



APPLICATION TO ENROL P-12

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"/>		
(Please attach last 2 school reports with your application. Attach more if necessary)			
Current Grade	<input type="text"/>	NESA number (Yr 10 and above)	<input type="text"/>
Years attended	<input type="text"/>		
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"/> Monday & Tuesday	OR	<input type="checkbox"/> Thursday & Friday	Single or additional day	<input type="checkbox"/> Wednesday
---	----	--	--------------------------	------------------------------------

If you would like 2 days, the following options are available:
Monday and Tuesday **OR** Thursday and Friday. Single or additional day is Wednesday

Is the student of Aboriginal or Torres Strait Islander origin?

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
	<input type="checkbox"/> Yes, Torres Strait Islander

Please note: The enrolment process for Wycliffe Christian School includes an interview with the Principal.

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	<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	<input type="text"/>	<input type="text"/>
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Other _____

If biological parents are different from the above, please contact the enrolment officer for an additional form.

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:	<input type="checkbox"/> All the time <input type="checkbox"/> Part of the time	<input type="checkbox"/> All the time <input type="checkbox"/> 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

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)

4. Christian life

Are you involved in church activities? Yes No

Church -----
How do you engage with your church community? -----

5. What do you see as the purpose and priority of Christian Education?

C. EDUCATIONAL AND MEDICAL INFORMATION

Does your child have any conditions that would prevent or restrict them from participating in any activity? Yes No

If yes, please describe the circumstances:

Has your child ever encountered learning difficulties? Yes No

If yes, please describe the circumstances:

Has your child ever had any academic/psychological assessment? Yes No

If yes, please provide a copy of all reports

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)

D. PHOTO RELEASE

At Wycliffe, we use various forms of advertising to promote our learning and community. Please indicate in the boxes below any forms of publication that you **do not** want your child's image to appear in:

Marketing materials e.g. Flyers, Brochures, Newspaper Facebook Class Dojo (K-6)

OurPlace (School Magazine) Online version of OurPlace

OR

I consent to having my child's image used in any communication outside the school community

E. 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: _____
Signature

Mother / Guardian _____ Date: _____
Signature