


# Application for student enrolment

primary & secondary school

Thankyou for your expression of interest in enrolling your child at Torrens Valley Christian School. We look forward to meeting you in due course to discuss your child's education. In the meantime, we would appreciate you taking the time to supply the information requested on this form.

**Please return this form to:**  
**The Registrar**  
**Torrens Valley Christian School**  
**1227 Grand Junction Road**  
**Hope Valley SA 5090**

- Steps in the Enrolment Process:
- This enrolment application is completed by parents and returned to the School along with the Application Fee and the Pastor's reference.
  - The School will acknowledge receipt of the application and invite you and your child to attend an interview.
  - Depending on available places, you will be notified as soon as possible if your child is accepted, or placed on the waitlist if applicable
  - The application is processed and a decision on the enrolment is made by the Principal
  - Parents are informed of the decision in writing within one week of interview unless there are special provisions required for the student
  - An Entry Deposit is paid prior to commencement
  - An Orientation Day is held in Term Four of each year



## Student Information

Surname	Given Names			
Contact Numbers	Home	Student Mobile		
Date of Birth	Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Present Academic Year	Present School/Kindy			
Starting in year level	in 20	Term (circle one)	1	2
			3	4
Religion/Denomination				
Country of Birth				
New Arrivals in Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, do you have a permanent residency VISA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Ethnic Background				
Is English your child's first Language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If No, other Languages spoken				
Sibling Names				
Special Circumstances (eg. parent/s deceased, separated or divorced)*				

\*Please attach a copy of any Court Orders. (Confidential information will be filed according to the TVCS Privacy Policy)



## Medical & Additional Learning Needs

Student Medical Conditions				
Allergies				
Medicare No.	Private Health Fund		No.	
Doctor's Name		Doctor's Phone No.		
Does your child receive NDIS funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Assessment by Specialist:	Educational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Psychological	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical	<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of assessment / diagnosis (Please attach all assessment reports)				

\*Please complete the additional student information form if your child has a specific medical / learning / behavioural issue.



## Father / Guardian

Surname		Given Names	
Are you a Past Torrens Valley Christian School Scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Class of			
Residential Address			
			Postcode
Postal Address			
			Postcode
Student lives with me		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Part of the time	
<i>(Include details in Student Details under Special Family Circumstances)</i>			
Home Phone		Mobile	Work
Fax		Email	
Occupation		Workplace	
What is the highest year of school completed?			
<input type="checkbox"/> Year 12 or equivalent		<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent		<input type="checkbox"/> Year 9 or equivalent or below	
What is the highest level of qualification completed?			
<input type="checkbox"/> Bachelor Degree or above Advanced		<input type="checkbox"/> Diploma/Diploma	
<input type="checkbox"/> Certificate I to IV (inc. trade cert.)		<input type="checkbox"/> No non-school qualification	
Country of Birth			
Is English your first Language?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, other Languages spoken			
Aboriginal or Torrens Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion/Denomination			
Church Name & Address			
Minister		Regular Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Areas of involvement with Church			

### Nicene Creed

I agree that the Nicene Creed is a good summary of my faith  
*(As printed in the Torrens Valley Christian School Prospectus)*

\_\_\_\_\_  
 Father/Guardian Signature



## Emergency Contact

We require the details for two emergency contacts other than the parents. Parents are contacted in the first instance.

### Contact 1

Name		Relationship to Student	
Contact Numbers:			
Home		Mobile	Work

### Contact 2

Name		Relationship to Student	
Contact Numbers:			
Home		Mobile	Work



# Mother/ Guardian

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Are you a Past Torrens Valley Christian School Scholar?  Yes  No Class of \_\_\_\_\_

Residential Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Student lives with me  Yes  No  Part of the time

*(Include details in Student Details under Special Family Circumstances)*

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Workplace \_\_\_\_\_

What is the highest year of school completed?  
 Year 12 or equivalent  Year 11 or equivalent  
 Year 10 or equivalent  Year 9 or equivalent or below

