

Enrolment Application Form

A \$100 Application Fee per Family is payable upon lodgement of an Enrolment Application.

Student Information

First Given Name	Second Given Name	Surname
Preferred Name	D.O.B ____ / ____ / ____	Gender: Male / Female
Date first enrolled in an Australian School ____ / ____ / ____		Current Year Level
Current school / kinder		VSN If known
Years of previous education	Is the student repeating a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intended start date at VCC ____ / ____ / ____	Intended year level at VCC	
Will the student be attending full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, time fraction at VCC	
Country of Birth <input type="checkbox"/> Australia - go to 'special needs' section <input type="checkbox"/> Other – please specify _____	Basis of Residency	<input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds an Australian Passport <input type="checkbox"/> Holds permanent residency visa
Residential status of student <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Date of arrival in Australia ____ / ____ / ____	

Special Needs

Does the student have a diagnosed medical condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details		
Does the student have a diagnosed disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details		
Does the student require an Integration Aide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student currently receive disability funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office Use Only: Date Received ____ / ____ / 20 ____	ENR Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial: _____
Supplementary Handed Out:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Processed: <input type="checkbox"/> Yes

Sibling Details

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

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 (if different from residential)	Suburb: P/Code:	Suburb: P/Code:
Home phone number		
Mobile phone number		
Business phone number		
Preferred Contact Number	Home Mobile Business	Home Mobile Business
Email		
Occupation		
Marital Status		
Main language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other – please specify	<input type="checkbox"/> English <input type="checkbox"/> Other – please specify
Other languages spoken at home		
Are you actively involved in a church?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church / Denomination		
Pastor/Minister Name		

Correspondence and Account Information

Correspondence is to be addressed to: <input type="checkbox"/> Both Parents / Guardians <input type="checkbox"/> Mother / Female Guardian only		
<input type="checkbox"/> Father / Male Guardian only <input type="checkbox"/> Other – please specify _____		
Accounts are to be invoiced to: <input type="checkbox"/> Both Parents/Guardians <input type="checkbox"/> Mother / Female Guardian only		
<input type="checkbox"/> Father /Male Guardian only <input type="checkbox"/> Other – please specify _____		
If other, Name _____		
Address _____		
I/We agree to meet our financial obligations to the College by due dates which are set out in the fee policy.		
_____ Date / / 20		
Signature/s of person/s responsible for payment of College account.		

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 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
- 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

Date ____ / ____ /20 ____

Date ____ / ____ /20 ____

Privacy Policy

1. Victory Christian College collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected and maintained. These include Public Health and Child Protection Laws.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.
5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This can include other schools, government departments, medical practitioners, and people providing services to the College, including specialist visiting teachers, sports coaches and volunteers.
6. Victory Christian College requires the information referred to above to be able to continue the enrolment process of your son/daughter.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news or photographs are published in College newsletters, magazines and the media.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Students may also seek access to personal information about them. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.
9. The College from time to time engages in fundraising activities. Information received may be used to make an appeal to you. It may also be disclosed to organizations that assist in the College's fundraising activities solely for that purpose. The College will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. The College will seek to make emergency contact information available to staff members at all times. This may include your contact details on class lists and with medical kits.
11. If you provide the College with the personal information of others, such as doctors or emergency contacts, please inform them that you are disclosing that information to the College and why. Information about them can be accessed if they wish. The College does not usually disclose the information to third parties.

DECLARATION : Please sign here to indicate you have read the above Privacy Policy.

Signature of Father / Male Guardian

Signature of Mother / Female Guardian