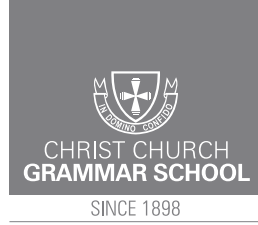


APPLICATION FOR ENROLMENT FORM



APPLICATION FOR ENROLMENT

Surname: _____

Given Names: _____

Sex: _____ Date of Birth: _____

Religious Denomination: _____

Country of Birth: _____

Is your child:

An Australian Citizen? YES NO

A Permanent Resident of Australia? YES NO

A Temporary Resident of Australia? YES NO

Passport Number: _____

Visa Number: (If applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

What languages are spoken at home? _____

Preferred Date of Entry: _____

Preferred Year Level of Entry: _____

Are you aware of any special needs your child may have? YES NO

English as a Second Language _____

Support programmes in literacy _____

Support programmes in numeracy _____

Individual integration support _____

Present School (if applicable): _____

Current Year Level: _____

Names of siblings who have previously attended CCGS: _____

Names of siblings who are currently attending CCGS: _____

Names of siblings enrolled as future pupils of CCGS: _____

Did a parent or relative attend CCGS? YES NO

If yes, Name: _____

Years of Attendance: _____ to _____

(Maiden name if female) _____

FAMILY INFORMATION

Father or Guardian:

(Title/given name(s)/surname) _____

Home Address: _____

Post Code: _____

Home Phone: _____

Mobile: _____

Email: _____

Occupation: _____

Employer: _____

Type of Industry: _____

Business Address: _____

Post Code: _____

Business Phone: _____

Fax: _____

Mother or Guardian:

(Title/given name(s)/surname) _____

Home Address: _____

Post Code: _____

Home Phone: _____

Mobile: _____

Email: _____

Occupation: _____

Employer: _____

Type of Industry: _____

Business Address: _____

Post Code: _____

Business Phone: _____

Fax: _____

IF THE PUPIL DOES NOT RESIDE WITH BOTH PARENTS, INDICATE WHICH HOME ADDRESS IS APPLICABLE: MOTHER FATHER

Mailing details for Accounts:

Name: _____

Address: _____

Post Code: _____

LEGAL REQUIREMENTS

Are there court orders relating to the powers and responsibilities of the parents in relation to your child or access to your child?

YES NO

If Yes, please bring the original court order/s to the office for the staff to sight and copy and attach to this document.

ADDITIONAL REQUIRED GOVERNMENT ASSESSMENT AND REPORTING INFORMATION

Please indicate if a language, OTHER THAN ENGLISH, is spoken at home?

Student: _____

Father/Guardian 1 _____

Mother/Guardian 2 _____

What is the HIGHEST year of primary or secondary school the Parents/Guardians have completed?

(For persons who have never attended school, select Year 9 or equivalent)

Father/Guardian 1 _____

Mother/Guardian 2 _____

What is the HIGHEST qualification the Parents/Guardians have completed?

Father/Guardian 1 _____

Mother/Guardian 2 _____

I/We understand that I/we must comply with any rules and regulations as the School may impose from time to time.

I/We understand that payment of the Application Fee of \$100 is not a guarantee that my/our child will secure enrolment at the School. The Application Fee is non refundable.

I/We acknowledge my/our joint and several responsibility for the payment by the due date of all school fees and other moneys owing to the School in respect of the child enrolled and that if I/we do not pay the fees to the School by the specified date, penalty fees will be charged on overdue monies.

If my/our child is transferring from another School or Kindergarten, I/we authorise you to obtain from that organisation any credit or other information that you may require.

I/We understand and acknowledge that I/we must give one full term's notice in writing to the Headmistress before the withdrawal of my/our child from the School (this includes a child who has been accepted to commence at a future date) and that failure to give such notice means that I/we must pay a full term's fees in lieu to the School. I/We acknowledge that the School will strictly adhere to its policy of charging a term's fees in lieu if the correct notice period is not given to the Headmistress.

I/We consent to our personal details being given published on school lists distributed though out the school

I/We consent to CCGS using images by publishing them as part of a book, poster, brochure, leaflet, report or advertisement and including them on the world wide web or any other media.

I/We agree that CCGS and its agents may edit the image prior to publication as they consider appropriate without first consulting me.

Signatures of both parents are required unless one parent is sole custodian (proof required).

Father or Guardian: _____

Date: _____

Mother or Guardian: _____

Date: _____

Please return:

<ul style="list-style-type: none"> 1. Completed enrolment form 2. Application fee of \$100 3. Birth Certificate or Passport 4. Previous Reports (if applicable) 	<p>To: The Registrar Christ Church Grammar School PO Box 392 SOUTH YARRA VIC 3141</p>
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Could you please complete the following by ticking the appropriate boxes:

What prompted you to enrol your child at CCGS?

- 1. Reputation of the School
- 2. Co-educational
- 3. Continuing the family tradition
- 4. Academic excellence
- 5. Entry open to all, regardless of ability or background
- 6. Catering for special needs
- 7. Other, please specify: _____

How did you learn about CCGS?

- 1. Family/Friends
- 2. CCSY Parishioner
- 3. Other CCGS parents
- 4. Advertisements
- 5. Other, please specify: _____

VICTORIAN STUDENT NUMBER (VSN)

- Child not previously at school in Victoria
- VSN provided - -
- VSN allocated but not known

FOR OFFICE USE ONLY

- Instrument _____
- Brand _____
- Serial Number _____
- Date Issued to Pupil _____
- Date Returned _____
- Barcode _____