

STUDENT INFORMATION

To enter school in (year) for Grade

SURNAME: CHRISTIAN NAMES:
 KNOWN AS: (this name will be used by staff) MALE/FEMALE:
 DATE OF BIRTH: TELEPHONE: (home)
 MEDICARE NO.: PRIVATE HEALTH COVER: YES/NO
 ADDRESS:
 POSTCODE:
 PRESENT SCHOOL: GRADE:
 RELIGIOUS DENOMINATION: PRESENT CHURCH:
 PASTOR'S NAME: TELEPHONE:

Please state any mental or physical disabilities which may influence your child's educational progress:

FAMILY INFORMATION

Parent/Guardian's Name	Occupation*	Business Phone

**If parent is deceased or not living with the student, please indicate this in the occupation column.*

Marital status (please tick): married separated divorced single widowed

Name	Brother/Sister	Year of Birth	School

Why do you wish to enroll your child in a Christian School? You may like to consider the following as you respond to this question:

- *Best education I can afford *Remedial care for students *Extension of bright students
- *Extra discipline *Christian emphasis on curriculum *Caring environment *Close to home
- *Modern buildings *Old fashioned educational values *Extension of family Christian values

.....

Office Use Only	
Accepted:	Yes / No
Interviewed:
Commenced:
Grade:
Admin. No.:

PLEASE INCLUDE WITH THIS FORM:
 a current reference from your child's Pastor; and
 your child's most recent school report