



Application for Enrolment

FAMILY DETAILS

Father / Parent / Guardian 1

Title	<input type="text"/>	Given Name (in full)	<input type="text"/>	Nationality	<input type="text"/>
Surname	<input type="text"/>			Relationship to Student	<input type="text"/>
Home Address	<input type="text"/>				
(Not PO Box)	<input type="text"/>			Post Code	<input type="text"/>
Home Telephone	<input type="text"/>	Mobile	<input type="text"/>	Home Email	<input type="text"/>
Postal Address ('As Above' if the same)	<input type="text"/>				
Occupation	<input type="text"/>	Employer	<input type="text"/>	Work Phone	<input type="text"/>
Graduate of Kingsway:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Year Graduated:	<input type="text"/>	

PLEASE NOTE, THE FOLLOWING INFORMATION IS REQUIRED BY THE AUSTRALIAN GOVERNMENT

Country of Birth Language spoken at home (other than English)

What is the highest year of primary or secondary school you have completed? (Please tick the appropriate box)

Year 9 or equivalent or below Year 10 or Equivalent Year 11 or equivalent Year 12 or equivalent

What is the level of the highest qualification you have completed? (Please tick the appropriate box)

Bachelor degree or above Advanced Diploma/Diploma Certificate I to IV (incl. Trade certificate) No school qualification

What is your Occupation Group? (Refer to List of parental Occupation Groups included with application information.) (Please tick the appropriate box) Description of Parental Occupation groups on page 18 – please fill this in with accuracy as it affects our government funding.

Not currently in paid work Senior management and qualified professionals
 Business managers, arts/media/sport, associated professionals Tradesmen/women, clerks, skilled office, sales, service
 Machine operators, hospitality, assistants, labourer, etc.

Mother / Parent / Guardian 2

Title	<input type="text"/>	Given Name (in full)	<input type="text"/>	Nationality	<input type="text"/>
Surname	<input type="text"/>			Relationship to Student	<input type="text"/>
Home Address	<input type="text"/>				
(Not PO Box)	<input type="text"/>			Post Code	<input type="text"/>
Home Telephone	<input type="text"/>	Mobile	<input type="text"/>	Home Email	<input type="text"/>
Postal Address ('As Above' if the same)	<input type="text"/>				

Occupation Employer Work Phone

Graduate of Kingsway: No Yes Year Graduated:

FAMILY DETAILS (continued)

Mother / Parent / Guardian 2 (continued)

PLEASE NOTE, THE FOLLOWING INFORMATION IS REQUIRED BY THE AUSTRALIAN GOVERNMENT

Country of Birth Language spoken at home (other than English)

What is the highest year of primary or secondary school you have completed? (Please tick the appropriate box)

Year 9 or equivalent or below Year 10 or Equivalent Year 11 or equivalent Year 12 or equivalent

What is the level of the highest qualification you have completed? (Please tick the appropriate box)

Bachelor degree or above Advanced Diploma/Diploma Certificate I to IV (incl. Trade certificate) No school qualification

What is your Occupation Group? (Refer to List of parental Occupation Groups included with application information.) (Please tick the appropriate box)
Description of Parental Occupation groups on page 18 – please fill this in with accuracy as it affects our government funding.

Not currently in paid work Senior management and qualified professionals
 Business managers, arts/media/sport, associated professionals Tradesmen/women, clerks, skilled office, sales, service
 Machine operators, hospitality, assistants, labourer, etc.

Academic & General Communication

Will be sent to Postal Address stated on Page 1. Should an additional party wish to receive information, please fill in below.

All communication to be forwarded to

Mother – only Father – only Other – details below

Full Name Relationship
Home Address Email
 Post Code

PLEASE NOTE: Both signatories on page 17, of the above-named child are jointly and severally responsible for all tuition fees and other charges and fees as annually advised by the College. Unless otherwise specifically requested and approved by the College in writing, this agreement remains in place and current for the full duration of the child's enrolment at KCC.

Financial Communication

Financials and invoices will be sent to Guardian 1 – Email and postal as per Page 1, unless specified otherwise below.

All Financial communication to be forwarded to

Mother – only Father – only Other – details below

Full Name Relationship
Home Address Email
 Post Code

PLEASE NOTE: Both signatories on page 17, of the above-named child are jointly and severally responsible for all tuition fees and other charges and fees as annually advised by the College. Unless otherwise specifically requested and approved by the College in writing, this agreement remains in place and current for the full duration of the child's enrolment at KCC.

