

Central Coast Adventist School

A community where students thrive in their experience of learning and live abundantly in Jesus.

APPLICATION FOR ENROLMENT



The \$50 non-refundable enrolment application fee MUST accompany this form.

Date of Application: _____ Year of entry: _____ Entry grade: _____

STUDENT INFORMATION

Given name: _____ Surname: _____

Date of Birth: _____ Gender: Female Male

Residential address: _____

Suburb: _____ State: _____ Postcode: _____

This is the student's primary place of residence: Yes No *If no, refer to family information*

Country of birth: _____ Nationality: _____

Language spoken: _____ Is student Aboriginal/Torres Strait Islander? Yes No

If nationality is other than Australian please list visa type: Permanent Temporary Sub class: _____

Please attach evidence of residency/citizenship if applicable

Religion: _____ Place of worship you attend: _____

Does this student have a sibling who has attended or is currently attending CCAS? Yes No

Name: _____ Name: _____

Name: _____ Name: _____

STUDENT COMMITMENT (YEAR 5 ONWARDS)

I commit that, as a student of Central Coast Adventist School, I will cooperate in all the activities of the school, uphold its Christian standards, maintain its honour and show, in my speech and actions, my respect for the school.

Student signature: _____ Date: _____

12 Penrose Crescent, Erina NSW 2250
P: 02 4367 1800 E: admin@ccas.nsw.edu.au
ABN: 68 107 046 846
www.ccas.nsw.edu.au

STUDENT ACADEMIC PROFILE

Current school: _____

Has the student repeated any grade? Yes No If yes, which grade? _____

Has the student ever been expelled, suspended or refused admission to another school? Yes No

Is the student currently receiving any of the following?

Language Support Speech Therapy Mathematics Support Individual teacher aid time

Has your child been identified as Gifted and Talented? Yes No ***If yes, please attach documentation***

Does your child have special interests or skills you wish to share? Yes No

If yes, please specify: _____

Does your child have any special needs (academic/behavioral/social) including, but not limited to, learning, attention, language, sight, behaviour or hearing related difficulties? Yes No

If yes, please specify: _____

STUDENT MEDICAL PROFILE

Does the student have any physical or medical conditions that the school needs to be aware of? Yes No

If yes, please supply additional information below.

Does the student have any of the following conditions? Please select all that apply...

Asthma Allergies Diabetes Epilepsy ADD ADHD

Other (please specify): _____ Is this condition life threatening? Yes No

Please list any physical disabilities? _____

Please share any additional medical details: _____

Please list any medication the student has been prescribed _____

Are medications brought to school? Yes No

Has your child been recommended for, or received, any of the following? *Please select those that apply*

Early intervention Occupational/speech therapy Assessment by a school counsellor/psychologist

If yes, please provide further details: _____

Please supply relevant supporting documentation with this application including clinical reports, doctor's reports, etc.

Parental consultation may also be required as part of the enrolment process to assist with an appraisal of student needs prior to enrolment.

Prior to the student commencing you may be required to provide more specific information relating to this academic and/or medical profile.

Failure to advise us of any behavioral, academic or physical needs, known at the time of enrolment, may result in the enrolment offer being reviewed or withdrawn.

FAMILY PROFILE

The student lives with: both parents mother father stepmother
 stepfather guardian foster parents

Is there a Court Order or Parenting Plan relevant to the student? Yes No

As family structures can differ widely, please supply any details related to the particular circumstances of your family. Please detail any legal arrangements of which the school should be aware. Where necessary, please supply a copy of relevant documentation.

In the case of separated parents please note that all correspondence including emails will be sent to the parent at the student's primary place of residence. Copies of school reports and other correspondence are available to non-resident parents upon request.

PARENT/GUARDIAN INFORMATION

FATHER living deceased

Given name: _____ Surname: _____

single married separated divorced widowed de-facto re-married

Residential address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address (if different to residential): _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Email: _____

Home phone: _____ Work phone: _____

Country of birth: _____ Nationality: _____

Occupation: _____ Employer: _____

Religion: _____ Place of worship you attend: _____

MOTHER living deceased

Given name: _____ Surname: _____

single married separated divorced widowed de-facto re-married

Residential address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address (if different to residential): _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Email: _____

Home phone: _____ Work phone: _____

Country of birth: _____ Nationality: _____

Occupation: _____ Employer: _____

Religion: _____ Place of worship you attend: _____

PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> GUARDIAN	<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPFATHER				
<input type="checkbox"/> OTHER			<input type="checkbox"/> living	<input type="checkbox"/> deceased		
Given name: _____		Surname: _____				
<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> separated	<input type="checkbox"/> divorced	<input type="checkbox"/> widowed	<input type="checkbox"/> de-facto	<input type="checkbox"/> re-married
Address: _____						
Suburb: _____		State: _____		Postcode: _____		
Mobile: _____		Email: _____				
Home phone: _____		Work phone: _____				
Country of birth: _____		Nationality: _____				
Occupation: _____		Employer: _____				
Religion: _____		Place of worship you attend: _____				

FINANCIAL INFORMATION AND PARENT AGREEMENT

Are either or both parents employed full time by the Seventh-day Adventist Church in Australia? Yes No

Please indicate which organisation: _____

Do you have children currently attending other Seventh-day Adventist schools? Yes No

We/I understand that our child will maintain their enrolment at the school while the Central Coast Adventist School Council is satisfied that they uphold the standards of moral and behavioural conduct expected of students.

We/I understand that our/my child is admitted subject to their application being confirmed and accepted by Central Coast Adventist School.

We/I agree to be jointly and severally liable for the payment of all fees and charges levied by the school (namely the Seventh-day Adventist Schools (NNSW) Limited trading as Central Coast Adventist School)

In the event that the school is unable to contact me in an emergency, I grant permission for my child to be given the treatment deemed necessary.

We/I give permission for my child's photograph to be used for/in school related publications in print and online including, but not limited to, school website, publications and marketing materials.

We/I agree that by accepting an offer of enrolment at Central Coast Adventist School, we/I are committed to supporting the procedures, processes and policies of the school as they relate to the education of our/my child.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Other signature: _____ Date: _____

MARKETING INFORMATION

How did you find out about Central Coast Adventist School? _____

What is your main reason for enrolling your child at Central Coast Adventist School?

ENROLMENT APPLICATION FEE

Cardholder's name: _____ Enrolment Application Fee: **\$50**

Card number: _____

Card type: Visa Mastercard Card expiry: _____

Cardholder's signature: _____

OFFICE USE ONLY

Processed by: _____

Date paid: _____

Receipt: _____

Receipt sent: _____