

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. ENROLMENT CRITERIA

Please indicate which of the following apply to your child.

Please note that Wycliffe Hope School has an enrolment criteria where students applying must have current evidence (reports confirming the diagnosis, that was prepared within the last 12 months) of at least one of the following:

- Autism Spectrum Disorder (Level 1) Autism Spectrum Disorder (Level 2)
 Mild Intellectual Disability Moderate Intellectual Disability

Please include copies of the most current reports confirming the above with your application.

D. ADDITIONAL LEARNING AND MEDICAL INFORMATION

Are there any other current diagnoses that need to be considered in the planning of an individual education plan for your child?

Yes No

Details:

Does your child currently have an individual education plan in place? (applicable to school transfers only)

Yes No

Details:

Does your child currently have any medical action plans?

Yes No

Details:

NOTE: Please provide a copy of any other current assessments, reports or medical action plans that pertain to the support and care of your child.

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) -----

Father / Guardian _____ Date: _____
Signature

Mother / Guardian _____ Date: _____
Signature