RELIGION: (It is compulsory to fill in this question)

Name of Church/Fellowship

Denomination:

Please describe your attendance: Nominal

Regular

Church Address

CHRISTIAN FAITH AND CHURCH ATTENDANCE (Continued):

Are you of Christian Faith? (Father or Mother) Yes No If No please continue to page 4

FATHER/GUARDIAN to answer the following questions.

Define what 'being saved' means.

How do you view the Bible and what value does it have in your life at present?

What does attending church mean to you?

Why do you support Christian Education?

MOTHER/GUARDIAN to answer the following questions if you are of the Christian faith

Define what 'being saved' means.

How do you view the Bible and what value does it have in your life at present?

What does attending church mean to you?

Why do you support Christian Education?

STUDENT DETAILS – 1st Child (Please note it is compulsory to fill in all questions)

The school's enrolment practices comply with the School Education Act 1999, the Disability Discrimination Act 1992 and the Standards for Education 2005.

Surname	<input type="text"/>	Gender	(M) <input type="checkbox"/>	(F) <input type="checkbox"/>
Given Name	<input type="text"/>	Date of Birth	<input type="text"/>	
Second Name	<input type="text"/>	Place of Birth	<input type="text"/>	
Preferred Name	<input type="text"/>	Country of Birth	<input type="text"/>	
Main Language spoken at home	<input type="text"/>	Nationality	<input type="text"/>	
Are any languages other than English spoken at home?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
If yes which other languages?	<input type="text"/>			

How many years has your child been regularly exposed to English? Child's strongest language

Present or Previous School (if applicable)

Present Year Level Expected Academic Year of Entry Calendar Year of Entry

(Example Year 10)

(Example 2021)

Does the child have any of the following conditions?

Speech or Language Impairment Yes No Learning Difficulty of disability diagnosis Yes No

Physical disability Yes No Visual impairment Yes No

Hearing Impairment Yes No Emotional Concerns (e.g. high anxiety) Yes No

Behavioural Concerns Yes No

Trauma, isolation or difficulties associated with resettlement Yes No

Does your child have any other specific condition? Yes No

If yes please provide details and attach separate documentation if you have it.

Do you feel that your child needs further assessment? Yes No

Do you have any concerns regarding your child's speech, language or communication skills? Yes No

My child is currently attending speech pathology Yes No

My child has attended speech pathology in the past Yes No

If your child is currently attending speech pathology or has done so in the past, which areas were worked on?
(e.g. speech / articulation, comprehension, word / sentence structure, basic concepts)

Specialist Contact Details:

Name Phone

Dr's Email Address

Address

Aboriginal/Torres Strait Island descent?

No Yes, Aboriginal descent Yes, both Aboriginal and Torres Strait Island descent

Residency Status

Citizen (if yes continue to custody / guardianship section)

Permanent Resident Temporary Resident Visa Class Date of Arrival in Australia

Visa Number Visa Expiry Date (A copy of your child's visa MUST accompany your application and updates given to the College on expiry/renewal/change of status)

Exchange Student: Name of Exchange Organisation

Originals of Visas and Birth Certificates must be sighted on acceptance of this application.

Custody/Guardianship

Student resides: **Permanently** with: Both Parents Mother Father *Other

Occasionally with: Both Parents Mother Father *Other

*Details of legal guardianship of student

Are there any current Family Court Orders or current Restraining Orders that would apply to the child? YES NO

If so please provide latest copy of Family Court Orders.

Image Capture: Authorisation to capture your child's image e.g. choir, school team, award etc.

PLEASE CONFIRM ITEMS BELOW (✓):

COLLEGE EXTERNAL (e.g. website) **Student surnames not used without consultation** YES NO

Please also refer to Terms and Conditions page 16, nos. 8-9

Medical Information

Medicare Card Number Ambulance Cover YES NO

Private Health Fund Blood Group (If known)

Doctor's Name Telephone

Emergency Contact Details (3) (Other than Parent/Guardian who will be contacted first)

Name Relationship to student

Telephone Mobile Work Phone

NON PRESCRIPTION MEDICATION (e.g. Panadol, antihistamines) which you are authorising us to administer when necessary.

Paracetamol Yes No

Nurofen Yes No

Antihistamines Yes No

Is your child on regular medication, and if so, for what reason?

