

## APPLICATION TO ENROL K-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"/>	Cultural Background	<input type="text"/>
Preferred name	<input type="text"/>	Date of birth	<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"/>
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 Hope 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"/>
Cultural Background	<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

Married  Separated  Divorced  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)

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## 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?

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## **C. EDUCATIONAL AND MEDICAL INFORMATION**

Please outline any medical dynamics that are relevant for the support and care of your child.

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Please outline the additional learning needs for your child.

Please also enclose full copies of the most recent academic and psychological assessments that have been completed for your child.

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**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.

**SIGNATURE BY BOTH PARENTS OR GUARDIANS**

(Both father and mother must sign. If this is not possible, please indicate the reason) \_\_\_\_\_  
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Father / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Mother / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Signature