



# APPLICATION FOR ENROLMENT

This form is an Application for Enrolment only and does not constitute an offer of a place. Applications will be processed according to the Sherwood Hills Christian School Enrolment Policy. If a student is offered a place, a formal letter of offer will be posted to you. To accept the offer, you will need to pay the required Enrolment Fees.

**PLEASE PRINT CLEARLY IN BLOCK LETTERS. ALL SECTIONS MUST BE COMPLETED.**

## 1. STUDENT DETAILS

*Office Use Only – STUDENT ID:* \_\_\_\_\_

The information requested on this form is required by the school and various Government and Education bodies. All information provided will be treated as confidential.

SURNAME: \_\_\_\_\_ GIVEN NAME/S: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GENDER: M / F

Desired Year of Entry (e.g. Term 1, 2025): \_\_\_\_\_ Desired Level of Entry: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

RELIGION: \_\_\_\_\_ CHURCH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS (*required for High School students*): \_\_\_\_\_

Student lives with (please circle): Both Parents / Mother / Father / Guardian \_\_\_\_\_ / Other \_\_\_\_\_

Is the student an Australian resident (please circle)? YES / NO

Please provide residency status/visa details: \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander Origin? NO / YES, Aboriginal / YES, Torres Strait Islander

Does the student speak a language other than English at home? YES / NO Language: \_\_\_\_\_

*The parents/guardians listed in this form will be contacted first in case of an emergency. If unable to be reached, please provide Emergency Contact Details below:*

### **Emergency Contact Details (1):**

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to Student (e.g. relative, friend, grandparent): \_\_\_\_\_

### **Emergency Contact Details (2):**

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to Student (e.g. relative, friend, grandparent): \_\_\_\_\_



## 2. FAMILY PROFILE

### RELATIONSHIP STATUS:

- Single     Married     Defacto     Separated     Divorced     Widowed  
 Other \_\_\_\_\_

Are there any custodial or legal arrangements of which the school should be aware? YES / NO

Are there any apprehended domestic violence orders of which the school should be aware? YES / NO

*(please provide detail and copies of any Court Orders)*

### FATHER/GUARDIAN'S DETAILS

Is this child in your full-time care? YES / NO

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language (if other than English): \_\_\_\_\_

Church: \_\_\_\_\_ Religion: \_\_\_\_\_

Highest level of schooling completed\*:

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or below

Highest level of qualification completed\*:

Bachelor Degree or above

Advance Diploma

Certificate I to IV (incl. Trade)

No post-school qualification

Past Student at SHCS? YES / NO If yes, what years were you enrolled? \_\_\_\_\_

### MOTHER/GUARDIAN'S DETAILS

Is this child in your full-time care? YES / NO

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language (if other than English): \_\_\_\_\_

Church: \_\_\_\_\_ Religion: \_\_\_\_\_

Highest level of schooling completed\*:

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or below

Highest level of qualification completed\*:

Bachelor Degree or above

Advance Diploma

Certificate I to IV (incl. Trade)

No post-school qualification

Past Student at SHCS? YES / NO If yes, what years were you enrolled? \_\_\_\_\_

Do you have other children presently/previously enrolled at Sherwood Hills Christian School? YES / NO

If yes, please provide their name/s: \_\_\_\_\_

*\*Information required by Commonwealth Government for statistical analysis of educational outcomes.*



Please select ONE Household Representative for your family who will receive ALL correspondence, including SMS/Email notifications, school newsletters, student reports and invoices, etc:

Mother/Guardian Email (as above)      OR       Father/Guardian Email (as above)

### 3. SPECIAL CONDITIONS

Does the student have any of the special conditions identified below (please circle)?      YES / NO

- |                                 |                                      |                                    |                                     |
|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> ADD    | <input type="checkbox"/> ODD         | <input type="checkbox"/> ASPERGERS | <input type="checkbox"/> EPILEPSY   |
| <input type="checkbox"/> ADHD   | <input type="checkbox"/> ALLERGIES   | <input type="checkbox"/> AUTISM    | <input type="checkbox"/> PHYSICAL   |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> ANAPHYLAXIS | <input type="checkbox"/> DIABETES  | <input type="checkbox"/> IMPAIRMENT |

OTHER: \_\_\_\_\_

If applicable, please provide information on any medication or treatment to any of the conditions listed above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student been involved in any specific educational program or had extra help in any of the following areas?

YES/NO

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Reading               | <input type="checkbox"/> Hearing             | <input type="checkbox"/> Physical Problems/Disability   |
| <input type="checkbox"/> Writing               | <input type="checkbox"/> Speech Therapy      | <input type="checkbox"/> Gross/Fine Motor Skills        |
| <input type="checkbox"/> Mathematics           | <input type="checkbox"/> Sight               | <input type="checkbox"/> Neurological Disorders         |
| <input type="checkbox"/> Language (ESL)        | <input type="checkbox"/> Poor Health History | <input type="checkbox"/> Behavioural/Emotional Problems |
| <input type="checkbox"/> Development Disorders |  |   |

Please provide more information, if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please attach copies of latest medical, psychological, speech or occupational therapy reports. Failure to disclose special conditions or agree to a Management Plan may result in Enrolment Offer being withdrawn. Parents/Guardians may be requested to attend meetings in managing special conditions and failure to comply will place enrolment at risk.***

### FIRST AID TREATMENT:

Does your child have any allergic reactions or skin conditions that are related to general first aid treatment supplies, including antiseptic ointments, fabric/plastic bandages, etc (e.g. Savlon, Burnaid). Please tick:

No. My child can be treated with whatever supplies necessary for any case of first aid treatment.

