

# APPLICATION FOR ENROLMENT PREP

## EMERGENCY CONTACTS (Other than Parent / Guardian)

1	Full Name: _____	Relationship to child: _____
	Home Phone: _____	Work Phone: _____ Mobile Phone: _____
2	Full Name: _____	Relationship to child: _____
	Home Phone: _____	Work Phone: _____ Mobile Phone: _____

## PERMISSION NOTES

- In the event that the school is unable to contact me in an emergency, I grant permission for my child to be given the treatment deemed necessary.
- I am willing for my child to have his/her photo in any school publication or for marketing purposes. I will contact the school if I am unhappy with this arrangement.
- I give permission for my child to go on any regular school based program by bus or train.

## AGREEMENT TO SCHOOL POLICIES

- I/We understand that this is a Christian school and agree to support the school in upholding its standards and ethos.
- I/We understand that if the application for enrolment is successful, there is the responsibility of fee payments that comes with attending I/We understand failure to pay can result in loss of placement.

## SIGNATURES

PARENTS/GUARDIANS (both parents or guardian(s) to sign if possible.)

Signature of FATHER/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of MOTHER/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL INFORMATION

How did you first hear about our school? \_\_\_\_\_

Why did you choose this school? \_\_\_\_\_

Did any of the following assist you in choosing this school for your child?

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Letterbox flyer | <input type="checkbox"/> Newspaper ad/article | <input type="checkbox"/> School Expo or Fair display | <input type="checkbox"/> Alphabet Day  | <input type="checkbox"/> Open Day       |
| <input type="checkbox"/> Preschool visit | <input type="checkbox"/> Church promotion     | <input type="checkbox"/> School bus sign             | <input type="checkbox"/> School banner | <input type="checkbox"/> School website |
| <input type="checkbox"/> Other           |   |  |  |   |



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 Operated by Seventh-day Adventist Schools (Greater Sydney) Ltd  
 ABN 63 106 908 767 CRICOS No. 02622J

## ENROLMENT CHECKLIST

- Proof of Identity (birth certificate)
- Immunisation Records
- Copy of current school report
- Application Fee received

Family Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

To commence Grade \_\_\_\_\_ In Term \_\_\_\_\_ Year 20 \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Cultural Background: \_\_\_\_\_

Nationality other than Australian, please provide Visa Number: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Church Attending: \_\_\_\_\_

PREP APPLICANTS must be 4 years old by July 31 of the year they intend to start. Please tick preferred days - minimum 2 days

Monday  Tuesday  Wednesday  Thursday  Friday

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ FK: \_\_\_\_\_

Amount: \_\_\_\_\_ BK: \_\_\_\_\_

Receipt No: \_\_\_\_\_ SK: \_\_\_\_\_

Interviewed: \_\_\_\_\_

Letter sent: \_\_\_\_\_



SEVENTH-DAY ADVENTIST SCHOOLS  
(GREATER SYDNEY) LIMITED

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NOTE: Any misleading or inaccurate information may render this application null and void. This information will be used in accordance with the Adventist Schools Australia Privacy Policy, a copy of which is available upon request.

## STUDENT PROFILE

If your child is already attending school, please complete the following.

School presently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

How is your child achieving at school?

Academically:  V. Good  Good  Average  Poorly  V. Poorly  
 Socially:  V. Good  Good  Average  Poorly  V. Poorly

What are your child's special interests and achievements (cultural/sporting)?

\_\_\_\_\_

\_\_\_\_\_

Is your child in need of/currently receiving any of the following forms of Support?

- English as a second language  Language  Mathematics  
 Individual teacher aide time  Visual or hearing impairment assistance  
 Speech therapy  Occupational therapy

Details of special circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have any sibling(s) currently attending Sydney Adventist School Auburn?  YES  NO

If yes, then please list their names below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INFORMATION FOR GOVERNMENT CENSUS

Is English your child's second language?  YES  NO

If yes, what language does he/she speak?

Is the applicant of Aboriginal/Torres Strait islander descent?  YES  NO

## APPLICANT'S GENERAL HEALTH STATUS

*(Please supply detailed information on the HEALTH RECORD)*

Does your child have:

- Any chronic illness? eg. Asthma Specify: \_\_\_\_\_
- Any allergies? Specify: \_\_\_\_\_
- Any special learning or behavioural diagnoses Specify: \_\_\_\_\_

Applicant's Medicare Number: \_\_\_\_\_ Child's number on card: \_\_\_\_\_

Health Insurance Provider (if you are not a Medicare card holder): \_\_\_\_\_

## TRANSPORT TO SCHOOL

Please select your child's method of travel to and from school (you may select more than one)

- Car  School Bus  Public Bus  
 Walk  Train  Other \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

	Mother	Father	Guardian
Title			
First Name			
Middle Name			
Preferred Name			
Last Name			
Date of Birth			
Nationality			
Cultural Background			
Street Address			
Suburb			
Postcode			
Home Phone			
Work Phone			
Mobile Phone			
Email Address			
Marital Status			
Occupation			
Employer			
Religion			
If Seventh-day Adventist	<input type="checkbox"/> Baptised	<input type="checkbox"/> Baptised	<input type="checkbox"/> Baptised
<i>Church Membership</i>			
<i>Church Attending</i>			
Correspondence	Newsletters: <input type="checkbox"/> emailed <input type="checkbox"/> With Student <input type="checkbox"/> Reports <input type="checkbox"/> Fee Statements	Newsletters: <input type="checkbox"/> emailed <input type="checkbox"/> With Student <input type="checkbox"/> Reports <input type="checkbox"/> Fee Statements	Newsletters: <input type="checkbox"/> emailed <input type="checkbox"/> With Student <input type="checkbox"/> Reports <input type="checkbox"/> Fee Statements

Note: As family structures can differ widely, please supply any details related to the particular circumstances of your family. Detail any legal arrangements of which the school should be aware. Where necessary, please supply a copy of relevant documentation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_