



cedars
christian college

Nurturing for today – Equipping for tomorrow

Waples Rd, Farmborough Heights NSW 2526
PO Box 286, Unanderra NSW 2526
Ph: 02 4271 8124 Fax: 02 4271 7245
secretary@cedars.nsw.edu.au
www.cedars.nsw.edu.au

STUDENT APPLICATION FOR ENROLMENT

STUDENT DETAILS:

Surname: _____ Christian Names: _____

Preferred Name: _____ Date of Birth: _____ Male Female

Country of Birth: _____ Nationality: _____

If Nationality is not Australian, does the applicant hold a permanent resident Visa or Student VISA for Australia? Yes No

Languages spoken at home other than English: _____

Aboriginal / Torres Strait Islander Descent Yes No

Desired Year Level Entry: (*Preparatory, Kindergarten – Year 12*) _____ Year: 20_____ Term: _____

Phone: (H) _____ (W) _____ (M) _____

Residential Address: _____

Post Code: _____

SIBLINGS:

| Name | Date of Birth | Present School | Year Level |
|------|---------------|----------------|------------|
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| | | | |
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Please supply the following documentation when returning application form.
An interview will not be arranged until all paperwork is received.

- | | |
|--|---|
| <input type="checkbox"/> Students BIRTH CERTIFICATE or authorised copy <input type="checkbox"/> 2 most recent SCHOOL REPORTS (excluding Prep and Kindy applications) <input type="checkbox"/> If applying for Prep or Kindy: PRE SCHOOL REPORTS if available <input type="checkbox"/> NAPLAN RESULTS (if applicant has completed Year 3, Year 5, Year 7 or Year 9) <input type="checkbox"/> PASTORAL REFERENCE or Personal Reference for families not attending church <input type="checkbox"/> IMMUNISATION RECORDS (blue book or Immunisation Certificate from your GP) <input type="checkbox"/> \$50.00 non refundable APPLICATION FEE (per family) | <p>This box is for OFFICE USE ONLY</p> |
|--|---|

Our Mission:

*Cedars Christian College
A Christian community:
Inspiring learning
Developing leaders
Equipping for success*

SCHOOLING HISTORY:

Current School: _____ Grade: _____

| Previous Schools | Year Level | Reason for leaving |
|------------------|------------|--------------------|
| | | |
| | | |
| | | |
| | | |

Has applicant ever been suspended, expelled or refused admission to another school?

Yes No If yes, please provide details:

Have you advised your present school that you are leaving? Yes No

Contact person at the school: _____

Do you have any outstanding fees owing? Yes No

How would you describe the applicant's experience at school?

Academically: *Very Good* *Good* *Average* *Poor* *Very Poor*

Socially: *Very Good* *Good* *Average* *Poor* *Very Poor*

ACADEMIC AND MEDICAL DETAILS:

Has the applicant received any of the following: *(Please tick (✓) and give details)*

Learning Support: _____

ESL Assistance: _____

Repeated a year level: _____

Been elevated a year level: _____

Been "ascertained" or "appraised" for academic problems or learning difficulties - Current level: _____

Been diagnosed with any of the following impairments:

Intellectual Social/Emotional Visual Physical

Speech Learning Difficulty ADD/ADHD Hearing

Behavioral Aspergers/Autism Perceptual/Motor

Other (Please specify): _____

Has previous school/s received funding for any of the above? Yes No Unsure

If any of the above has been ticked, related documents and reports must be accompanied with application.

PARENT/GUARDIAN DETAILS:

FATHER/GUARDIAN *(Please circle)* Title: _____ Living with student: Yes No

Surname: _____ Christian Names: _____

Address: _____ Post Code: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

Marital Status: *Single* *Married* *Separated* *Divorced*

School Education Level: *Year 9 or lower* *Year 10* *Year 11* *Year 12*

Qualifications: *Bachelor Degree or above* *Adv. Diploma/Diploma* *Cert. I to IV (incl. trade cert.)* *No non-school qualification*

Employer: _____ Occupation: _____

Country of Birth: _____ Nationality: _____

Language spoken at home, other than English: _____

Area of Parent Participation Scheme you would like to be involved in: _____

MOTHER/GUARDIAN *(Please circle)* Title: _____ Living with student: Yes No

Surname: _____ Christian Names: _____

Address: _____ Post Code: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

Marital Status: *Single* *Married* *Separated* *Divorced*

School Education Level: *Year 9 or lower* *Year 10* *Year 11* *Year 12*

Qualifications: *Bachelor Degree or above* *Adv. Diploma/Diploma* *Cert. I to IV (incl. trade cert.)* *No non-school qualification*

Employer: _____ Occupation: _____

Country of Birth: _____ Nationality: _____

Languages spoken at home, other than English: _____

Area of Parent Participation Scheme you would like to be involved in: _____

SPECIAL CIRCUMSTANCES:

Special circumstances we need to be aware of in relation to applicant: *(Living arrangements/custody/guardianship...etc.)*

Please advise of any Family Court Orders or Domestic Violence Orders pertaining to applicant:

(Copies to be provided) For the student's safety, it is essential that the College is advised in writing immediately if there are any changes in this regard.

CHURCH DETAILS:

Is your family involved in a Christian Church? Father Mother Applicant

Level of involvement: *Very Involved* *Regularly* *Rarely* *None*

Church name and denomination: _____

Indicate if applicant attends: Church Sunday School Youth Group Other

Church name and denomination: *(if different to above)* _____

PAYMENT OF FEES:

Surname: _____ Initials: _____ Title: _____

Billing Address: _____ Post Code: _____

Relationship to student: _____

Father/Guardian: _____ Mother/Guardian: _____
Signed: _____ Dated: _____ Signed: _____ Dated: _____

POSTAL ADDRESS:

If mailing address is different to residential address, please provide details:

MEDICAL/EMERGENCY DEATAILS:

Emergency contacts if parent is unable to be contacted:

| Name | Relationship | Phone |
|------|--------------|-------|
| | | |
| | | |

Medicare Number: _____ Medical Assistance Permitted: Yes No

DECLARATION:

I/We declare that all the details provided in this application for _____ are correct to the best of my/our knowledge and belief.

I/We have read the Information Booklet, particularly the Enrolment Conditions, Student Welfare, Schedule of Fees and Uniform Requirements and agree wholeheartedly with the College's aims and objectives in these matters. I/We agree with the Cedars Christian College Statement of Faith.

Father/Guardian: _____ Mother/Guardian: _____
Signed: _____ Dated: _____ Signed: _____ Dated: _____

Student Declaration *(If in years 9-12)* Signed: _____ Dated: _____