We have St John's Ambulance cover/insurance Yes No

(Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first)

We hereby give permission to the College to seek medical attention and/or hospitalise our child named on this Contract when such is considered necessary

We also give permission to the College, that if an emergency occurs requiring surgery/anaesthetic etc and we are unable to be contacted within a reasonable time, the College may give consent on our behalf.

We understand that:

1. The College cannot accept responsibility for Medical Expenses arising from accident or illness, loss or damage to personal effects and property, or liability incurred by students for bodily injury.
2. Our personal private health and general insurance policies should be reviewed to ensure adequate cover.

Signature Guardian 1 _____ Signature Guardian 2 _____

Student's Individual Needs

The Education Act 1999 requires the provision of details of any condition that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school – Section 16.1(g).

To assist the College to respond to individual requirements, please detail on separate attachment any special needs your child has that may affect learning participation or welfare.

External Service Provision (e.g. Speech Therapist/Occupational Therapist, Psychologist, Tutoring)

Does your child receive any services from an external agency which may affect educational arrangements: YES NO

If so, please give details and name and contact number of service provider.

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

STUDENT DETAILS – 2nd Child (Please note it is compulsory to fill in all questions)

The school's enrolment practices comply with the School Education Act 1999, the Disability Discrimination Act 1992 and the Standards for Education 2005.

Surname	<input type="text"/>	Gender	(M) <input type="checkbox"/>	(F) <input type="checkbox"/>
Given Name	<input type="text"/>	Date of Birth	<input type="text"/>	
Second Name	<input type="text"/>	Place of Birth	<input type="text"/>	
Preferred Name	<input type="text"/>	Country of Birth	<input type="text"/>	
Main Language spoken at home	<input type="text"/>	Nationality	<input type="text"/>	
Are any languages other than English spoken at home?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	

If yes which other languages?

How many years has your child been regularly exposed to English? Child's strongest language

Present or Previous School (if applicable)

Present Year Level Expected Academic Year of Entry Calendar Year of Entry

(Example Year 10)

(Example 2021)

Does the child have any of the following conditions?

Speech or Language Impairment Yes No Learning Difficulty of disability diagnosis Yes No

Physical disability Yes No Visual impairment Yes No

Hearing Impairment Yes No Emotional Concerns (e.g. high anxiety) Yes No

Behavioural Concerns Yes No

Trauma, isolation or difficulties associated with resettlement Yes No

Does your child have any other specific condition? Yes No

If yes please provide details and attach separate documentation if you have it.

Do you feel that your child needs further assessment? Yes No

Do you have any concerns regarding your child's speech, language or communication skills? Yes No

My child is currently attending speech pathology Yes No

My child has attended speech pathology in the past Yes No

If your child is currently attending speech pathology or has done so in the past, which areas were worked on?
(e.g. speech / articulation, comprehension, word / sentence structure, basic concepts)

Specialist Contact Details:

Name Phone

Dr's Email Address

Address

Aboriginal/Torres Strait Island descent?

No Yes, Aboriginal descent Yes, both Aboriginal and Torres Strait Island descent

Residency Status

Citizen (if yes continue to custody / guardianship section)

Permanent Resident Temporary Resident Visa Class Date of Arrival in Australia

Visa Number Visa Expiry Date (A copy of your child's visa MUST accompany your application and updates given to the College on expiry/renewal/change of status)

Exchange Student: Name of Exchange Organisation

Originals of Visas and Birth Certificates must be sighted on acceptance of this application.

Custody/Guardianship

Student resides: **Permanently** with: Both Parents Mother Father *Other

Occasionally with: Both Parents Mother Father *Other

*Details of legal guardianship of student

Are there any current Family Court Orders or current Restraining Orders that would apply to the child? YES NO

If so please provide latest copy of Family Court Orders.

Image Capture: Authorisation to capture your child's image e.g. choir, school team, award etc.