What is the highest level of qualification completed?  
 Bachelor Degree or above Advanced  Diploma/Diploma  
 Certificate I to IV (inc. trade cert.)  No non-school qualification

Country of Birth \_\_\_\_\_

Is English your first Language?  Yes  No

If No, other Languages spoken \_\_\_\_\_

Aboriginal or Torrens Strait Islander?  Yes  No

Religion/Denomination \_\_\_\_\_

Church Name & Address \_\_\_\_\_  
 \_\_\_\_\_

Minister \_\_\_\_\_ Regular Attendance  Yes  No

Areas of involvement with Church \_\_\_\_\_

<p><b>Nicene Creed</b>          I agree that the Nicene Creed is a good summary of my faith  <i>(As printed in the Torrens Valley Christian School Prospectus)</i></p>	<p>_____</p> <p>Mother/Guardian Signature</p>
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# Faith

Please write a brief statement of your Christian commitment, especially covering your relationship with Jesus Christ, and your view of the Bible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why we seek Christian Education at Torrens Valley Christian School for our child/children

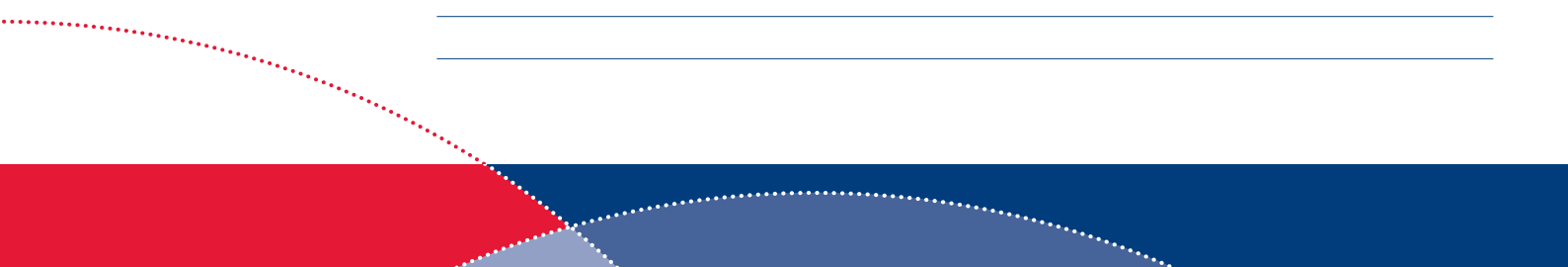
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Fees

Person/s responsible for payment of all or part of the fees (if other than parents).

Surname	Given Names	
Address		
		Postcode
Contact Numbers:		
Home	Mobile	Work
Comment (If required)		



## Parent Declaration

I/We have read the conditions of enrolment and agree to be bound by these and any other regulations that may be in force at the School at any particular time.

I/We declare that the information provided in this form is true and correct to the best of my/our knowledge.

Signature of Mother/Guardian x	Date
Signature of Father/Guardian x	Date

**Family Reference: Please attach a written reference from your Pastor/Minister**



## Conditions of Enrolment

**1** Enrolment is conditional of the Principal being satisfied about the suitability of the student for admission.

**2** If enrolment cannot be offered at the time of application, your child's name will be placed on a waiting list. Places will be offered as stated in the Enrolment Policy.

**3** A condition of entry to Torrens Valley Christian School is that parents or guardians agree to abide by the regulations of the School and agree that their child shall be taught in accordance with the Educational Creed of the Torrens Valley Association for Christian Education. Parents are required to actively support the philosophy of the School.

**4** It is a condition of entry to Torrens Valley Christian School that an Entry Fee (as advised in the Fee Schedule) is paid in advance of the student commencing School.

**5** The Principal reserves the right to dismiss, or to suspend, any student from the School when it is felt that previous efforts to correct

a problem have been unsatisfactory and the Principal believes that the School can do no more to help that particular student.

