



BAIRNSDALE CHRISTIAN COMMUNITY SCHOOL

Enrolment Application

This form is all about your child and your family. Collecting this information will help us to get to know your child so we can individualise learning and care, whilst supporting your family routines and practices where possible. Once accepted, enrolments are ongoing through the School. A minimum of one term's notice is required to be given to the School for any withdrawal of enrolment.

Please complete an additional 'Student Details' form for each child you wish to enrol. If you have any questions in relation to this application, contact the office on 03 5153 0079 or email admin@bccs.org.au

Please use the enrolment checklist over the page to ensure you have everything we need to process your application as incomplete applications cannot be accepted. For kinder enrolments, current Immunisation Certificates must be provided and vaccinations must be up to date, before enrolments can be accepted.

Please return the completed application, along with any requested attachments:

Directly to:

Bairnsdale Christian Community School
101 Bairnsdale-Dargo Rd
Bairnsdale VIC 3875

By post:

Bairnsdale Christian Community School
PO Box 1139
Bairnsdale VIC 3875

Privacy Statement

We consider that the information you provide in this Application for Enrolment about yourself and your child(ren) to be valuable and we will take all reasonable precautions to prevent unauthorised access to that information. We need this information to assist us in making decisions about how we can best meet the needs of your child(ren). It is also for this reason that we request a copy of your child's (children's) most recent school reports and certain medical information. Please help us to keep the information about you and your child(ren) accurate, complete and up to date. With some exceptions, you have the right to access the personal information the School will hold on you and your child(ren).

Office Use Only

FAMILY SURNAME/S		
Date application received:	All relevant checklist items supplied? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of students on application:	Entry Level: <input type="checkbox"/> K3 <input type="checkbox"/> K4 <input type="checkbox"/> P <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Year of Entry:	Start Date:	Exit Date:
For K3/K4 enrolments an ELC staff member must have sighted any medical management plans or risk minimisation plans, please initial and date in the box once sighted, where applicable.		



BAIRNSDALE CHRISTIAN COMMUNITY SCHOOL

Enrolment Requirements Checklist

- ☐ Signed Confession of Faith and Parent Agreements
- ☐ Copy of Birth Certificate
- ☐ Copy of current Immunisation Status Certificate
- ☐ Provided a contact number for - a Minister of the Church attended by the family **OR** a character referee from one other person (see additional information section)
- ☐ Copy of most recent school reports (if applicable)
- ☐ Copy of any reports relating to educational, medical, communication, behavioural issues or special support required (including but not limited to: Asthma, Allergies, Anaphylaxis information)
- ☐ Copy of any relevant documents regarding legal/custody conditions or court/parenting orders/plans
- ☐ A deposit of \$100 is required if this is the first child from your family attending BCCS (\$40 of which is a non-refundable family registration fee)
- ☐ Copy of your current Health Care Card (if applicable)

Lodgement of this form DOES NOT automatically guarantee enrolment, which will depend on the availability of places within the School and the School's capacity to meet the needs of your child/ren. However once accepted the enrolment is ongoing through the School.

Please list all children in the family:

Full Name:	DOB:	<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past Student <input type="checkbox"/> Neither
Full Name:	DOB:	<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past Student <input type="checkbox"/> Neither
Full Name:	DOB:	<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past Student <input type="checkbox"/> Neither
Full Name:	DOB:	<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past Student <input type="checkbox"/> Neither
Full Name:	DOB:	<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past Student <input type="checkbox"/> Neither



STUDENT DETAILS

Given Name:	Middle Name:
Surname:	Preferred Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:	Cultural Background:
Cultural Requirements:	Language/s spoken at home:
Is the child of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Prefer not to say <input type="checkbox"/> No	
Previous School: (if applicable)	Entry Year: (of proposed enrolment)
Previous Grade Level: (if applicable)	Entry year age at 1 January: years months
Victorian Student Number: (if known)	Entry Level: <input type="checkbox"/> K3 <input type="checkbox"/> K4 <input type="checkbox"/> P <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

A copy of the child's birth certificate must be submitted with this application.

Primary Residential Address:		
City:	State:	Postcode:
Secondary Residential Address (if applicable):		
City:	State:	Postcode:
Postal Address (if applicable):		
City:	State:	Postcode:

Court/Parenting Orders/Plans relating to the child

Are there any court/parenting orders/plans relating to the powers, duties, responsibilities or authorities of any person in relation to your child or contact with them?

☐ YES ☐ NO

If Yes, please provide copies of any court/parenting orders or plans.

Correspondence

Correspondence relating to this child should be sent to: ☐ Mother/Guardian 1 ☐ Father/Guardian 2 ☐ Both



STUDENT MEDICAL INFORMATION FOR: _____

Student Medical Information is used to assist the School in the case of any medical emergency with your child while they are in attendance at School or on excursions/camps. All information is held in confidence. Medical information must be current when excursions/camps are held so parents must advise the School immediately of changes, and updates will be sought regularly.

