

Enrolment Application



KINGDOM CULTURE CHRISTIAN SCHOOL
Corner of Kembla & Hirst Streets, Arncliffe 2205
Ph: (02) 9567 8133 Fax: (02) 9567 8978
www.kccs.nsw.edu.au
contact@kccs.nsw.edu.au

Enrolment

Student's Full Name :

Preferred Name: **Date of Birth:** / / **Gender:** M F

Country of Birth: **Nationality:**

Desired Year of Entry: (Eg: Term 1, 2014) **Term:** 1 2 3 4 **Year:** 20.....

Desired Level of Entry: K 1 2 3 4 5 6 7 8

State names of siblings:

Name of Sibling 1: **Age:** **Name of Sibling 2:** **Age:**

Name of Sibling 3: **Age:** **Name of Sibling 4:** **Age:**

Student's Address: **Suburb:** **Postcode:**

Student's Mailing Address: **Suburb:** **Postcode:**

Student's Home Phone No.:

Is the student an Australian Resident? Yes No **Is the student an overseas student?** Yes No

Is the student of Aboriginal or Torres Strait Islander origin? Yes No **If Yes:** Aboriginal Torres Strait Islander

Does the student speak another language at home other than English? No Yes (language)

Does the student have any disabilities? No Yes

Does the student have any learning difficulties? No Yes

Please provide details related to any disabilities/difficulties:

Does the student have any Specialist reports? (eg. Psychometric, Speech, etc) No Yes

Does the student have any special gifts/talents? No Yes **Details:**

Student lives with: Both Parents Mother Father Guardian Other

Is there a court order pertaining to your child/children? Yes No

Please attach details of any court orders pertaining to your child/children. The Principal/Registrar must sight original legal documents before photocopying them to add to your child/children's files. A photograph is required of any person/s unauthorised to collect your child. This aids staff in prompt identification.

Emergency Contact

Full Name of Emergency Contact Person: (if unable to contact parents)

Relationship to Student:

Daytime Phone No.: **Mobile Phone No.:**

Parents

Father/Guardian: Mr Dr Rev

First Name: Last Name:

Address: (if different from student)

Country of Birth: Nationality:

Language: (other than English) Occupation:

Home Phone No.: Work Phone No.:

Mobile Phone No.: Email:

Marital Status: Single Married Separated Divorced Widowed

Highest level of schooling completed:* Yr 12 or equivalent Yr 11 or equivalent Yr 10 or equivalent Year 9 or below

Highest level of qualification completed:* Bachelor Degree or above Advanced Diploma
 Certificate I-IV (including Trade) No post school qualification

How often do you attend church services? Weekly Occasionally Special Occasions Don't go to Church

Name of Church: Name of Pastor:

Church Address: Church Website:

Are you involved in any ministry in the church? Yes No If Yes, in what area?.....

What is your involvement level at the church? High Moderate Low

Mother/Guardian: Miss Ms Mrs Dr Rev

First Name: Last Name:

Address: (if different from student)

Country of Birth: Nationality:

Language: (other than English) Occupation:

Home Phone No.: Work Phone No.:

Mobile Phone No.: Email:

Marital Status: Single Married Separated Divorced Widowed

Highest level of schooling completed:* Yr 12 or equivalent Yr 11 or equivalent Yr 10 or equivalent Year 9 or below

Highest level of qualification completed:* Bachelor Degree or above Advanced Diploma
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**Information required by Commonwealth Government for statistical analysis of educational outcomes*

Student's School Life

Current School: Grade:

Reason's for Leaving:

Previous School: Grade:

Reason's for Leaving:

Has the student ever been asked to leave a school or refused enrolment? Yes No

If yes, please state reason:

How is the student doing academically? Very Good Good Average Poorly Very Poorly

How is the student doing socially? Very Good Good Average Poorly Very Poorly

Declaration

We will support the KCCS policies as they relate to students & parents Yes No

We will support the Students and Parents Code of Conduct Yes No

We give permission to KCCS to teach our child the Christian ethos and the Bible Yes No

We will pay any fees due early or on time Yes No

We will support the school's uniform code Yes No

We will attend Parent/Teacher meetings Yes No

We give permission to KCCS to use photos of our child to be used for school publications/promotions Yes No

We intend to get our child to finish their schooling at KCCS Yes No

I declare that the information provided, is to the best of my knowledge to be accurate and complete. Should it later prove to be false or misleading, any decision made as a result of this application may be reversed. I understand that the acceptance of my child will depend on the outcome of an interview and availability of places in the school, and that this Enrolment Application does not ensure enrolment. Once receiving the notice of acceptance from KCCS, I will complete the payment of the first quarter's annual tuition fees within 30 days, as a non refundable deposit. I agree to support the ethos, philosophy and practices of Kingdom Culture Christian School and be responsible for the payment of all fees and charges. I understand that failing to do so will forfeit the placement and any scholarships offered. I understand that in the case of withdrawing a student from the school, one full term's notice should be supplied in writing to the Principal, or one term's applicable fee will be charged. I understand that Kingdom Culture Christian School reserves the right to refuse enrolment of a student at anytime.

Signed: (Father/Guardian).....

Signed: (Mother/Guardian).....

Date:

Date:

Checklist

Please return completed Enrolment Application with the following:

- Copy of Birth Certificate
- Proof of residency status (passport, visa, citizenship, etc.)
- Immunisation Statement / Immunisation Exemption letter
- Proof of Identity of Parent with Residential Address
- Reference Letter from a church (if in a church) or a character reference
- Copies of NAPLAN Results (if applicable)
- Recent School Reports and Achievements (Year 1-6 students)
- Copies of Specialist Reports (if applicable)