



APPLICATION TO ENROL P-12

A. STUDENT DETAILS

To be completed by Parents/Guardians. Please complete all information.

Surname Gender M F

First name Country of birth

Second name Cultural Background

Preferred name Date of birth
(Please attach evidence of date of birth)

Present school
(Please attach last 2 school reports with your application. Attach more if necessary)

Current Grade NESAs number
(Yr 10 and above)

Years attended

Grade applying for at Wycliffe Desired calendar year of entry

If applying for **Preschool** please nominate the days you would prefer your child to attend:
(subject to availability)

Monday & Tuesday OR Thursday & Friday Single or additional day Wednesday

Are you flexible with days chosen? _____
If no, which days are you NOT able to attend? _____

Is the student of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal
For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes Yes, Torres Strait Islander

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

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. 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 _____ Signature _____ Date: _____

Mother / Guardian _____ Signature _____ Date: _____

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
<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
<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)

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:
