



# **CENTRAL COAST ADVENTIST SCHOOL**

Seventh-day Adventist Schools (NNSW) Limited

Penrose Crescent, Erina New South Wales  
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## **APPLICATION FOR ENROLMENT**

### **STUDENT INFORMATION**

Please list the year and grade that you wish your child to be enrolled in (e.g. Year 7/ 2020)...../.....

Student's Last Name.....Student's Given Name.....

Sex: Male  Female  Date of Birth ...../...../.....

Home Address:..... Suburb.....

Post Code.....

Is this the student's primary place of residence? Yes  No  (if no refer to Family Information)

Home Phone: ..... Home Email: .....

Postal Address: same as home address  .....

Country of Birth.....Nationality..... Language spoken at home:.....

Is the student Aboriginal or Torres Strait Islander? Yes  No

If nationality is other than Australian: Visa Type: Permanent  Temporary  Visa Sub class.....

Visa No.....**Please attach evidence of residency/citizenship if applicable.**

Does the applicant have a sibling who has attended or is currently attending CCAS? Yes  No

Name/s .....

Religion..... Which church do you attend?.....

**SDA applicants are required to include a letter from their church pastor to authenticate their church membership with this application**

Current School ..... Current Year level .....

Has the student repeated any year levels? Yes  No  If yes, which year? .....

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

### **COMMITMENT**

#### **Student's Pledge (Grade 5 students and upwards)**

I promise that as a student of Central Coast Adventist School I will co-operate 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's signature ..... Date:.....

## **STUDENT'S PROFILE**

Is the student currently receiving the following? (Please tick)

Language Support  Speech Therapy  Mathematics Support  Individual teacher aid time

Has your child been identified as being Gifted and Talented? Yes  No  (please supply support data)

Does your child have special interests or skills you wish to share? E.g.: an athletic ability, an artistic skill etc.

If yes, please specify .....

\*Does your child have any special needs (academic/behavioral/ social ) E.g. Learning, attention, language, sight or hearing related difficulties? Yes  No

\*If yes, please specify.....

Please supply documentation with application: e.g.: clinical reports, doctor's reports etc. Parental consultation will also be sought as part of the enrolment process so as to assist the School Learning Support and Advocacy Team in an appraisal of student needs and in preparation for school support.

**Please note that failure to advise the school of any behavioral, academic and physical needs known at the time of enrolment may result in the enrolment offer being reviewed or withdrawn.**

## **MEDICAL DETAILS**

**The applicant does not have a medical condition that the school needs to be aware of.**

Please complete the section below if there is a medical condition.

Does the applicant suffer from?: (Please tick) Asthma  Diabetes  Epilepsy  ADD  ADHD

Allergies  (please list) .....

Is this allergy life threatening Yes  No

Physical Disability  (please list).....

Other  (Please list).....

Prescribed medication.....

Are medications brought to school? Yes  No

Are there any other medical issues that the school should be aware of?.....

Once the applicant commences school you will be required to complete a form giving more specific information regarding these health issues.

\*Has your child been recommended for any of the following: early intervention, occupational or speech therapy, assessment by a school counselor or psychologist? Yes  No

If yes, please specify.....

\*Please supply documentation with application: e.g.: clinical reports, doctors reports etc.

Failure to advise the school of any behavioral, academic and physical needs known at the time of enrolment may result in enrolment being reviewed.

## **FAMILY INFORMATION**

The student lives with: both parents  mother  father  step-mother  step-father  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.

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**FATHER** living  deceased  Name:.....

Status: single  married  separated  divorced  widowed  de-facto  re-married

Father Residential Address.....

Postal Address (If different to Residential Address).....

Phone Nos: Home ..... Mobile..... Email Address.....

Country of Birth:..... Nationality.....

Occupation..... Employer..... Work Phone No.....

Religion ..... If SDA, which church do you attend.....

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**MOTHER** living  deceased  Name:.....

Status: single  married  separated  divorced  widowed  de-facto  re-married

Mother Residential Address.....

Postal Address (If different to Residential Address) .....

Phone Nos: Home ..... Mobile..... Email Address.....

Country of Birth:..... Nationality.....

Occupation..... Employer..... Work Phone No.....

Religion ..... If SDA, which church do you attend.....

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**GUARDIAN**  **STEPMOTHER**  **STEPFATHER**  **OTHER**

Name.....

Status: single  married  separated  divorced  widowed  de-facto  re-married

Residential Address.....

Postal Address (If different to Residential Address) .....

Home Phone No..... Mobile Phone No..... Email Address.....

Occupation..... Employer..... Work Phone No.....

Religion ..... If SDA, which church do you attend.....

**SCHOOL FEE INFORMATION**

Please refer to the Prospectus for school fee information.

If either parent is employed within the SDA church in Australia on a **Full-time basis** please indicate which organisation:.....

Please list the names of all other children currently attending other **SDA** schools:

Name: ..... Name: .....

Year: ..... Year: .....

School: ..... School: .....

**OTHER INFORMATION**

How did you first hear about Central Coast Adventist School?.....

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

**PARENT’S AGREEMENT AND PERMISSION NOTES**

We/I understand that our child will be welcome at the school as long as the Central Coast Adventist School Board is satisfied that he/she upholds the standards of moral and behavioural conduct expected of students.

We/I understand that our/my child is admitted subject to his/her application being passed by the Central Coast Adventist School Council.

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) and agree that all amounts not paid by the due date shall incur interest, unless waived by the school, at the rate of 2% above the Commonwealth Bank of Australia Corporate overdraft reference rate.

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.

I do **not** give permission for my child to have his/her photo (please tick)  used on school website  used in school publications  used for PR/Marketing purposes. I will contact the school if I wish to change this arrangement.

Father’s Name ..... Father’s Signature.....Date.....

Mother’s Name:.....Mother’s Signature.....Date.....

Guardian’s Name:..... Guardian’s Signature.....Date.....

**N.B.** This application must be accompanied by an Enrolment Application Fee of \$50.00. Payment may be made by cash (in person), cheque, Visa, MasterCard or Bankcard. **Receipts will be posted out and will be acknowledgment of receipt of application.**

Credit Card Details:

Card No.   Expiry date:...../.....

Card Holders Name:.....Card Holders Signature:.....

Card Holders Phone no:.....

Office use only: Date paid..... Receipt No. ....