

Secondary Enrolment Application



Northside Christian College

Transforming Lives Through Christ and
the Wonder of Learning

Application for 20_____

Year Level _____

Student Details

Student Surname : _____

Student First Name(s): _____

Victorian Student Number (VSN):

Date of Birth: ____/____/____ Male Female

Residential Address: _____

Postcode: _____

Home Phone Number: _____

Australian Citizen: Yes No If no, Visa Number: _____

Country of Birth: _____

Date arrived in Australia: ____/____/____

Language spoken other than English, please specify: _____

Referred to NCC by: _____

Requirements:

- Birth Certificate
- Visa/Passport (if applicable)
- Immunisation Certificate
- Completed Enrolment Application
- Application Fee (\$70)
- Credit Reference
- Previous School/Pre-School
- Letter of Recommendation
- Church Pastor/Minister
- School Reports (2 most recent)
- NAPLAN Results (2 most recent)

Parent/Guardian Details

Student lives with: Both Parents / Guardians Father / Guardian 1 Mother / Guardian 2

Correspondence should be addressed to: Both Parents Father / Guardian 1 Mother / Guardian 2

Who will be responsible for paying fees: Both Parents Father / Guardian 1 Mother / Guardian 2

FATHER/GUARDIAN 1: Relationship to Student: Father / Step Father / Other _____

Surname: _____

First Name: _____

Email: _____
(This email address will be used to send Accounts, Newsletters etc)

Mobile Number: _____

Occupation: _____
(If self employed please state the trade/business manager/type of labour)

Country of Birth: _____

Employer: _____

Religion/Faith: _____

Driver's License No: _____

Church: _____

MOTHER/GUARDIAN 2: Relationship to Student: Mother / Step Mother / Other _____

Surname: _____

First Name: _____

Email: _____
(This email address will be used to send Accounts, Newsletters etc)

Mobile Number: _____

Occupation: _____
(If self employed please state the trade/business manager/type of labour)

Country of Birth: _____

Employer: _____

Religion/Faith: _____

Driver's License No: _____

Church: _____

Payment of Application / Interview Fee (\$70.00 per student)

I/We will be paying the non-refundable application fee by Cash Cheque Credit Card

Credit Card Details: VISA MASTERCARD DEBIT CARD Expiry date ____/____/____

Name on Card _____ Card Number _____

Account Details: Account Name: _____ Branch Name: _____

BSB No: _____ Account No: _____

Family Details

Student 1. _____

Student 2: _____

Student 3. _____

Student 4. _____

Government Required Information

Reporting requirements for the Australian Government are linked to national literacy and numeracy testing for all Australian students and requires the collection of a range of data related to a student's background characteristics. **As from 2005 onwards, all government and non-government schools are required to collect the information requested on this form. The information gathered by the College will be used for purposes other than for enrolment purposes.** Data is supplied to the Government without identifying families.

Is the student of Aboriginal or Torres Strait Islander origin:

No - Neither Aboriginal or Torres Strait Islander

Yes - Aboriginal (only)

Yes - Aboriginal and Torres Strait Islander (both)

Yes - Torres Strait Islander (only)

Parent School Education

Father/Guardian 1

Mother/Guardian 2

Surname: _____

Surname: _____

First Name: _____

First Name: _____

Language/s Spoken: _____

Language/s Spoken: _____

What is the **highest year** of **Primary or Secondary Education** completed?

What is the **highest year** of **Primary or Secondary Education** completed?

Year 12 or equivalent

Year 12 or equivalent

Year 11 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

Year 9 or equivalent or below

What is the **highest qualification** you have completed?

What is the **highest qualification** you have completed?