Are your child's immunisations up to date?

☐ Yes ☐ No (Current Immunisation Status Certificate required)

Does your child have any allergies, including anaphylaxis?

☐ Yes ☐ No If Yes, please specify:

Does your child have any Special Dietary requirements (eg. gluten free, lactose free)?

☐ Yes ☐ No If Yes, please specify:

Is your child taking any continuous medication?

☐ Yes ☐ No If Yes, please specify:

All medications required to be kept or administered at the School, or under school supervision (such as camps), must be accompanied by a Medication Authority Form. This form includes your child's name, the dose to be taken, and when it should be taken. If it is necessary or appropriate for your child to carry his or her own medication (eg. asthma puffers or insulin for diabetes) it must be with the knowledge of both the teacher-in-charge and yourself.

Does your child require:

☐ Glasses ☐ Vision Aids ☐ Hearing Aids
☐ Other: _____ ☐ None of these

Does your child have a known disability?

☐ Yes ☐ No If Yes, please indicate:
☐ Intellectual ☐ Hearing ☐ Physical ☐ Vision
☐ Other: _____

Does your child receive support from others?

☐ Yes ☐ No If Yes, please indicate:
☐ Aide ☐ Psychologist ☐ Speech Therapist
☐ Paediatrician ☐ Other: _____

Please tell us of any other medical conditions your child experiences? (Such as asthma, anaphylaxis, diabetes, bedwetting, epilepsy etc)

**asthma and anaphylaxis both require additional forms to be completed.*

If applicable, please provide copies of any relevant doctor's and/or specialist's reports including any medical management plans or risk minimisation plans.

CONSENT TO MEDICAL ATTENTION

Where it is impossible or impractical to communicate with me, I authorise the School, or teacher in charge of an excursion/camp, to consent to my child receiving such first aid, medical or surgical treatment as may be deemed necessary.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

The School requires this consent to be signed for all enrolled children. Additional written approval may also be required prior to children taking part in specific excursions or camps.



FAMILY DETAILS

Mother/Guardian 1 Details	Father/Guardian 2 Details
Living with Child/ren? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with Child/ren? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title:	Title:
Given Names:	Given Names:
Surname:	Surname:
Country of Birth:	Country of Birth:
Cultural Background:	Cultural Background:
Religion/Faith:	Religion/Faith:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:
Is this email address checked regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this email address checked regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address : <input type="checkbox"/> Tick if same as child/ren	Home Address : <input type="checkbox"/> Tick if same as child/ren
Postcode	Postcode
Mailing Address: <input type="checkbox"/> Tick if same as child/ren	Mailing Address: <input type="checkbox"/> Tick if same as child/ren
Postcode	Postcode
Employer Details	Employer Details
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Occupation/Position:	Occupation/Position:
Business Phone:	Business Phone:



FAMILY EMERGENCY CONTACT DETAILS

Please provide the details of two people who are authorised to be advised of or care for your child/ren in an emergency (do not list parents here, these are contacts if parents are unavailable/uncontactable).

Contact 1	Contact 2
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Home Phone No:	Home Phone No:
Mobile Phone No:	Mobile Phone No:

FAMILY MEDICAL DETAILS

Name of Family Doctor/Clinic:	
Address:	Phone:
Medicare Number:	Ambulance Subscription Number:

ADDITIONAL INFORMATION REQUIRED

What Church/Fellowship (if any) do you attend?

Please provide a contact name and number for - a Minister of the Church attended **OR** a character referee from one other person:

Why would you like to send your child/ren to Bairnsdale Christian Community School?

Source of Introduction
To assist the School with its Marketing Program, please indicate how you heard about us (tick all that apply):

<input type="checkbox"/> An existing school family	<input type="checkbox"/> School Signage	<input type="checkbox"/> School Website
<input type="checkbox"/> Local Church	<input type="checkbox"/> Open Day	<input type="checkbox"/> Other: _____

Parent Involvement
Parents play an important part in the community that makes up our School. Please indicate if you would be interested in volunteering in any of the following areas (tick all that apply):

<input type="checkbox"/> Classroom Assistance	<input type="checkbox"/> Parents & Friends Committee	<input type="checkbox"/> Use of my skills in:
<input type="checkbox"/> Canteen	<input type="checkbox"/> Library	_____



Bairnsdale Christian Community School

MEDIA PERMISSION FORM

A general expectation of enrolment at Bairnsdale Christian Community School and Foundations Early Learning Centre is that photographs and/or videos of students engaged in school activities may on occasion be used for purposes of bringing our programs to the attention of parents and the public in a number of places and ways listed below. Please tick each item accordingly and sign below.

