

Enrolment Application



PENRITH CHRISTIAN SCHOOL

Christ Centred Education for Significant and Abundant Living

ENROLMENT

Student's Name: _____

(First Names)

(Last Name)

Date of Birth: ___ / ___ / ___ Gender: Male Female Student's Mobile: _____
D D M M Y Y Y Y (if applicable)

Country of Birth: _____ Nationality: _____

Desired Year of Entry (e.g. Term 1, 2021): _____

Desired Level of Entry: (please tick)

EARLY LEARNING	<input type="checkbox"/> Toddler	<input type="checkbox"/> Preschool	<input type="checkbox"/> Preparatory		
JUNIOR SCHOOL	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MIDDLE SCHOOL	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	
SENIOR SCHOOL	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	

Board of Studies Number (Years 11 and 12): _____

TODDLER OPTIONS: (please tick)

- The PCS Toddler Program is for children who are 2 years old. If your child is turning 2 years old by 30 April, they can be enrolled but cannot commence until their 2nd birthday.
- When enrolling in the Toddler Program, please also nominate your preference for Preschool and Preparatory School the following years.

5 days (Monday - Friday) 3 days (Monday / Tuesday / Wednesday) 2 days (Thursday / Friday)

PRESCHOOL OPTIONS: (please tick)

- The PCS Preschool Program is for children who are 3 years old. If your child is turning 3 years old by 30 April, they can be enrolled but cannot commence until their 3rd birthday.
- When enrolling in Preschool, please also nominate your preference for Preparatory School the following year.

5 days (Monday - Friday) 3 days (Monday / Tuesday / Wednesday) 2 days (Thursday / Friday)

PREP SCHOOL OPTIONS: (please tick)

For children turning 4 years old by 30 April.

5 days (Monday - Friday) 3 days (Monday / Tuesday / Wednesday) 2 days (Thursday / Friday)

- I/We accept PCS Early Learning Centre is to prepare students for Kindergarten at Penrith Christian School.
- I/We declare a Kindergarten application has not and will not be lodged at any other educational facility.
- I/We declare we are committed to educating _____ at Penrith Christian School Prep to Year 12.
(child's name)

STUDENT

Is the student an Australian resident? Yes No

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

Does the Student speak a language other than English at home? Yes No Language: _____

Is English tuition required? Yes No

Has the student received education support? Yes No

Has the student received support from specialist services? Yes No

(please tick) Speech Therapy Occupational Therapy Counsellor/Psychologist
 Paediatrician and Psychiatrist Psychometric Testing Other

Does the student have any of the special conditions identified below: Yes No
(Please provide copies of specialist reports)

(please tick) ADD ADHD ODD Allergies Anaphylaxis AIDS/HIV+
 Anxiety Asthma Autism Spectrum Disorder Bronchitis Croup
 Depression Diabetes Epilepsy Haemophilia Hearing Impairment
 Hepatitis Hypertension Migraines Physical Impairment Sight Impairment

Other: _____

Please attach copies of latest medical, psychological, speech or occupational therapy reports. Failure to disclose special conditions or agree to a Management Plan may result in Enrolment Offer being withdrawn. Parent/s or Guardian/s may be requested to attend meetings in managing special conditions and failure to comply will place enrolment at risk.

Does the student have any special gifts/talents? (please provide details and copies of Assessment Reports, if available):

SCHOOLING

How is the student managing at school?

Academically: Very Good Good Average Poorly Very Poorly

Socially: Very Good Good Average Poorly Very Poorly

Is the student transferring from interstate? Yes No

Current School: _____ Grade: _____

Reason for Leaving: _____

Previous School: _____

Reason for Leaving: _____

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

If yes, please state reason: _____

CHURCH

PLEASE NOTE: This section must be completed. Application will be returned for your completion if these questions are not answered.

Religion: _____ Denomination: _____

Do the student's parents attend Church? Yes No

Church: _____ Pastor/Minister: _____

Parent Involvement: High Moderate Low

Does the student attend Church or Youth Group? Yes No

Church: _____ Pastor/Minister: _____

Student Involvement: High Moderate Low

FAMILY

Student's Residential Address: _____

Mailing Address: _____

Home Phone: _____ Home Fax: _____

Emergency Contact (If unable to contact parents): _____

Relationship to Student: _____ Address: _____

Daytime Phone: _____ Mobile: _____

Family Doctor: _____ Phone: _____

Student Lives with: Both Parents Mother Father Guardian Other

Are there any custodial or legal arrangements of which the school should be aware?