Bachelor degree or above

Bachelor degree or above

Advanced diploma/diploma

Advanced diploma/diploma

Certificate I to IV (including trade certificate)

Certificate I to IV (including trade certificate)

No non-school qualification

No non-school qualification

Thank you for your cooperation in providing this information

Student Educational History

Previous Schools: _____

Previous Schools' Address: _____

Previous Schools Contact Person: _____ Phone No. _____

Attitude to School

Has the student been reluctant to attend school? YES NO

If **YES** please give reason: _____

Has the student had significant absence from school? YES NO

If **YES** please give explanation: _____

Social/Behavioural Development

Has your child made and maintained good relationships with other students? YES NO

Has your child experienced significant bullying/harassment or isolation at school? YES NO

If **YES**, please provide details: _____

Has your child been involved in the school discipline procedures more than once per term? YES NO

Please provide details: _____

Special Educational Needs

Has the student ever been assessed for any educational, emotional or long-term health related issues? YES NO
If yes, please **tick** the relevant items on the list:

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Autism Spectrum Disorder ASD | <input type="checkbox"/> Behavioural/Social Issues | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Intellectual or Developmental Delay | <input type="checkbox"/> Literacy – reading, spelling or writing | <input type="checkbox"/> Motor Skills – coordination, movement, balance etc. | <input type="checkbox"/> Numeracy |
| <input type="checkbox"/> Speech or Language | <input type="checkbox"/> Vision | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

If you have selected any of the above for your child, **please provide** the College with either a copy of the report, or the name of the person who made the assessment, with the date of the diagnosis. Full disclosure of your child's condition and support needs allows the College to assess its ability to adequately meet your child's educational, emotional and physical needs. All information will be stored securely and made available to staff on a 'need-to-know' basis only.

Name of Consultant: _____ Specialty (e.g. paediatrician) _____

Contact phone number: _____ Email: _____

Is the student supported by any Special Education funding because of a disability? YES NO

Does the student require an integration aide, or support program? YES NO

Are there any concerns about physical access to teaching venues or inclusion in programs? YES NO

Does the student require special facilities to participate fully in programs? YES NO

If **YES**, please supply details (e.g. hearing aid loops, wheel chair access): _____

Health and Well-being - Secondary

Please tick if your child suffers from any of the following:

- Heart condition or abnormality (Please specify) _____
- Blackouts/Fainting Dizzy spells Mild Asthma Severe Asthma
- Diabetes Epilepsy Frequent Headaches Migraines
- Mild Allergies - please specify _____
- Anaphylaxis/ Severe Allergies - please specify _____
- Other - please specify _____

Is your child on any regular medication? YES NO

If **YES**, please give name of any medication/s used regularly, dosage and condition being treated. _____

Does your child require assistance with medication or monitoring of their condition? YES NO

If **YES**, please specify _____

Academic (Please provide copies of the student's last 2 school reports and NAPLAN Results)

Please indicate on the line below with an **X**, where YOU think your child REGULARLY PERFORMS in the following skill areas

	Requires Assistance	Below Average	Average	Above Average	Exceptional
Written Language	_____	_____	_____	_____	_____
Spoken Language	_____	_____	_____	_____	_____
Listening / understanding	_____	_____	_____	_____	_____
Number facts/processes	_____	_____	_____	_____	_____
Problem solving	_____	_____	_____	_____	_____
General knowledge	_____	_____	_____	_____	_____
Computer / ICT	_____	_____	_____	_____	_____

Please indicate on the line below with an **X**, the LEVEL of INTEREST your child has in the following key learning areas

	Low interest	Moderate Interest	High Interest
The Arts:			
Art	_____	_____	_____
Dance	_____	_____	_____
Drama	_____	_____	_____
Music	_____	_____	_____
Science	_____	_____	_____
Current Affairs	_____	_____	_____
Design / Construction	_____	_____	_____
Hospitality / Cooking	_____	_____	_____
Sport / Outdoor activity	_____	_____	_____

Which of the following social descriptions **best** describes this student?

- Makes friends easily Spends most of their time alone Makes some good friends
- Finds it difficult to make friends Other _____

Does your child have access to a computer or tablet at home? YES NO

If **YES**, is this shared or for personal use? _____ Are you connected to the internet at home? YES NO

Do you have a wireless modem? YES NO

NOTE Parents need an email address to receive College Invoices, for communication of Newsletters, for access to Schoology, and other the web-based interface for students, teachers and parents. The College web site is an important portal of information; Student Reports and other data are now communicated digitally. All students in Yrs 6-10 are required to own a personal iPad.