PLEASE CONFIRM ITEMS BELOW (✓):

COLLEGE EXTERNAL (e.g. website) **Student surnames not used without consultation** YES NO

Please also refer to Terms and Conditions page 16, nos. 8-9

Medical Information

Medicare Card Number

Ambulance Cover YES NO

Private Health Fund

Blood Group (If known)

Doctor's Name

Telephone

Emergency Contact Details (3) (Other than Parent/Guardian who will be contacted first)

Name Relationship to student

Telephone Mobile Work Phone

Emergency Contact Details (4) (Other than Parent/Guardian who will be contacted first)

Name Relationship to student

Telephone Mobile Work Phone

Allergies including beestings, plaster etc. (**please give details of reaction**) Yes No

Does your child suffer from Asthma? Yes No

Severity of Asthma: (Please tick) Infrequent Episodes (6-8 weeks or more apart) Yes No

Frequent Episodes (less than 6 weeks apart) Yes No

Persistent (symptoms most days) Yes No

Preventer used: _____

Reliever used: _____

Trigger factors (e.g. allergy, exercise, chest infection): _____

Has your child been hospitalised with Asthma Yes No

Last hospitalisation date: ___ / ___ / ___

Does your child suffer from anaphylaxis? Yes No

(a severe allergic reaction resulting in difficult breathing, even collapse) Yes No

Is your child up to date with his/her immunisations? Yes No

(Please note it is compulsory to fill in all questions)

OTHER MEDICAL CONDITIONS including diabetes, epilepsy, heart disorders, migraine etc.

List each under the following headings and attach separate action plan with steps to take if applicable.

Name of Condition	Medication

Has your child had any operations or serious injuries in the past? Yes No

Details: _____

NON PRESCRIPTION MEDICATION (e.g. Panadol, antihistamines) which you are authorising us to administer when necessary.

Paracetamol Yes No

Nurofen Yes No

Antihistamines Yes No

Is your child on regular medication, and if so, for what reason?

We have St John's Ambulance cover/insurance Yes No

(Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first)

We hereby give permission to the College to seek medical attention and/or hospitalise our child named on this Contract when such is considered necessary

We also give permission to the College, that if an emergency occurs requiring surgery/anaesthetic etc and we are unable to be contacted within a reasonable time, the College may give consent on our behalf.

We understand that:

3. The College cannot accept responsibility for Medical Expenses arising from accident or illness, loss or damage to personal effects and property, or liability incurred by students for bodily injury.
4. Our personal private health and general insurance policies should be reviewed to ensure adequate cover.

Signature Guardian 1 _____ Signature Guardian 2 _____

Student's Individual Needs

The Education Act 1999 requires the provision of details of any condition that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school – Section 16.1(g).

To assist the College to respond to individual requirements, please detail on separate attachment any special needs your child has that may affect learning participation or welfare.

External Service Provision (e.g. Speech Therapist/Occupational Therapist, Psychologist, Tutoring)

Does your child receive any services from an external agency which may affect educational arrangements: YES NO

If so, please give details and name and contact number of service provider.

Name Telephone
Address
 Postcode

Name Telephone
Address
 Postcode

Name Telephone
Address
 Postcode

STUDENT DETAILS – 3rd Child **(Please note it is compulsory to fill in all questions)**

The school's enrolment practices comply with the School Education Act 1999, the Disability Discrimination Act 1992 and the Standards for Education 2005.

Surname	<input type="text"/>	Gender	(M) <input type="checkbox"/>	(F) <input type="checkbox"/>
Given Name	<input type="text"/>	Date of Birth	<input type="text"/>	
Second Name	<input type="text"/>	Place of Birth	<input type="text"/>	
Preferred Name	<input type="text"/>	Country of Birth	<input type="text"/>	
Main Language spoken at home	<input type="text"/>	Nationality	<input type="text"/>	
Are any languages other than English spoken at home?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
If yes which other languages?	<input type="text"/>			
How many years has your child been regularly exposed to English?	<input type="text"/>	Child's strongest language	<input type="text"/>	

Present or Previous School (if applicable)

Present Year Level Expected Academic Year of Entry Calendar Year of Entry

(Example Year 10) (Example 2021)

Does the child have any of the following conditions?

Speech or Language Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Learning Difficulty of disability diagnosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visual impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emotional Concerns (e.g. high anxiety)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behavioural Concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Trauma, isolation or difficulties associated with resettlement Yes No

Does your child have any other specific condition? Yes No

If yes please provide details and attach separate documentation if you have it.

Do you feel that your child needs further assessment? Yes No

Do you have any concerns regarding your child's speech, language or communication skills? Yes No

My child is currently attending speech pathology Yes No

My child has attended speech pathology in the past Yes No

If your child is currently attending speech pathology or has done so in the past, which areas were worked on?
(e.g. speech / articulation, comprehension, word / sentence structure, basic concepts)

Specialist Contact Details:

Name Phone

Dr's Email Address

Address

Aboriginal/Torres Strait Island descent?

