



**cedars**  
christian college

*Nurturing for today – Equipping for tomorrow*

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## STUDENT APPLICATION FOR ENROLMENT

### STUDENT DETAILS:

Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

If Nationality is not Australian, does the applicant hold a permanent resident Visa or Student VISA for Australia? Yes  No

Languages spoken at home other than English: \_\_\_\_\_

Aboriginal / Torres Strait Islander Descent Yes  No

Desired Year Level Entry: (*Preparatory, Kindergarten – Year 12*) \_\_\_\_\_ Year: 20\_\_\_\_\_ Term: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### SIBLINGS:

Name	Date of Birth	Present School	Year Level

Please supply the following documentation when returning application form.  
An interview will not be arranged until all paperwork is received.

- Students **BIRTH CERTIFICATE** or authorised copy
- 2 most recent **SCHOOL REPORTS** (excluding Prep and Kindy applications)
- If applying for Prep or Kindy: **PRE SCHOOL REPORTS** if available
- BASIC SKILLS RESULTS** (if applicant has completed **Year 3** and/or **Year 5**)
- ELLA TEST RESULTS** (if applicant has completed **Year 7**)
- PASTORAL REFERENCE** or **Personal Reference** for families not attending church
- IMMUNISATION RECORDS** (blue book or Immunisation Certificate from your GP)
- \$25.00 non refundable **ENROLMENT FEE (per family)**

This box  
is for  
OFFICE  
USE  
ONLY

*Our vision is be a caring Christian community where parents, the church and the school  
work together to inspire and lead children to reach their full potential*

## SCHOOLING HISTORY:

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

Previous Schools	Year Level	Reason for leaving

Has applicant ever been suspended, expelled or refused admission to another school?

Yes  No  If yes, please provide details:

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Have you advised your present school that you are leaving? Yes  No

Contact person at the school: \_\_\_\_\_

Do you have any outstanding fees owing? Yes  No

How would you describe the applicant's experience at school?

Academically: *Very Good*      *Good*      *Average*      *Poor*      *Very Poor*

Socially: *Very Good*      *Good*      *Average*      *Poor*      *Very Poor*

## ACADEMIC AND MEDICAL DETAILS:

Has the applicant received any of the following: *(Please tick (✓) and give details)*

Learning Support: \_\_\_\_\_

ESL Assistance: \_\_\_\_\_

Repeated a year level: \_\_\_\_\_

Been elevated a year level: \_\_\_\_\_

Been "ascertained" or "appraised" for academic problems or learning difficulties - Current level: \_\_\_\_\_

Been diagnosed with any of the following impairments:

Intellectual       Social/Emotional       Visual       Physical

Speech       Learning Difficulty       ADD/ADHD       Hearing

Behavioral       Aspergers/Autism       Perceptual/Motor

Other (Please specify): \_\_\_\_\_

Has previous school/s received funding for any of the above? Yes  No  Unsure

If any of the above has been ticked, related documents and reports must be accompanied with application.

**PARENT/GUARDIAN DETAILS:**

FATHER/GUARDIAN *(Please circle)* Title: \_\_\_\_\_ Living with student: Yes  No

Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

Marital Status:            *Single*            *Married*            *Separated*            *Divorced*

School Education Level:    *Year 9 or lower*            *Year 10*            *Year 11*            *Year 12*

Qualifications:    *Bachelor Degree or above*    *Adv. Diploma/Diploma*    *Cert. I to IV (incl. trade cert.)*    *No non-school qualification*

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Language spoken at home, other than English: \_\_\_\_\_

Area of Parent Participation Scheme you would like to be involved in:

MOTHER/GUARDIAN *(Please circle)* Title: \_\_\_\_\_ Living with student: Yes  No

Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

Marital Status:            *Single*            *Married*            *Separated*            *Divorced*

School Education Level:    *Year 9 or lower*            *Year 10*            *Year 11*            *Year 12*

Qualifications:    *Bachelor Degree or above*    *Adv. Diploma/Diploma*    *Cert. I to IV (incl. trade cert.)*    *No non-school qualification*

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Languages spoken at home, other than English: \_\_\_\_\_

Area of Parent Participation Scheme you would like to be involved in:

**SPECIAL CIRCUMSTANCES:**

Special circumstances we need to be aware of in relation to applicant: *(Living arrangements/custody/guardianship...etc.)*

Please advise of any Family Court Orders or Domestic Violence Orders pertaining to applicant:

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(Copies to be provided)

For the student's safety, it is essential that the College is advised in writing immediately if there are any changes in this regard.

**CHURCH DETAILS:**

Is your family involved in a Christian Church?    Father     Mother     Applicant

Level of involvement:    *Very Involved*    *Regularly*    *Rarely*    *None*

Church name and denomination: \_\_\_\_\_

Indicate if applicant attends:     Church     Sunday School     Youth Group     Other

Church name and denomination: *(if different to above)* \_\_\_\_\_

**PAYMENT OF FEES:**

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
*Signed:* \_\_\_\_\_ *Dated:* \_\_\_\_\_ *Signed:* \_\_\_\_\_ *Dated:* \_\_\_\_\_

**POSTAL ADDRESS:**

If mailing address is different to residential address, please provide details:

**MEDICAL/EMERGENCY DEATAILS:**

Emergency contacts if parent is unable to be contacted:

Name	Relationship	Phone

Medicare Number: \_\_\_\_\_ Medical Assistance Permitted: Yes  No

**DECLARATION:**

Media Release Permission:    Yes     No

*(If yes, your child may be photographed participating in College related activities and may appear in newsletters, marketing and media released by Cedars Christian College.)*

I/We declare that all the details provided in this application for \_\_\_\_\_ are correct to the best of my/our knowledge and belief.

I/We have read the Information Booklet, particularly the Enrolment Conditions, Student Welfare, Schedule of Fees and Uniform Requirements and agree wholeheartedly with the College's aims and objectives in these matters. I/We agree with the Cedars Christian College Statement of Faith.

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Student Declaration (If in years 9-12) Signed: \_\_\_\_\_ Dated: \_\_\_\_\_