# **APPLICATION FOR ENROLMENT**

strength of purpose



## **FAMILY DETAILS**

	MOTI	HER   FEMAL	E GUARDI	AN		FATHER   MALE GUARDIAN				
TITLE (e.g. Mr, Mrs, Miss, Dr)										
SURNAME										
GIVEN NAMES										
COUNTRY OF BIRTH										
NATIONALITY										
LANGUAGE/S SPOKEN AT HOME										
HOME ADDRESS										
POSTAL ADDRESS										
OCCUPATION										
WORK PHONE										
HOME PHONE										
MOBILE PHONE										
EMAIL										
HIGHEST YEAR OF SCHOOL EDUCATION* (Please tick)	YEAR 12	YEAR 11	YEAR 10	YEAR 9	YEAR	12 YEA	R 11	YEAR 10	YEAR 9	
LEVEL OF HIGHEST QUALIFICATION* (Please tick)	BACHELOR DEGREE OR ABOVE	ADVANCED DIPLOMA /DIPLOMA	CERT I-IV (INC TRADE CERT)	NO POST SCHOOL QUALIFICATION	BACHEL DEGREE ABOV	OR DIPL	NCED OMA .OMA	CERT I-IV (INC TRADE CERT)	NO POST SCHOOL QUALIFICATION	
* Required by the Federal Governme	ent as background	information; indiv	idual data will r	not be quoted - see Pr	ivacy Statemen	t.				
STUDENT LIVES WITH (Please tick)	BOTH PARENTS	FATHER/ MALE GUARDIAN	MOTHER/ FEMALE GUARDIAN	IF OTHER, PLEAS	SE SPECIFY					
COURT ORDERS/ PARENTING PLANS (Documentation required)	N	IF YES, PLI	EASE SPECIFY							
CHILDREN NOT ENROLL	ING			CURRENT AGE	CURREI	NT SCHOOL	_ (If applic	cable)		
FULL NAME										
FULL NAME										
FULL NAME										

ENRULLING STUDENT'S DETAILS ADDITION AD							IONA	AL CH	ILU	
SURNAME										
GIVEN NAMES										
PREFERRED NAME										
DATE OF BIRTH (Birth certificate required)	D D M M Y Y Y GENDER (Please tick)									
COUNTRY OF BIRTH (Proof of residency required)		NATIONALITY								
LANGUAGE/S SPOKEN AT HOME?										
CURRENT SCHOOL (If applicable)	YEAR LEVEL									
ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT? (Please tick)	NO ABORIGINAL TORRES STRAIT ISLANDER									
COMMENCEMENT										
ACADEMIC YEAR (Please tick)	PRE (3YR)	PREP (4YR)	К	1	2	CALENDAR YEAR	2	0	Υ	Υ
	3	4	5	6	7	SCHOOL TERM (Please tick)	1	2	3	4
	8	9	10	11	12					
PRESCHOOL/PR	REPAR	RATO	RY O	PTIO	NS (I1	applicable)				
PREFERRED DAYS (Please tick)	MON	TUE	WED	THU	FRI	The Early Learning Co time and is also avail October, and part of	able throu	gh the A	pril, July,	
DROP OFF TIME						school vacation perio	ods.			
PICK UP TIME  The days and times nominated on this form are an indication only and will be confirmed prior to enrolment.										
SPECIAL NEEDS AND CONSIDERATIONS										
PLEASE LIST MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS AND INCLUDE REPORTS WHERE POSSIBLE. (EG SPECIAL GIFTS OR TALENTS, SPEECH PATHOLOGY, PSYCHOLOGIST, ASTHMA, ALLERGIES, ADHD, DIABETES ETC)										

# OTHER INFORMATION

CHURCH CURRENTLY ATTENDING (If applicable)

HOW DID YOU HEAR ABOUT THE COLLEGE (Please tick)

INTERNET	SOCIAL MEDIA	WORD OF MOUTH REFER	RING PERSONS NAME
ALUMNI	NORWEST BUS	LETTERBOX DROP	LOCAL PAPER NAME OF PAPER
IF OTHER, PLEASE SPEC	IFY		

# **DECLARATION**

- I/We have read the Conditions of Enrolment, Privacy Statement and Statement of Faith found on the College website, and if enrolled would agree to comply with and support the contents and requirements of each.
- I/We have read the Fee Schedule and Uniform Price List found on the College website, and confirm my/our ability to meet my/our commitment regarding the payment of fees and the purchase of uniform.
- I/We give permission for a representative of Norwest Christian College to contact my child/ren's previous school/s for the purpose of obtaining additional information about him/her/them.
- I/We have enclosed copies of all relevant documentation to support this application.
- I/We declare that all information provided in this application is true and correct.

MOTHER/
FEMALE GUARDIAN

SIGNATURE

DATE

DATE

DATE

DATE

DATE

M
M
Y
Y

Y

MALE GUARDIAN

#### NEXT STEPS

- Once we have received your completed application form, along with all required attachments (see checklist below), it will be reviewed and assessed by our Enrolment Committee. Our Student Enrolment Manager will contact you with the result of your enrolment application.
- If your application progresses we will arrange a mutually convenient interview time for you to meet with the Principal and give you and your family a tour of the College. Following the interview, if your application is successful a Letter of Offer will be sent to you. Our Student Enrolment Manager will notify you if your application is unsuccessful.
- Once we receive your Acceptance of Enrolment and the enrolment fee has been paid, you will be notified of commencement dates, orientation days, uniform fittings, and other pertinent details which will assist your child's transition into the College community.

Please see our website for a more detailed enrolment process.

## **CHECKLIST**

### WE HAVE ENCLOSED A COPY OF: (Tick where applicable)

BIRTH	LATEST	SPECIALIST	PARENTING
CERTIFICATE	SCHOOL REPORT	REPORTS	PLANS
IMMUNISATION CERTIFICATE	NAPLAN	COURT	VISA
	RESULTS	ORDERS	(O/S STUDENTS)

PLEASE RETURN THIS COMPLETED FORM WITH ATTACHMENTS TO:

THE STUDENT ENROLMENT MANAGER NORWEST CHRISTIAN COLLEGE PO BOX 6335 ROUSE HILL TOWN CENTRE NSW 2155

OFFICE USE ONLY DATE RECEIVED SURNAME ACADEMIC YEAR/S CALENDAR YEAR/S