No Yes, Aboriginal descent Yes, both Aboriginal and Torres Strait Island descent

Residency Status

Citizen (if yes continue to custody / guardianship section)

Permanent Resident Temporary Resident Visa Class Date of Arrival in Australia

Visa Number Visa Expiry Date (A copy of your child's visa MUST accompany your application and updates given to the College on expiry/renewal/change of status)

Exchange Student: Name of Exchange Organisation

Originals of Visas and Birth Certificates must be sighted on acceptance of this application.

Custody/Guardianship

Student resides: **Permanently** with: Both Parents Mother Father *Other

Occasionally with: Both Parents Mother Father *Other

*Details of legal guardianship of student

Are there any current Family Court Orders or current Restraining Orders that would apply to the child? YES NO

If so please provide latest copy of Family Court Orders.

Image Capture: Authorisation to capture your child's image e.g. choir, school team, award etc.

PLEASE CONFIRM ITEMS BELOW (✓):

COLLEGE EXTERNAL (e.g. website) **Student surnames not used without consultation** YES NO

Please also refer to Terms and Conditions page 16, nos. 8-9

Medical Information

Medicare Card Number Ambulance Cover YES NO

Private Health Fund Blood Group (if known)

Doctor's Name Telephone

Emergency Contact Details (3) (Other than Parent/Guardian who will be contacted first)

Name Relationship to student

Telephone Mobile Work Phone

Emergency Contact Details (4) (Other than Parent/Guardian who will be contacted first)

Name Relationship to student

Telephone Mobile Work Phone

Allergies including beestings, plaster etc. (**please give details of reaction**) Yes No

Does your child suffer from Asthma? Yes No

Severity of Asthma: (Please tick) Infrequent Episodes (6-8 weeks or more apart) Yes No

Frequent Episodes (less than 6 weeks apart) Yes No

Persistent (symptoms most days) Yes No

Preventer used: _____

Reliever used: _____

Trigger factors (e.g. allergy, exercise, chest infection): _____

Has your child been hospitalised with Asthma Yes No

Last hospitalisation date: ____ / ____ / ____

Does your child suffer from anaphylaxis? Yes No

(a severe allergic reaction resulting in difficult breathing, even collapse) Yes No

Is your child up to date with his/her immunisations? Yes No

(Please note it is compulsory to fill in all questions)

OTHER MEDICAL CONDITIONS including diabetes, epilepsy, heart disorders, migraine etc.

List each under the following headings and attach separate action plan with steps to take if applicable.

Name of Condition	Medication

Has your child had any operations or serious injuries in the past? Yes No

Details: _____

NON PRESCRIPTION MEDICATION (e.g. Panadol, antihistamines) which you are authorising us to administer when necessary.

Paracetamol Yes No

Nurofen Yes No

Antihistamines Yes No

Is your child on regular medication, and if so, for what reason?

We have St John's Ambulance cover/insurance Yes No

(Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first)

We hereby give permission to the College to seek medical attention and/or hospitalise our child named on this Contract when such is considered necessary

We also give permission to the College, that if an emergency occurs requiring surgery/anaesthetic etc and we are unable to be contacted within a reasonable time, the College may give consent on our behalf.

We understand that:

1. The College cannot accept responsibility for Medical Expenses arising from accident or illness, loss or damage to personal effects and property, or liability incurred by students for bodily injury.
2. Our personal private health and general insurance policies should be reviewed to ensure adequate cover.

Signature Guardian 1 _____ Signature Guardian 2 _____

Student's Individual Needs

The Education Act 1999 requires the provision of details of any condition that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school – Section 16.1(g).

To assist the College to respond to individual requirements, please detail on separate attachment any special needs your child has that may affect learning participation or welfare.

External Service Provision (e.g. Speech Therapist/Occupational Therapist, Psychologist, Tutoring)

Does your child receive any services from an external agency which may affect educational arrangements: YES NO

If so, please give details and name and contact number of service provider.

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

TERMS AND CONDITIONS

Both parents please read and initial every condition below as indicated.