(Please provide details and copies of any Court Orders or Parenting Plans) Yes No

Are there any apprehended domestic violence or personal violence orders of which the school should be made aware which relate to the child? (Please provide details and copies of any Court Orders) Yes No

PARENTS

Father/Guardian Mr Dr Rev/Ps Date of Birth: _____

First Names: _____ Surname: _____

Address (if different from student): _____

Country of Birth: _____ Language (if other than English): _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile: _____ Receive SMS Messages (Father)

Email: _____ Fax: _____ Drivers Licence: _____

Marital Status: Single Married Defacto Separated Divorced Widowed

Did you attend Penrith Christian School as a Student? Yes No

Highest level of schooling completed*: Year 12 or equivalent Year 11 or equivalent

Year 10 or equivalent Year 9 or below

Highest level of qualification completed*: Bachelor Degree or above Advanced Diploma

Certificate I to IV (incl Trade) No post-school qualification

Mother/Guardian Miss Mrs Ms Dr Rev/Ps Date of Birth: _____

First Names: _____ Surname: _____

Address (if different from student): _____

Country of Birth: _____ Language (if other than English): _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile: _____ Receive SMS Messages (Mother)

Email: _____ Fax: _____ Drivers Licence: _____

Marital Status: Single Married Defacto Separated Divorced Widowed

Did you attend Penrith Christian School as a Student? Yes No

Highest level of schooling completed*: Year 12 or equivalent Year 11 or equivalent

Year 10 or equivalent Year 9 or below

Highest level of qualification completed*: Bachelor Degree or above Advanced Diploma

Certificate I to IV (incl Trade) No post-school qualification

* Information required by Commonwealth Government for statistical analysis of educational outcomes.

COMMENTS

Why do you want your child educated at a Christian school? _____

Why did you choose Penrith Christian School? _____

DECLARATION

I/We have read and accept Penrith Christian School's Enrolment Policy. Yes No
(Please refer to website www.pcs.nsw.edu.au/parents for further details)

I/We have read and understand Penrith Christian School's Statement of Faith. *(please refer to insert)* Yes No

Is there anything you would like to discuss? Yes No

Do you give permission for Penrith Christian School to contact current and/or previous schools to obtain relevant information regarding your child's education? Yes No

Do you intend for your child to finish their schooling at Penrith Christian School? Yes No

Are you prepared to support the School Uniform and Appearance Policy? Yes No

Are you prepared to support your child doing regular homework? Yes No

Are you prepared to attend Parent/Teacher meetings? Yes No

I/We are able to pay the Enrolment Bond and School Fees? Yes No

Do you give permission for media including your child to appear in our e-newsletter, local media, social media, website, Term magazine and/or Yearbook to be used by the School for promotional purposes? Yes No

I/We agree to support the ethos, beliefs, philosophy and practices of Penrith Christian School and be responsible for the payment of all fees and charges. I/We understand and accept that the Application Fee is not refundable. If a place is offered I/we agree to pay the Enrolment Bond within fourteen (14) days of receiving the offer. I/We understand that if withdrawing a student from the school, one full term's notice is required in writing to the Principal, or one term's Tuition Fees will be charged and the Enrolment Bond will be forfeited. I/We understand that acceptance of my/our child will depend on the outcome of an interview and availability of places in the school and that this Enrolment Application does not guarantee enrolment.

Signed: _____ Date: _____
(Father/Guardian)

Signed: _____ Date: _____
(Mother/Guardian)

All information collected is treated in accordance with the school's Privacy Policy, which is available upon request from the Registrar. Any misleading or inaccurate information may result in this application process being terminated and your child not being enrolled.

CHECKLIST

Please return completed Enrolment Application with the following:

- Copy of Birth Certificate or Passport
- Copy of Current Immunisation History Statement *(available from NSW Health Department 1800 653 809)* or alternative recognised form. Where Statement is out of date, an updated copy needs to be provided prior to commencement.
- Details of residency status (passport, visa, etc) for students born overseas
- Copy of most recent School Report (Years 1 to 12 students only), Academic Achievements including NAPLAN, AVO/Court Orders and Specialist Reports, if applicable
- Application Fee per student (non-refundable)
First child \$50, second and third child \$30, fourth and subsequent children free - maximum \$110 per family
- Reference Form

PENRITH CHRISTIAN SCHOOL

ABN: 42 092 595 563

1 Simeon Road, Orchard Hills NSW 2748
Box 66, Kingswood NSW 2747

Telephone: (02) 4736 4044
Fax: (02) 4737 4399

Email: enrol@pcs.nsw.edu.au
Web: www.pcs.nsw.edu.au

PLEASE NOTE: Completed reference is required for enrolment to proceed to interview.

PENRITH CHRISTIAN SCHOOL ABN: 42 092 595 563
1 Simeon Road, Orchard Hills NSW 2748
Pox 66, Kingswood NSW 2747
Telephone: (02) 4736 4044 Fax: (02) 4737 4399
Email: enrol@pcs.nsw.edu.au
Web: www.pcs.nsw.edu.au

Family Name: _____
Desired Level of Entry: _____

Student's Name: _____
Desired Year of Entry: _____

DEAR REFEREE,

This family has applied for enrolment at Penrith Christian School. Kindly complete the information requested below and return to the school. You may be assured your comments will be treated as confidential. Thank you for your assistance.

What is the nature and length of the family's association with you? _____

Does the family have any involvement in church and/or the local community? _____

Do you believe the character and Christian commitment of the family would be supportive of the student obtaining a Christian education at Penrith Christian School?

Please provide information regarding the student: _____

Other information that may help the school to assess the educational needs of the student:

Name: _____ Title: _____
Address: _____

Telephone: _____ Email: _____
Signature: _____ Date: _____

