

# Primary 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 Subclass Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date arrived in Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_

Language spoken other than English, please specify: \_\_\_\_\_

How did you hear about the school?: \_\_\_\_\_ Referred to the College by: \_\_\_\_\_

Have you attended a tour? Yes ☐ Date of tour: \_\_\_\_/\_\_\_\_/\_\_\_\_ No ☐ Please contact us to book a tour

### 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: \_\_\_\_\_

Work Hours: \_\_\_\_\_

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: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Church: \_\_\_\_\_

### Payment of Application / Interview Fee (\$100.00 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: \_\_\_\_\_

### Requirements:

#### All Year Levels (Prep-Yr 6)

Completed Enrolment Application ☐

Birth Certificate ☐

Visa/Passport (if applicable) ☐

Immunisation Certificate ☐

Application Fee (\$100) ☐

Credit Reference ☐

- Previous School/Pre-School ☐

Letter of Recommendation ☐

- Church Pastor/Minister ☐

#### Year Levels: Yr 1-Yr 6

Last 2 School Reports ☐

#### Year Levels: Yr 4-6

All NAPLAN Results (Yr 3 & Yr 5) ☐

## 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

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Language/s Spoken: \_\_\_\_\_

### Mother/Guardian 2

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Language/s Spoken: \_\_\_\_\_

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

Year 12 or equivalent

☐

Year 11 or equivalent

☐

Year 10 or equivalent

☐

Year 9 or equivalent or below

☐

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

Year 12 or equivalent

☐

Year 11 or equivalent

☐

Year 10 or equivalent

☐

Year 9 or equivalent or below

☐

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

Bachelor degree or above

☐

Advanced diploma/diploma

☐

Certificate I to IV  
(including trade certificate)

☐

No non-school qualification

☐

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

Bachelor degree or above

☐

Advanced diploma/diploma

☐

Certificate I to IV  
(including trade certificate)

☐

No non-school qualification

☐

Thank you for your cooperation in providing this information

## Student Educational History

Previous Schools/Pre-School: \_\_\_\_\_

Previous Schools/Pre-School Address: \_\_\_\_\_

Previous Schools/Pre-School Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

## Attitude to School

Has the student been reluctant to attend school (or Pre-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:

☐ ADD or ADHD

☐ Autism Spectrum Disorder ASD

☐ Behavioural/Social Issues ☐ Hearing

☐ Intellectual or Developmental Delay

☐ Literacy – reading, spelling or writing

☐ Motor Skills – coordination, movement, balance etc. ☐ Numeracy

☐ Speech or Language

☐ Vision

☐ \_\_\_\_\_ ☐ \_\_\_\_\_

☒ 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 your child 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 - Primary or Pre-school Children

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

<input type="checkbox"/> Heart condition or abnormality (Please specify) _____			
<input type="checkbox"/> Blackouts/Fainting	<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Mild Asthma	<input type="checkbox"/> Severe Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Migraines
<input type="checkbox"/> Mild Allergies - please specify _____			
<input type="checkbox"/> Anaphylaxis/ Severe Allergies - please specify _____			
<input type="checkbox"/> 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.)

Parents, please comment briefly on the following areas of learning and interest:

Reading \_\_\_\_\_

Writing and spelling \_\_\_\_\_

Speech \_\_\_\_\_

Maths (counting, tables etc.) \_\_\_\_\_

Numeracy (applications in life - e.g. money, measurement) \_\_\_\_\_

General knowledge \_\_\_\_\_

The Arts	<b>Music</b>	high interest	moderate interest	low interest
	<b>Dance</b>	high interest	moderate interest	low interest
	<b>Art</b>	high interest	moderate interest	low interest
	<b>Sport</b>	high interest	moderate interest	low interest

Does your child have private lessons in any of the above? ☐ YES ☐ NO

If **YES**, how many years? \_\_\_\_\_

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

<input type="checkbox"/> Makes friends easily	<input type="checkbox"/> Spends most of their time alone	<input type="checkbox"/> Makes some good friends
<input type="checkbox"/> Finds it difficult to make friends	<input type="checkbox"/> Other _____	

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

Do you have a wireless modem? YES/NO

If **YES**, is this shared or for personal use? \_\_\_\_\_

Are you connected to the internet at home? YES/NO

#### Completed Enrolment Applications can be submitted:

**In Person**  
Monday – Friday 8.30am – 4.00pm

**By Post**  
31 McLeans Road, Bundoora 3083

**Scanning and Email**  
enrol@ncc.vic.edu.au

**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.