1. I/We agree to be bound by the rules of the Kingsway Christian Education Association Inc. (KCEA) as stated in the Constitution, including the Statement of Faith, as set out in Clause 2 of the Constitution, and advise you:
 - (i) I/We have studied the Statement of Faith and declare that I/We accept, the teaching of this statement to our child/ren.
 - (ii) I/We have reviewed and understand the requirements for Enrolment and declare that I/We fulfil, and will abide by, all aspects;
 - (iii) I/We have read the Statement of Faith clause and understand that our children will be taught according to it.
 - (iv) I/We support and endorse the principle of Christian Education for our child/children as expounded in the College Mission Statement;

(Initial)
2. I/We agree to support the Behaviour Management Policy and procedures of Kingsway Christian College and I/We irrevocably authorise the Board and/or its delegate to discipline, suspend or expel my/our child/children (according to the College Discipline Policy) whose behaviour is considered unacceptable.

(Initial)
3. I/We acknowledge that I/We are responsible for the punctual attendance of my/our child/children each day.

(Initial)
4. I/We agree to ensure that the appropriate College uniform is worn each day in a good and clean condition, and in such a way as to show pride in being identified with the College.

(Initial)
5. I/We agree that the College accepts no responsibility for the loss of any personal property brought to the College.

(Initial)
6. I/We authorise for my/our child / children to attend all school approved excursions, including transportation to and from the venue.

(Initial)
7. I/We agree to provide the College with updated contact details within 14 days of any change occurring (including mobile numbers and email addresses for both parents as well as our current home address and where applicable phone numbers at work and home) and acknowledge that failure to do so can result in our application being cancelled.

(Initial)
8. To respect the significant number of parents who have requested no social media coverage of their children and in keeping with current privacy legislation; Please Note: it is a condition of entry that any images you capture of students, whether photos, videos or other media are used entirely for your private purposes and may not appear in any public forum such as on websites or social media.

(Initial)
9. I/We grant the College permission to capture the image of the children under our care for all INTERNAL school publications, including official class photos in College magazine.

(Initial)
10. I/We grant the College permission to check our visa documents via VEVO, DIPB website or by other means as determined by the College.

(Initial)
11. I/We agree to do 10 Practical Help hours for the College each year while my child/ren are enrolled with the College or pay \$250 (pro-rata) if I'm not able to complete them.

(Initial).....
12. I/We hereby give permission for the School to administer Paracetamol/Nurofen/Antihistamines if my child is in need.

(Initial).....

FEES

Fee Paying Father/Parent/Guardian 1

Full Name (incl. Second name)

Address

Pension Card Number Expiry Date

Drivers Licence No. Date of Birth

Fee Paying Mother/Parent/Guardian 2

Full Name (incl. Second name)

Address

Pension Card Number Expiry Date

Drivers Licence No. Date of Birth

1. I/We agree to pay Kingsway Christian College such fees and charges for the education of my/our first child and all subsequent children. I/We further agree to pay those fees and charges by the due date determined by the College.
2. I/We acknowledge that I/we are jointly and severally liable for all fees, interest and charges stated in each school account relating to the child/children covered under this application.
3. Once I/We have agreed with the College a frequency of payment and resulting due dates, I/We agree to comply with this agreement unless we have communication with the Business Manager otherwise. I/We agree to enter into a College Direct Debit Agreement if we wish to pay more frequently than termly.
4. **I/We agree to give the College at least 10 school weeks' notice, in writing, prior to the withdrawal of my/our child/children from the College.** I/We agree that failure to do so requires payment of 10 school weeks' fees. This payment is a genuine pre-estimate by the College of the loss that it would suffer if parents have not provided 10 school weeks' notice of withdrawal.
5. I/We acknowledge that the College may refuse re-entry of my/our child/children into Kingsway Christian College if any fee remains unpaid for a period over 30 days from when it is due and if there is no agreement, in writing, in place with the Business Manager to repay the fees by installments.
6. I/We acknowledge that once all internal avenues for debt collection have been exhausted, any continuing outstanding debts may be forwarded to the College's debt collection agency and exclusively managed by them. Where due fees are not paid in full, any costs incurred by Kingsway Christian College and its representatives relating to the recovery of these fees, will be passed on in full to me/us. These costs include (but are not limited to) reasonable enforcement expenses, debt collector costs and commissions, legal fees, and interest on the default balance as allowed by the Court.

