

PRE-KINDER ENROLMENT APPLICATION



STUDENT

Surname: _____ Given Names: _____
Date of Birth: _____ Male Female (Please Circle)
Expected Entry Date: _____
Religious Denomination: _____ Aboriginal or Torres Strait Islander? Yes No (Please Circle)
Siblings (Future Students): _____ Student's place in family: 1 2 3 4 5 6 (Please Circle)

Number of Days Required _____ Preferred Days (1st Choice) Mon Tues Wed Thurs No Preference
(2nd Choice) Mon Tues Wed Thurs No Preference

Comments (if any) regarding choice of days _____

Has your child previously attended Day Care/Preschool facilities? Yes No (Please Circle)

If Yes Name of Facility _____ Length of Attendance _____

MEDICAL INFORMATION

Family Doctor: _____ Phone Number: _____ Medicare No: _____

Please list any medical conditions (including medications) and/or any other conditions or disabilities that will assist us in ensuring the wellbeing of your child whilst at school. (Please attach any relevant documentation to this application).

EMERGENCY CONTACT (Other than Parent/s)

Surname: _____ Given Name: _____
Address: _____ Contact Phone: _____
Relationship: _____ Contact Phone: _____

PARENTS/GUARDIAN

MOTHER

FATHER

STEP PARENT/GUARDIAN

Surname: _____
Given Name: _____
Address: _____
Postal Address: _____
Home Ph: _____
Business Ph: _____
Mobile Ph: _____
Email: _____

Is there Custody or Court Orders in Place? Yes (copies required) No (Please Circle)

SCHOOL FEES

Person Responsible for Fee Account (Please tick) Father Mother Guardian Other (Please specify below)

Proposed method for paying fees: Cash Cheque Direct Debit Direct Deposit Cash

COLLEGE PROMOTIONS AND MARKETING

Do you have any objections to your child being included in College promotions? ie. TV, Newspaper, Website etc. Yes: No: (Please Circle)

DECLARATION

I/We will support the Christian ethos and uphold the standards of behaviour of Border Christian College. I/We understand that the non-payment of school fees may result in the cancellation of my/our child's enrolment at Border Christian College.

Signature of Parents:...../..... Date:

OFFICE USE ONLY

Date Rec'd App Fee Pd Interview Accepted Staff Notified Fees Processed
STUDENT CODE FAMILY CODE IMMUNISATION BIRTH CERTIFICATE