Yes. Please list prohibited first aid items: \_\_\_\_\_

\_\_\_\_\_



**PHOTO PERMISSION**

I/We agree that Sherwood Hills Christian School or any agency acting on their behalf may photograph or videotape by any present or future means (including after period of enrolment) my child's image, voice, activities, performance, likeness, art work or school work, for use in the following:

**PUBLIC ADVERTISING**

- ALL public advertising (eg Newspaper Advertisements, Press Releases, School Prospectus, School Website)
- NO public advertising

This consent is conditional upon my child being presented in a positive light and not in any way that would cause embarrassment to my child.

**4. EDUCATION PROFILE**

How is the student managing at school?

Academically:

- Very good
- Good
- Average
- Poorly
- Very Poorly

Socially:

- Very good
- Good
- Average
- Poorly
- Very Poorly

Is the student transferring from interstate (please circle): YES / NO

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous School: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Has the student ever been asked to leave a school or been refused enrolment (please circle): YES / NO

If yes, please state reason: \_\_\_\_\_

Please describe your child's current academic progress, referring to any specific talents or difficulties. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's interests, activities, sports or any particular achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have applied for a place at more than one school, please list them in order of preference (including SHCS):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Please outline your reason/s for wishing to enrol your child at SHCS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## FEES AND CHARGES

Once an application is accepted, note that the following charges apply.

- **Registration Fee:** \$250 for Year 1-12 students. \$300 for Kindergarten students. This is a non-refundable fee to be paid upon acceptance of enrolment offer.
- **Refundable Deposit:** \$478 for 1st child (or \$492 for ABC 1st child), \$316 for second child and \$184 for third child. This is a per child fee required up to the third child on Enrolment.
- **Tuition Fees:** Invoiced bi-monthly (February, April, June, August and October.) Items not included in Tuition Fee: Uniforms, High School Camp, Excursions not mandated by syllabus documents; repeat PACES.
- **Late Fine: \$33:** A fee charged to offset the cost of following up accounts not paid in accordance with the Fees Policy or agreement arrangements. It is charged monthly.
- **Building Fund:** There is no requirement to contribute to the school building fund, however, any contributions made are tax deductible.
- Fees are subject to change from time to time. As far as practicable, maximum notice of changes will be given.
- **Re-enrolment fee:** charged at the rate of \$50.00 per child, up to two children, in October each year.

### ENROLMENT AGREEMENT

All parents and children seeking enrolment at Sherwood Hills Christian School must support and co-operate with its policies, philosophy and religious principles and enter as fully as possible into its curricular and co-curricular life.

The School and the parents must work together if the best possible outcomes for the student are to be achieved. The importance of this partnership cannot be underestimated.

As parents/guardians, we agree that (please tick the box to signify that you have read each term and agree to comply):

- Our child will participate in School special events. These include liturgical events, camp programs, athletics and swimming carnivals and the school's fundraising activities.
- Our child will be involved in co-curricular activities each year.
- Our child will observe all the School regulations concerning behaviour and uniform.
- We are liable to pay for damage caused through a willful act OR as a result of negligent behaviour by our child as determined by the School OR accidental damage that causes significant financial burden to the School OR the insurance excess where an event is covered by the school's insurance.
- All fees, levies, and other school charges need to be paid promptly.

### CONSENT

- We consent to Sherwood Hills Christian School obtaining any relevant information from our child's current school. Yes / No

Contact details of current school Year Coordinator - Name \_\_\_\_\_ Phone: \_\_\_\_\_

- We consent to photo and video permission of our child for all internal school communication, including the yearbook, newsletters, video presentations, and password-protected photo albums on school website.
- We have received and/or read on the school website ALL the policies listed and hereby agree and consent to abide by the rules and guidelines contained therein, including but not limited to, the following:
  - Student Enrolment & Exit Policy
  - Student Welfare & Behaviour Policy
  - Enrolment/Tuition Fee Schedule and Guideline
- We declare that the information completed on this application form is true and accurate.

\_\_\_\_\_  
Signature Father / Male Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature Mother / Female Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### WHAT TO INCLUDE WITH THIS APPLICATION:

- Certified copy of Birth Certificate
- Details of Residency status (Citizenship Certificate, Visa or Passport)
- Copy of Immunization History Statement
- Any Relevant Medical Reports (e.g. Asthma Plan, etc)
- Previous 2x Semester School Reports
- All previous NAPLAN Reports
- Any relevant Educational Reports/Diagnosis (e.g. speech therapy, etc)