth certificate or equivalent (e.g. Birth Extract or Passport)



Australian Christian College - Southlands

Family Information

Father	Title	Mother	Title		
First Name		First Name			
Preferred Name		Preferred Name			
Surname		Surname			
Home Phone		Home Phone			
Business Phone		Business Phone			
Mobile		Mobile			
Fax		Fax			
E-mail		E-mail			
Occupation		Occupation			
Postal Address		Postal Address			
<hr/>					
Residential Address		Residential Address			
<hr/>					
Is Father a Christian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is Mother a Christian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Church attended		Church attended			
Who is responsible for account:					
Address account to be sent to:					
<hr/>					
If separated or divorced, who has legal custody of the student(s)					
<hr/>					
Please attach copies of Court Orders or Parenting Plans which are relevant to this application.					
Do you have any skills or interests you could share with the school community?					
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Medical Information

Does the student suffer from any allergies? Yes No

If yes, please provide details:

Does the student suffer from any chronic illness or condition? Yes No

If yes, please provide details:

Is the student on any medication which may affect school programs? Yes No

If yes, please provide details:

Has the student had any major surgery? Yes No

If yes, please provide details:

Please give the date of last Tetanus injection.

Does the family have accident/hospital medical insurance cover? Yes No

Details:

Does the family have ambulance insurance cover? Yes No

Name of Family Doctor

Phone:

In the event that the school is unable to contact you in an emergency, do you grant permission for your child to be given anaesthetic should the doctor consider it necessary?

Emergency Contact

Please provide the name and address of a contact person, should you be unavailable at the phone number provided.

Name:

Phone:

Address

Relationship to student



Australian Christian College – Southlands

Permissions

I give permission to use photographs of the student to promote the school in newspaper articles and advertisements, school brochures and fliers if the need arises. Yes No

These photos may also be used to promote the school on the internet web page if the need arises. Yes No

The student may be identified by name under the photo used Yes No

I give permission for the student to participate in short notice local excursions. We understand that travel may be by bus or by private car, driven by a registered adult driver know to the school. These excursions will only be in the Albany district. Any more distance or forward planning trips will be negotiated with the family through other special notice and permission slips. Yes No

GENERAL

Please outline any specific information which you feel may be of value to the college, e.g special medical treatment not covered previously, physical disabilities, allergies etc

PLEDGE

I aim to work together with the college for the education of this student. I will help my child to co-operate in the activities of the college, to uphold its ethos and maintain its honour as a Christian institution.

I am aware that the college provides a Christian environment and curriculum for its students, including times of prayer and worship. The college also promotes Christian behaviour and beliefs to those students enrolled with the school. I fully support the Christian ethos of the school.

I give permission for Australian Christian College – Southlands to seek academic, medical and guidance information from any previous schools my child has attended.

Signature of Parents/Guardians

Date:

Approved by ACC representative

Date:

Collection and Use of Information

Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. For special events we may ask you to provide medical reports about students.

Office Use Only

Customer Code	Diagnostic Tests
CC Number	Interview
Birth Certificate	Court Order/Parenting Plans