



A. STUDENT DETAILS

To be completed by parents/guardians. Please complete all information.

Surname	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
First name	<input type="text"/>	Country of birth	<input type="text"/>
Second name	<input type="text"/>	Date of birth	<input type="text"/>
Preferred name	<input type="text"/>		(Please attach evidence of date of birth)
*Present school	<input type="text"/>	Current Grade	<input type="text"/>
Years attended	<input type="text"/>	NESA number (Yr 10 and above)	<input type="text"/>

*Please attach last 2 school reports with your application. Attach more if necessary.

Grade applying for at Wycliffe	<input type="text"/>	Desired calendar year of entry	<input type="text"/>
If applying for Preschool please nominate the days you would prefer your child to attend (subject to availability)		<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	
		OR	
		<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

If you want 2 days the following options are available:
Tuesday and Wednesday OR Thursday and Friday

B. FAMILY DETAILS

1. Parents/Guardians (cross out whichever does not apply)

	Mother / Guardian	Father / Guardian
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs)	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Religion (If Christian please name denomination)	<input type="text"/>	<input type="text"/>

Married Separated Divorced Other _____

Home address

A post office box is not acceptable as a home address.

Provide one address only if addresses are the same.

	Mother / Guardian	Father / Guardian
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

The student lives at this address:

All the time Part of the time All the time Part of the time

Mailing address

Provide a mailing address if it is different from the home address; otherwise, write "As above" in the first line below.

Provide one address only if addresses are the same, or if you only require correspondence mailed to one address.

	Mother / Guardian	Father / Guardian
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

2. Siblings

Name	DOB	Age	Current school (if applicable)	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Special family circumstances

Please advise us of any special circumstances such as illness, divorce or family separation (include copies of any Court Orders where applicable)

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4. Church

Are you involved in church activities? Yes No

If yes, please give details: Church attending, Minister's name, contact number, your involvement

Church	Minister	Phone
Address		

Please detail your involvement (optional)

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5. Reasons for enrolment

Why are you applying for enrolment at Wycliffe Christian School?

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.....

If applicable, why are you withdrawing your child/ren from their current school?

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C. EDUCATIONAL AND MEDICAL INFORMATION

1. Please indicate if your child suffers from any of the following:

<input type="checkbox"/> Allergy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Eye defects
<input type="checkbox"/> Hearing disorder	<input type="checkbox"/> Migraine	<input type="checkbox"/> Other:	<input type="text"/>	

2. Does your child take medication for any of the above? Yes No

If yes, please list the medication

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.....

3. Does this condition prevent or restrict your child from participating in any activity? Yes No

If yes, please describe the circumstances

.....
.....

4. Has your child ever encountered learning difficulties?

Yes

No

If yes, please describe the circumstances

5. Has your child ever had any academic/psychological assessment?

Yes

No

If yes, please provide a copy of all reports

6. Is there any further information about your child which we should know?

Please provide any other details that may be helpful. You may wish to emphasise particular interests, character traits, achievements or other issues you believe are relevant to the application.

(Please attach extra information if necessary)

PARENT/ GUARDIAN CONSENT

- We declare that the information provided on this form is full and correct to the best of our knowledge. We undertake to inform the school of any changes to the details provided in this form. If a parent withholds information relevant to the registration and enrolment process then the school will reserve the right to refuse or terminate the enrolment on these grounds.
- We have provided the last two school reports and all other relevant medical reports that have been requested.
- We agree to provide, when requested any further information concerning our children’s education or medical history.
- We enclose evidence of our children’s date of birth (such as a copy of a birth certificate or passport)
- We understand that completing this application does not guarantee a place/s at the school for our child/ren and that it will be given careful and fair consideration.
- We undertake to conform to the rules and procedures made by the school upon offer of place.
- We acknowledge that acceptance into Kindergarten from the Preschool class is subject to the child meeting the standard readiness criteria of the school.
- We understand that if this application is for Preschool that our intention is for our child to continue on to Kindergarten at Wycliffe.

SIGNATURE BY BOTH PARENTS OR GUARDIANS

(Both father and mother must sign. If this is not possible, please indicate the reason)

Father / Guardian _____ Date: _____

Mother / Guardian _____ Date: _____