

# Enrolment Application



## PENRITH CHRISTIAN SCHOOL

### 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)  Toddler  Preschool  Preparatory  
 K  1  2  3  4  5  6  7  8  
 9  10  11  12

Student NESA 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](http://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](mailto:enrol@pcs.nsw.edu.au)  
Web: [www.pcs.nsw.edu.au](http://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: \_\_\_\_\_

