

## Enrolment Application – Part A

### Student Information

Name	Surname	Preferred Name
D.O.B    ____ / ____ / ____	Gender                      Male / Female	Country of Birth
Current School	Intended Start Date	Intended Year Level

### Primary Parent/Guardian Details

	Father/ Male Guardian	Mother/ Female Guardian
Relationship (eg father, stepfather)		
Title (Mr, Mrs, Ms, Ps, Dr, etc)		
Full Name		
Preferred First Name		
Residential Address		
	Suburb:                      P/Code:	Suburb:                      P/Code:
Postal Address <small>(if different from residential)</small>		
Home phone number		
Mobile phone number		
Business phone number		
Preferred Contact Number	Home    Mobile    Business	Home    Mobile    Business
Employer		
Email		
Marital Status		
Languages spoken at Home other than English		
Church / Denomination		
Pastor/Minister Name		
Are you actively involved in the church	Yes / No	Yes / No
Occupational Code <small>See Occupational Codes page 3</small>		
What is the highest level of secondary school completed	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or equivalent or below
What is the highest level of post secondary education completed?	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc trade cert) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc trade cert) <input type="checkbox"/> No non-school qualification

**Sibling Details**

Name	D.O.B	Male / Female	School & year level (if applicable)
	___/___/___		
	___/___/___		
	___/___/___		
	___/___/___		

**Special Needs**

Does your child have special needs?		<input type="checkbox"/> Yes—please complete the following		<input type="checkbox"/> No	
Please tick impairments that apply to this student.		<input type="checkbox"/> Intellectual		<input type="checkbox"/> Hearing	
		<input type="checkbox"/> Speech		<input type="checkbox"/> Sight	
Diagnosed Disability					
Diagnosed by		Date Diagnosed:		___/___/___	
Does the student require an Integration Aide?				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Does your child, receive or requires support from others?		<input type="checkbox"/> Yes—please complete the following		<input type="checkbox"/> No	
Tutor	<input type="checkbox"/> Yes	Speech Pathologist	<input type="checkbox"/> Yes	Physiotherapist	<input type="checkbox"/> Yes
Psychologist	<input type="checkbox"/> Yes	Access assistance	<input type="checkbox"/> Yes	Occupational Therapist	<input type="checkbox"/> Yes

I / We, the undersigned, being the parent/s or legal guardian/s of the student named in this application, hereby apply to Victory Christian College for the enrolment of the my/our son/daughter.

I/We hereby confirm that all details on the form are correct and I/we will advise the College immediately should any of the information change.

I/We have read and understand the information contained in the College’s Parent Handbook.

I/We understand that Victory Christian College is a Christian school and that enrolment of children into the College is conditional upon acceptance and agreement with:

- The College’s statement of faith, and my/our regular attendance of a local Christian Church
- The Student Code of Conduct and my/our support of the College in the education, nurture, training, spiritual instruction and discipline of my/our children
- Parental involvement and assistance with education at the College through the Volunteer Helpers Policy
- An initial probationary period may be set by the Principal
- The College Committee of Management varying its policies and procedures from time-to-time in accordance with the statement of aims and objectives of the College

\_\_\_\_\_  
Signature of father or legal guardian

\_\_\_\_\_  
Signature of mother or legal guardian

**OFFICE USE ONLY**

- |                               |                          |  |
|-------------------------------|--------------------------|--|
| Returned enrolment form with: | <input type="checkbox"/> | Enrol fee of \$50 paid                       |
|                               | <input type="checkbox"/> | Photocopy of birth certificate               |
|                               | <input type="checkbox"/> | Photocopy of school reports for last 2 years |
|                               | <input type="checkbox"/> | Tour of the College                          |
|                               | <input type="checkbox"/> | Appointment made with Principal              |

Office Staff Signature: \_\_\_\_\_