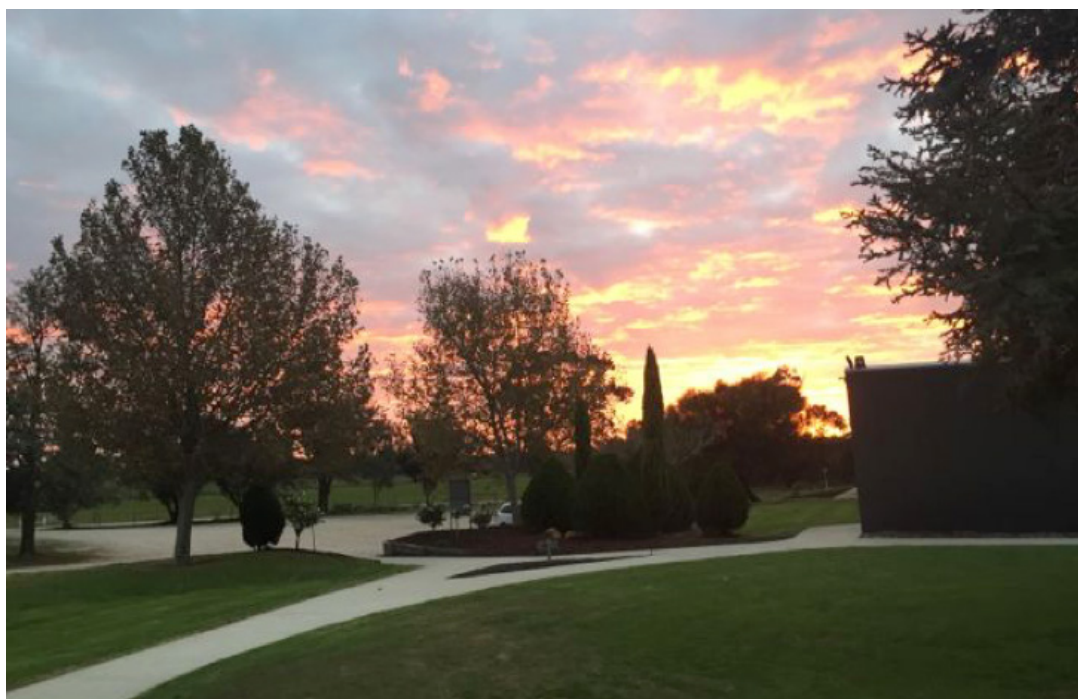


Enrolment Form



Student Name : _____

Enrolment Year : _____

"Train up a child in the way he should go and when he is old he will not depart from it." Proverbs 22:6

Please visit our website www.soncentre.vic.edu.au

PO Box 1803
Aerodrome Road,
Swan Hill VIC 3585
T (03) 5032 4199
F (03) 5032 9000



This Student Enrolment Application Form is to be completed by parents / guardians prior to enrolling a student at Son Centre Christian College.

- Please forward the completed form to the Office prior to the enrolment interview.
- A separate Student Enrolment Application Form is required for each student.
- A one off \$20.00 Administration Fee per family and a \$100.00 deposit per family is required at the time of lodgement. Families with a currently enrolled child in the College, are not required to pay the Enrolment Fee and deposit again.

Please notify the College of any change of address or other relevant information which may affect your child's enrolment at the College.





Student Enrolment Application

Information about the student

Student Surname: _____

Given Names: _____

Date of Birth: _____

Gender: Male Female

Year level in which the student is enrolling? _____

Please indicate the calendar year for enrolment. _____

Country of Birth: _____

Nationality: _____

Does the student hold a valid Australian visa? No Yes

If yes, type of visa: _____ Visa Sub-class: _____

Visa expiry date: _____

If the child has a passport please provide a copy

Is the student of Aboriginal or Torres Strait Islander origin? No Yes, Torres Strait Islander
 Yes, Aboriginal Both

Does the student speak a language other than English at home? No, English only Yes, Other - *please specify*

If more than one language, indicate the one that is spoken most often

Student lives with: Both Parents Mother Father
 Other - *please specify* _____

Last school attended? _____

Has the student ever been: Suspended No Yes
Expelled No Yes

Has the student received teacher aide, tutoring, speech pathologist, occupational therapist or psychologist assistance? No Yes

If yes, please give details _____

Son Centre Christian College



Has the student repeated a year at school? No Yes If yes, Year Level? _____

Has the student had any previous assessments by outside agencies? No Yes
If yes, please give details _____

Has the student been involved in any Specific Education Programs? No Yes
If yes, please give details _____

Has the student had extra help in any of the following areas?
 Reading Writing Language Mathematics

Has the student ever been seen by a Psychologist? No Yes
If yes, please give details _____

Has the student had a hearing test? No Yes
If yes, please give details _____

Has the student had their eyes tested? No Yes
If yes, please give details _____

Does the student require any extra support other than those already provided for in a general classroom & school environment? No Yes
If yes, please give details _____

Are there any Court parenting orders concerning residence, contact, education, health or other specific issues relating to this student? No Yes
If yes, please attach a copy of the order

Victorian Student Number: _____

Son Centre may need to contact the current/previous/preschool school to clarify the student's education progress. The current/previous school/preschool may require written permission before releasing information.

Do you give permission for a signed copy of this Student Enrolment Application Form to be used to provide such authorisation?

No Yes

Name of current/previous school/preschool: _____

Contact & Position: _____

Contact Phone Number: _____

Parent Signature: _____



Information about the family

Relationship to the student: Father Stepfather Guardian

Surname: _____

First Name: _____

Residential Address: _____

Postal Address: _____

Mobile phone: _____

Home phone: _____

Business phone: _____

Email address: _____

Country of Birth: _____

Nationality: _____

Language spoken at home: English only Other - *please specify*
If more than one language, indicate the one that is spoken most often _____

Religion: _____

Church Attended (*if applicable*): _____

Occupation: _____

Employer: _____

Health Care Card (*number*): _____ Expiry Date: _____



Information about the family

Relationship to the student: Mother Stepmother Guardian

Surname: _____

First Name: _____

Residential Address: _____

Postal Address: _____

Mobile phone: _____

Home phone: _____

Business phone: _____

Email address: _____

Country of Birth: _____

Nationality: _____

Language spoken at home: English only Other - *please specify*
If more than one language, indicate the one that is spoken most often _____

Religion: _____

Church Attended (*if applicable*): _____

Occupation: _____

Employer: _____

Health Care Card (*number*): _____ Expiry Date: _____



Checklist

Please ensure the following documentation is enclosed:

- Copy of Birth Certificate
- Copy of Immunisation or Immunisation Exemption Conscientious Objection Form
- Copy of latest Reports from current/previous school *if applicable*
- Copy of latest NAPLAN results *if applicable*
- Copy of Special Testing Reports referred to previously
- Copy of current Visa or Naturalisation Documentation *if applicable*
- Application Form, Fee and Deposit

Agreement

Please read the following and tick the box to say you have read, understood and agree with the statements:

- The information provided by Parents/Guardians in this Application Form for admission is true.
- A condition of entry to the College is that parents and guardians agree to accept the authority of the Board and the Principal to run the College. They will be bound by and duly observe any rules and regulations and all policies of the College which the Principal and Board may adopt from time to time.
- Parents / Guardians must agree to abide by the business arrangements of the College which includes:
 - ❖ Payment of College fees, charges and contributions as fixed by the Board of Directors.
 - ❖ No remission of fees for student absence for other arrangements privately entered in to by, or on behalf of, the student.

Father / Stepfather / Guardian

Signature: _____

Date: _____

Mother / Stepmother / Guardian

Signature: _____

Date: _____



Additional Information

Parent Involvement

Please indicate the areas you would be interested in being involved:

- | | |
|--|--|
| <input type="checkbox"/> Classroom Assistance (i.e. reading) | <input type="checkbox"/> Camps |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Library (i.e. book covering) |
| <input type="checkbox"/> Working Bees | <input type="checkbox"/> Perceptual Motor (skills) Program |
| <input type="checkbox"/> Use of my skills in: | <input type="checkbox"/> Parents & Friends |
| <input type="checkbox"/> Use of my Trade in: | |

College Association Membership

Please indicate

- I/We are interested in Association membership and would like more information.
- I/We are interested and would like to speak to a Board member.

Tell us how you heard about Son Centre Christian College

- | | | |
|--|---|--|
| <input type="checkbox"/> An existing College family | | |
| <input type="checkbox"/> A previous family/student of SCCC | | |
| <input type="checkbox"/> Church Minister or Pastor | | |
| <input type="checkbox"/> Church | <input type="checkbox"/> Local News | <input type="checkbox"/> College Website |
| <input type="checkbox"/> Open Day | <input type="checkbox"/> School at Work Day | <input type="checkbox"/> College Tour |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School Signage | <input type="checkbox"/> Other Publication/s |
| <input type="checkbox"/> Other | | |
-

Please Note:

If your enrolment is unsuccessful this information will be destroyed within 30 days of the application date.