Name of fee payer 1 in full

Signature of fee payer 1 Date

Name of fee payer 2 in full

Signature of fee payer 2 Date

Please Note

- Fees are annual fees
- Fees are payable in advance of each school term. The total term fee is expected to be paid in full by end of the first week of each school term.
- A concession is offered on a year's fee paid in advance before the first Friday of Term 1 each year (refer to fee schedule)
- Method of payment can be:
 - ✓ B Pay
 - ✓ Credit Card
 - ✓ Cash or Cheque
 - ✓ Eftpos at the School office

- Payments made weekly, fortnightly or monthly will only be accepted using the bank direct debit authority system on your cheque or savings account (authority forms for this method are available from the College Office)

STATEMENT OF FAITH

The Constitution of the Association upholds the following Statements of Faith:

- One God eternally existent in three Persons: Father, Son and Holy Spirit.
- The sovereignty of God in creation, providence, redemption, revelation and final judgment.
- The Divine inspiration of the original documents of the Bible (66 books); its entire trustworthiness, sufficiency and supreme authority in all matters of faith and conduct.
- The Deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His atoning death on the cross as our representative and substitute, His bodily resurrection, His ascension to the right hand of the Father, His mediatorial work and in His personal, visible return in power and glory.
- The sinfulness and guilt of all mankind, rendering them subject to God's wrath and condemnation.
- Justification of the sinner by the grace of God through personal faith in Christ alone, and regeneration by the Holy Spirit.
- The receiving and indwelling of the Holy Spirit at conversion, and His continuing work in the heart and life of the believer.
- The one holy universal church, the body of which Christ is the Head, to which all true believers belong.
- The resurrection and judgment of all mankind; the believer to life everlasting, and the unbeliever to eternal separation from God.

Signature of Father/Parent/Guardian 1

Date

Signature of Mother/Parent/Guardian 2

Date

The School Education Act (1999) requires parents to provide 'details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school' (16G). This includes specific details, reports and information on any medical issues (including mental health issues); psychometric testing; cognitive; mobility; vision/hearing; behaviour management; speech and communication and any current court orders including restraining orders. Failure to disclose all such information may jeopardise the applicant's enrolment at the school. Details of special funding or services, which the applicant may receive from an external agency, should be included. It is the responsibility of the parent(s) to read the school policies and to advise and update the school of any changes in their child's health or development, as well as any changes to court orders, family circumstances or contact details.

(Initial)

CHECK LIST

Notification of Acceptance

Parents will be given a written offer of enrolment subject to vacancies and outcomes of the interview process, which must be accepted within one week.

Application Fee

A non-refundable application fee must accompany this application.

Enrolment Confirmation Fee

A non-refundable acceptance fee is payable before entry of each student into the College.

Variation of conditions

The Association reserves the right to vary fees and conditions periodically.

For further information regarding the terms and conditions of fees please refer to the fee schedule.

ENCLOSURES

Please enclose the following with your application for enrolment:

- Photocopy of Birth Certificate & Immunisation Record (Original must be sighted)
- Application Fee
- Passport & Visa for permanent and temporary residents, with arrival and expiry dates
- Photocopy of last two semester reports including latest NAPLAN/MSE9 (if available)

Please list other children in the family, their ages, schools they now attend (if appropriate), and present grades (if appropriate).

Name	Date of Birth	Present School (if applicable)	Present Grade

LIST OF PARENTAL OCCUPATION GROUPS (AS REQUESTED ON PAGES 1 & 2 OF THE APPLICATION FOR BOTH PARENTS)

Other business managers, arts/media/sportspersons and associate professionals

- **Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- **Specialist manager** (finance/engineering/production/personnel/industrial relations/sales/marketing)
- **Financial services manager** (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- **Retail sales/services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- **Arts/media/sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- **Associate professionals** generally have diploma/technical qualifications and support managers and professionals
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
- **Defence Forces** senior Non-Commissioned Officer (NCO)

Machine operators, hospitality staff, assistants, labourers and related workers

- **Drivers, mobile plant, production/processing machinery and other machinery operators**
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen-hand, porter, housekeeper)
- **Office assistants, sales assistants and other assistants:**
 - **Office** (typist, word processing/data entry/business machine operator, receptionist, office assistant)
 - **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticker seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
 - **Assistant/aide** (trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendance)
- **Labourers and related workers**
- **Defence Forces** ranks below senior NCO not included above
- **Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
- **Other worker** (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

Senior Management in large business organisation, government administration and defence, and qualified professionals

- **Senior executive/manager/department head in industry, commerce, media or other large organisation**
- **Public service manager** (section head or above), regional director, health/education/police/fire services administrator
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** Commissioned Officer
- **Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

