



WELLINGTON
CHRISTIAN SCHOOL
IN CHRIST - WISDOM AND UNDERSTANDING

WELLINGTON CHRISTIAN SCHOOL

K - 6

Application to Enrol

*"Our mission is to provide quality and balanced schooling
which is Bible based and Christ centred."*

PRIVACY COLLECTION STATEMENT

The information provided by you on this K-6 Application to Enrol form is being obtained for the purpose of considering the named student's enrolment in Wellington Christian School. Provision of this information is voluntary. It will be stored securely. If you do not provide all or any of this information then we will not process your application for enrolment. You may correct any personal information provided at any time by contacting the school office.

WELLINGTON CHRISTIAN SCHOOL

THE CHRISTIAN PARENT CONTROLLED SCHOOL WELLINGTON LTD ABN 48 002 693 209

Gipps Street

PO Box 108 WELLINGTON NSW 2820

Phone: 02 6845 1999

Fax: 02 6845 1435

Email: admin@wcs.nsw.edu.au

K-6 APPLICATION TO ENROL

Use this form to apply to enrol at Wellington Christian School K-6.

Complete the form by ticking choices or printing in the appropriate response boxes. Please use BLOCK LETTERS and black pen.

A. ENROLLING STUDENT'S DETAILS

To be completed by parents. Please complete all information.

Surname	<input type="text"/>	Gender	<input type="text"/>
First name	<input type="text"/>	Date of birth	<input type="text"/>
Other name(s)	<input type="text"/>	Town of birth	<input type="text"/>
Preferred name	<input type="text"/>	Country of birth	<input type="text"/>

(Please attach birth certificate copy)

Will your child be enrolling as:- An overseas student? Yes No

Current school / pre-school (if applicable)	<input type="text"/>	State	<input type="text"/>
Current grade	<input type="text"/>	Years of attendance	<input type="text"/>
Desired year of entry	<input type="text" value="20__"/>	Desired entry grade	<input type="text"/>
Previous school	<input type="text"/>	Years attended	<input type="text"/>
Previous school	<input type="text"/>	Years attended	<input type="text"/>

(Please attach 2 most recent school reports)

Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Does the student or their mother or their father speak a language other than English at home?

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

	Student	Mother	Father
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, other – please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. FAMILY DETAILS

1. Parents' details

	Mother	Father
Title (Mr/Mrs etc)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Other name(s)	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Did you attend WCS?	<input type="checkbox"/> Yes Years 19 __ to 19 __ <input type="checkbox"/> No	<input type="checkbox"/> Yes Years 19 __ to 19 __ <input type="checkbox"/> No

Residential address

A post office box is not acceptable as a residential address.

Provide one address only if mother's and father's addresses are the same.

	Mother	Father
Street address	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

The student lives at this address:

All of the time Part of the time All of the time 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.

	Mother	Father
Street address	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

2. Special family circumstances

Please advise of any special circumstances eg. illnesses, bereavement or family separation (include copies of any Court Orders).

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3. Siblings

Name	Age	Current school (if applicable)	Year or Grade

4. Involvement in the Christian Church

Are you involved in church activities? Yes No

If yes, please describe your involvement including which congregation:

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5. Reasons for Application

Why do you want your child to come to Wellington Christian School?

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What do you understand a Christian school to be?

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C. MEDICAL AND EDUCATIONAL INFORMATION

1. Does your child suffer from any of the following?

- Asthma Allergies Anaphylaxis Diabetes Epilepsy Eye defects
 Hearing disorder Other illness / condition: (please specify)

Does your child take medication for any of the above?

- Yes No

If yes, please list the medication.

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Does this condition prevent or restrict your child from participating in any activity?

- Yes No

If yes, describe the circumstances.

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Additional information

1. What are your child's special interests, sports and hobbies?

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2. Is there any further information about the child's needs or aptitudes which we should know?

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3. Please provide any other details that may be helpful. You may wish to emphasise particular interests, character traits, achievements or other issues you believe are relevant to the application. Please attach extra information if necessary.

D. REFEREE CONTACTS

Please complete (if not previously provided on an Application to Register form)
 (Example: Minister, teacher, long term family acquaintance)

	Referee 1	Referee 2
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship to family	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Town	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
State	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Home / Work phone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

E. ACKNOWLEDGEMENT

This is a declaration by parents or guardians responsible for fees.

1. We apply to have the above named student considered for enrolment in Wellington Christian School.
2. We undertake that the information provided regarding the child’s developmental, medical and educational history is a truthful, accurate and complete disclosure on our part. We agree to provide further information to the school if requested by the school.
3. We enclose with this application:
 - Enrolment Fee of \$50.00 (incl. GST), which we understand is non-refundable and does not guarantee the offer of a place.
 - Birth Certificate (copy only)
 - 2 School Reports (copy only)
4. We undertake to conform to the rules, procedures and regulations made from time to time by the school.

Father’s name <i>(BLOCK letters)</i>	<input style="width: 100%;" type="text"/>		
Signature	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>
Mother’s name <i>(BLOCK letters)</i>	<input style="width: 100%;" type="text"/>		
Signature	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>

OFFICE USE ONLY

Family code		Application for enrolment	K-6
Student ID		Year of entry	
2 recent school reports attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Date enrolment fee paid	
Parenting / restraint order attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Receipt #	
Medical / other reports attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Payment received by	
Data entered on School Pro by		Viewed by Head of School	