



Student Details

Last Name:

First Name:

Middle Name:

Preferred First Name:

Preferred name for school reports/certificates:

Gender: Male Female

Date of Birth: (dd/mm/yyyy)

(include copy of Birth Certificate with this Application)

Address:

Country of Birth:

Language

Main language spoken at home:

Aboriginality

Is the student of Aboriginal or Torres Strait Islander origin?

- No Aboriginal
 Both Torres Strait Islander

Into which grade do you wish to enrol this student?

<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12		

Intended start date:

Present grade level:

Name of school currently attending:

Student's Residency Status

What is the student's residency status?

- Australian citizen
 New Zealand citizen
 Permanent resident
 Temporary visa holder

Year started school in Australia:

If born overseas, what date did the student arrive in Australia? (dd/mm/yyyy)

If the student is a permanent, or temporary visa holder please provide the following information:

Current visa sub-class:

Visa expiry date: (dd/mm/yyyy)

Special circumstances

Are there any special circumstances regarding your child that the school should know about prior to enrolment? (eg. Subject of a court order, living apart from parental supervision, previously expelled or suspended)

Kindergarten enrolments only

Has your child attended a preschool or children's service?

No Yes

If yes, name of service/centre?

How many days per week?

Is your child able to:

- Dress themselves
- Go to the toilet independently
- Ask for help when needed
- Eat their own food independently

K-12 enrolments

Does your child experience difficulty with any of the following?

- Concentration
- Behaviour
- Following more than one instruction
- Neatness in work
- Organisation of self/work

Is your child a young person with:

- A specific learning disability (eg. Dyslexia, dyspraxia)
- Behaviour disorders (eg. ADD, ADHD, OCD, ODD)
- Pervasive developmental disorders (eg. Autism, Asperger's Syndrome, PDD-NOS)
- An intellectual disability or brain injury
- Mental health disorders (eg. Mood, anxiety, eating, personality disorders)
- Neurological disorder (eg. Epilepsy)
- Down Syndrome
- Asthma
- Anaphylaxis
- Diabetes
- A language disorder/speech difficulties
- A physical disability (eg. Cerebral palsy, or a mobility, visual or hearing impairment)

- Sleep apnoea/sleep disorders
- Other (please specify)

Has your child seen any of the following professionals?

Year last seen:

- | | |
|--|--------------------------|
| <input type="checkbox"/> Behavioural Optometrist | <input type="checkbox"/> |
| <input type="checkbox"/> Paediatrician | <input type="checkbox"/> |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> |
| <input type="checkbox"/> Speech therapist | <input type="checkbox"/> |
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> |
| <input type="checkbox"/> School Counsellor | <input type="checkbox"/> |

If any of the above applies to your child, please provide any available reports/further information.

Does your child have an Individual Education Plan?

No Yes (please provide a copy to the school)

Student Medical Details:

Medicare Number:

Ref. No.

Expiry

Doctor's Name/Medical Centre:

Doctor's Phone Number:

Does your child have any allergies?

No Yes (please specify)

Please provide details of any medication regularly taken by your child?

Has your child experienced any major health issues that have required hospitalisation?

No Yes (please provide details)

Student's Parent/Carer permission

I give my permission for the school to seek further information if required, from my child's health professional or school counsellor about how to support any condition experienced by my child.

Yes No

If your child requires a medical action plan (eg. for asthma, anaphylaxis, epilepsy), do you consent to these plans being displayed in staffrooms so staff can have ready access to these plans?

Yes No N/A

(please provide a copy of the action plan to the school)

Emergency Contacts

If we cannot contact either parent/carers, please provide details of at least two other people that we can contact in the case of an emergency.

Contact 1

Full Name:

Relationship to student:

Phone number (home/work):

Phone number (mobile):

Contact 2

Full Name:

Relationship to student:

Phone number (home/work):

Phone number (mobile):

Custodial Parents Information

Father Full Name:

Living with the student?

Yes No Sometimes

Mother Full Name:

Living with the student?

Yes No Sometimes

Stepfather/Stepmother/Guardian Name:

Student's siblings: List all names and date of birth

Student's Home Telephone:

Parent/Carer Details

This section is for the parents/carers with whom the student normally lives

Parent/Carer 1

Title: Gender: Male Female

Last Name:

First Given Name:

Relationship to student:

Country of Birth:

Citizenship:

Current Occupation:

Current Employer:

Parental Occupational Group:

Please select the appropriate parental occupation group from the list on the back page. If you are not currently in paid work but have had a job or have retired in the past 12 months use your last occupation. If you have not been in paid work in the past 12 months enter '8' in the box provided.