**6** The Application Fee and Pastor's Reference are required to confirm your child's place at the School. The Application Fee is not refundable. An Enrolment Interview will be organised following receipt of the Enrolment Form, Application Fee and Pastor's reference.

**7** I/We authorise the Principal, Assistant Principal or their nominated representative to contact a doctor, and, if necessary, to arrange for hospital treatment in case of emergency. I/We accept all responsibility for all costs involved. Please note that all students at Torrens Valley Christian School are covered by St Johns Ambulance Fund while at School and during all out of hours School activities.

**8** Every student admitted to the School is accepted on the condition that all fees are payable by the advised due date. The Business Manager is authorised by the School Board and the parents or guardians to take

any steps deemed necessary to recover unpaid fees and parents will be responsible for any costs involved (or for interest charged on outstanding accounts). Financial difficulties of parents or guardians are treated with confidence, sensitivity and care, but parents must take responsibility for their fee account.

**9** Parents are required to actively support the Uniform Policy by providing their child with the required uniform and ensuring that is appropriately maintained and worn.

**10** One term's notice, in writing, must be given to the Principal prior to withdrawal of a student. Failure to give adequate notice will incur a short notice fee equivalent to one term's fees for that student.

**11** Fees (as set out in the Fee Schedule) are subject to alteration by the School each year. Tuition fees are currently billed three times in each year.

**12** The Entry Fee will be deducted from any outstanding fees prior to any refund.



## Privacy

The School is bound by the National Privacy Principles contained in the Commonwealth Privacy Act. A copy of our Privacy Policy can be found on the School's website or by request.



## Office Use Only

Family Application Fee: \$100 <input type="checkbox"/>	
Receipt Number	Date

# Application for student enrolment

additional student information



## Medical Information

Student Surname	Given Names																					
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Medical Information:</td> <td style="width: 33%;"><input type="checkbox"/> Heart Problems</td> <td style="width: 33%;"><input type="checkbox"/> Asthma</td> </tr> <tr> <td><input type="checkbox"/> Respiratory Problems</td> <td><input type="checkbox"/> Drug Allergies</td> <td><input type="checkbox"/> Food Allergies</td> </tr> <tr> <td><input type="checkbox"/> Diabetes/Hypoglycaemia</td> <td><input type="checkbox"/> Hearing Problems</td> <td><input type="checkbox"/> An Infectious Disease</td> </tr> <tr> <td><input type="checkbox"/> Sight Problems</td> <td><input type="checkbox"/> Skin Conditions</td> <td><input type="checkbox"/> ADD</td> </tr> <tr> <td><input type="checkbox"/> ADHD</td> <td><input type="checkbox"/> Migraines</td> <td><input type="checkbox"/> Bite/Sting Allergies</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> A Disability</td> <td><input type="checkbox"/> Anaphylactic</td> </tr> <tr> <td><input type="checkbox"/> Sight Problems</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>		Medical Information:	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Asthma	<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Drug Allergies	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Diabetes/Hypoglycaemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> An Infectious Disease	<input type="checkbox"/> Sight Problems	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> Migraines	<input type="checkbox"/> Bite/Sting Allergies	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> A Disability	<input type="checkbox"/> Anaphylactic	<input type="checkbox"/> Sight Problems	<input type="checkbox"/> Other	
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<input type="checkbox"/> Sight Problems	<input type="checkbox"/> Other																					
Details																						
Does your child take any regular medication? If so, will they be required to take this medication at School?																						
Does your child have a Medical Action Plan <span style="float: right;"><input type="checkbox"/> Yes* <input type="checkbox"/> No</span>																						

*\*If so, please include a copy with this application.*



## Additional Learning Information

Does your child have any special achievements, gifts and talents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details		
Does your child receive support from an external provider, including tutor, psychologist, occupational therapist, speech pathologist, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details <i>(Please list areas of support)</i>		
Has your child ever been placed on a modified curriculum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child receive support from an ESO/SSO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details <i>(Please list areas of support)</i>		



## Behavioural Information

Has your child ever been expelled or suspended from another School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details		