Do you regularly attend church? Yes No

If yes, which church do you attend? *(if different from student)*

Language

Main language spoken at home:

Aboriginality

No Aboriginal
 Both Torres Strait Islander

Education

What is the highest level of schooling completed?

Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

What is the highest qualification completed?

Bachelor degree or above
 Advanced diploma/diploma
 Certificate I to IV (incl. trade cert)
 No non-school qualification

Did you attend NCS or NCCS as a student?

Yes No

If yes, would you like to be added to the NCS Alumni database?

Yes No

Personal contact details

Contact email address:

Residential Address:

Phone number (work):

Phone number (mobile):

Parent/Carer Details

This section is for the parents/carers with whom the student normally lives

Parent/Carer 2

Title: Gender: Male Female

Last Name:

First Given Name:

Relationship to student:

Country of Birth:

Citizenship:

Current Occupation:

Current Employer:

Parental Occupational Group:

Please select the appropriate parental occupation group from the list on the back page. If you are not currently in paid work but have had a job or have retired in the past 12 months use your last occupation. If you have not been in paid work in the past 12 months enter '8' in the box provided.

Do you regularly attend church? Yes No

If yes, which church do you attend? *(if different from student)*

Language

Main language spoken at home:

Aboriginality

No Aboriginal

Both Torres Strait Islander

Education

What is the highest level of schooling completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

What is the highest qualification completed?

Bachelor degree or above

Advanced diploma/diploma

Certificate I to IV (incl. trade cert)

No non-school qualification

Did you attend NCS or NCCS as a student?

Yes No

If yes, would you like to be added to the NCS Alumni database?

Yes No

Personal contact details

Contact email address:

Residential Address:

Phone number (work):

Phone number (mobile):

Correspondence/Communication

Contact details for parents/carers with whom the student normally lives

Name to be used for all correspondence (eg. Mr and Mrs T Smith):

Correspondence/postal address:

Home phone number:

Main Contact (mobile):

Custody/Care

Please tick all that is appropriate

Are any of the student's parents **deceased**?:

Mother Father

With whom should communication take place regarding day to day matters?

Parent/Carer 1 Parent/Carer 2

Child Agency

To whom should letters and reports be sent?

Parent/Carer 1 Parent/Carer 2

Other parent not living with student

Child Agency

Do both natural parents have access to the student?

Yes No

If applicable, copies of any relevant family law or other court orders must be provided. Unless a Court Order is produced, separated spouses can receive any relevant school information as requested.

Contact details for **parents NOT living** with this student

Title: Gender: Male Female

Last Name:

First Given Name:

Residential address:

Does the student sometimes reside at this address?

Yes No

Correspondence/postal address:

Contact email address:

Mobile phone number:

Home phone number:

Fees

Who is responsible for payment of fees? (please tick all that apply)

Parent/Carer1 Parent/Carer 2

Non-Custodial Parent Other

Alternate debtor details

Please specify who is responsible for the payment of school fees and charges if not parent/carer 1 and/or parent/carer 2:

Child Agency Details (if applicable)

Agency Name:

Case Workers Name:

Address:

Best contact number:

Is the agency responsible for the fees?

Yes No

Are you the first person we contact in relation to:

An emergency Yes No

School related matters Yes No

Application and Declaration

Parent/Carer 1 Declaration

- I have read the conditions of enrolment and agree to abide by them
- I have read the Statement of Faith
- I accept and personally believe the Statement of Faith **OR**
- I am willing for my child to be enrolled in the school, recognising that the school holds to the Statement of Faith.

To the best of my knowledge the information contained in this form is true and correct. I understand that failure to disclose information about my child may jeopardise enrolment. I acknowledge I am jointly and severally liable for the payment of school fees and charges as they fall due.

Full Name:

Signed:

Date:

Parent/Carer 2 Declaration

- I have read the conditions of enrolment and agree to abide by them
- I have read the Statement of Faith
- I accept and personally believe the Statement of Faith **OR**
- I am willing for my child to be enrolled in the school, recognising that the school holds to the Statement of Faith.

To the best of my knowledge the information contained in this form is true and correct. I understand that failure to disclose information about my child may jeopardise enrolment. I acknowledge I am jointly and severally liable for the payment of school fees and charges as they fall due.

Full Name:

Signed:

Date:

Enclosures required with this application

I/we have enclosed (or have already supplied) the following documents:

- Birth certificate
- Immunisation history
- Family reference (or you can request that they send it directly to enrolments@ncs.nsw.edu.au)
- General permissions and consent form
- Last two school reports (if applicable)
- Most recent NAPLAN results (if applicable)
- Individual Education Plan (if applicable)
- Visa or Residency documentation (required for students born outside Australia)
- Medical information (Eg. Specialist reports if applicable)
- Family law or court orders (if applicable)
- Asthma/Allergy Plan (if applicable)

Parental Occupation

Refer to this list to assist you with completing the Parent/Carer Details section of the Student Enrolment Form. Parental Occupation is defined as the main work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk.

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, green-keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

The following are standard consent permissions used at Nowra Christian School. They will remain in effect for the duration of your child's enrolment at NCS, or until such time you might choose to revoke your permission in writing.

Student's Details:

Student's Name:

Commencement Year (eg. Kindergarten):

Date of Birth:

Local School Excursion Permission

I hereby give permission for my child, whose name appears above, to participate in local excursions/sporting activities which do not require transport, but involve the children leaving the school grounds to walk to a particular local venue, providing a teacher is in charge, all reasonable care is taken and the activity is in accordance with the curriculum. I authorise the teachers in charge of the activity, where it is considered impractical to communicate with me, to give permission for my child to receive such medical or surgical treatment as may be considered necessary in the event of injury or illness. I note an 'excursion' includes any teacher-supervised activity outside the school grounds.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.

Parent/Carer Name:

Signed:

Date:

Panadol and sunscreen permission

I hereby give permission for my child to be administered Panadol by Nowra Christian School staff in the event of general pain, headaches or fever. I understand this will be given at the dosage recommended on the Panadol packaging.

Yes No

I hereby give permission for my child to have sunscreen applied by Nowra Christian School staff, when necessary.

Yes No

Parent/Carer Name:

Signed:

Date:

Consent to use photos, audio, digital or video images and artwork

During your child's time at Nowra Christian School, photographs, audio, digital or video images may be taken at the school. Photographs are taken for archival purposes, for promoting the school in publications, classroom displays, the NCS website and social media (Facebook, Instagram, Twitter).

I consent to such photographs/audio or video footage and /or other images of my child being used by Nowra Christian School for any of the following purposes:

- School newsletters and publications (which includes an electronic version which is emailed, posted on facebook and to the school website). This also includes the 'latest news' section of the NCS website.
 - the school's social media pages
 - educational activities
 - marketing and promotional activities
 - newspapers
 - School Year Book
 - This permission includes the right to be photographed/filmed in a school activity by the school, press or television networks.
2. I understand that any photographs, video footage or other images taken may be shown in a public environment.
 3. I understand that only first name and last name initial will be used online, when publishing my child's photograph, except in the School Year Book which will contain first name and last name.
 4. **I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.**

I do not consent to such photographs/audio or video footage and /or other images of my child being used by Nowra Christian School for any of the following purposes:

- School newsletters and publications (which includes an electronic version which is emailed, posted on facebook and to the school website). The 'latest news' section of the NCS website.
 - the school's social media pages
 - educational activities
 - marketing and promotional activities
 - the NCS website
 - newspapers
 - School Year Book
2. I understand by not consenting, my child's photograph will not appear in newsletters and my child may have to be withdrawn from group photographs at times.
 3. **I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.**

Parent/Carer Name:

Signed:

Date:

NCS Bytes - email newsletter consent

The school e-newsletter, NSC Bytes, is delivered via email fortnightly. This includes important information for parents/carers, as well as news items. Do you consent to receiving NCS Bytes in your email?

Yes

No

Please list the email addresses you would like us to send NCS Bytes to:

Family Reference



Grow up into Christ

Applicant to complete:

Applicant's Details:

Family name: _____ Year of entry: _____

Church/Denomination (if applicable): _____

Referee to complete:

Please comment on the following matters where possible:

- Nature of family's association with the Church
- Length of your association with the family
- Assessment of specific teaching and practices of the family which would complement those of a Christian school.
- Special circumstances, if any, to be taken into account

Referee's Comments

Signature: _____ Name (Please PRINT): _____

Position: _____ Date: _____