YES	NO	
		I give permission for my child/ren's photograph to be used for promotional purposes in public media releases (local newspaper for example) where my child/ren's name may be printed alongside.
		I give permission for my child/ren's photograph to be used for School publications, including the weekly newsletter which is also made available on the School website.
		I give permission for my child/ren's photograph to be used for advertising material including brochures, posters, bulletin boards and multimedia visual presentations, including photographic displays at expos.
		I give permission for my child/ren's photograph to be used for the annual School Yearbook, which includes many and various photos taken throughout the year.
		I give permission for my child/ren's photograph to be used within the BCCS/FELC buildings.
		I give permission for my child/ren's photograph to be provided to Independent Schools Victoria (ISV) and Christian Schools Australia (CSA) for use in visual presentations and promotions.
		I give permission for my child/ren's photograph to appear on the School website - www.bccs.org.au .
		I give permission for my child/ren's photograph to appear on the BCCS/FELC Facebook page (seen by the public).

Signature of Mother/Guardian 1

Signature of Father/Guardian 2

Date

Date

Please note this permission only relates to photos the School may wish to use. The School does not have control over, or take responsibility for, photos taken or used by others (such as other families or the media).



Bairnsdale Christian Community School

PARENT AGREEMENT

As parents wishing our child/ren to attend the Bairnsdale Christian Community School / Foundations Early Learning Centre, we agree to support the values of love, wisdom and integrity and to abide by the following statements:

I/We will, in every possible way, support the School in its aims, particularly as they apply to our child/ren as set out in the Vision and Mission Statements.

I/We will do all we can to see that our child/ren complies with the School rules, and we will support the Behaviour Management Policy of the School.

I/We will positively support the effective teaching of our child/ren in accordance with the educational creed and School policies.

I/We agree jointly and individually to pay the School such fees and other charges as may be notified to me/us from time to time from the School, including any costs incurred as a result of ambulance transport. It is important that you read the School's Fees and Charges Policy.

I/We agree to become involved in at least one form of activity which will directly benefit the School.

I/We agree to undertake to provide my child/ren with the correct uniform as approved by the School, and to ensure that my child/ren travel to and from School in the required uniform.

I/We agree to give one term's notice of termination of enrolment and failure to do so will render me/us liable for one term's fees unless there are mitigating circumstances acceptable to the Board.

I/We understand the School Board may suspend or terminate enrolment at its discretion for failure to comply with these conditions or any other serious breaches of the School rules and regulations.

I/We agree to inform the School, as soon as reasonably practical, of any changes to the enrolment details provided.

We agree to support the following activities:

- School Dedication Service – at the start of Term 1
- School Thanksgiving Family Night – at the end of Term 4
- Participation in the School's annual Family Fun Day

Signature of Mother/Guardian 1

Signature of Father/Guardian 2

Date

Date



DATA COLLECTION FORM

Information required for assessment and reporting purposes.

PRIVACY STATEMENT: This information is being collected to satisfy the School's legal obligations. Certain laws governing or relating to the operation of schools require that certain information is collected. Only staff of the School will be authorised to have access to the information you provide on this form. The information will only be disclosed to non-school personnel for the primary purpose of the collection and will only be provided anonymously. We request that the information you provide on this form is accurate, complete and up to date. Thank you for your assistance.

LANGUAGE

Languages other than English spoken at home (if more than one please indicate the one spoken most often)

Mother/Guardian 1:		Father/Guardian 2:	
Child 1:		Child 2:	
Child 3:		Child 4:	

EDUCATION

What is the highest year of school the parent/guardian has completed? Mark one box only in each column

Mother/Guardian 1:	Father/Guardian 2:
<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	<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 level of the highest qualification the parent/guardian has completed?
(Mark one box only in each column)

Mother/Guardian 1	Father/Guardian 2
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Cert I to IV (inc. trade certificate) <input type="checkbox"/> No non-school qualifications	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Cert I to IV (inc. trade certificate) <input type="checkbox"/> No non-school qualifications

OCCUPATION

Please select the appropriate parental occupation group from the list on the following page. If a person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. **If the person has not been in paid work in the last 12 months, enter '8' in the box below.**

Mother/Guardian 1 Occupation		Father/Guardian 2 Occupation	
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List of Family Occupation Categories

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation

Public service manager (section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces [Commissioned Officer]

Professionals generally have degree or higher qualifications and professional experience in government, private industry or own business.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces [senior non-commissioned officer]

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces [ranks below senior NCO not included above]

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]



Bairnsdale Christian Community School

CONFESSION OF FAITH

We believe in the Divine inspiration and the infallibility and the entirety of the Bible and that the Holy Spirit so moved the writers that what they wrote are authentic statements of truth.

We believe there is one God in whom there are three equal Divine persons revealed as the Father, the Son and the Holy Spirit and who of His own sovereign Will created the heavens and the earth and all that is contained within the universe.

We believe the Lord Jesus Christ is the eternally existing only begotten son of the Father conceived of the Holy Spirit and born of the Virgin Mary. As God He became flesh and dwelt among us; as man He was God.

We believe all men are in a fallen, sinful and lost condition through the rebellion of Adam and Eve who were created without sin and in this state of depravity are helpless to save themselves and are under the condemnation of God to eternal punishment of Hell.

We believe that salvation from the penalty and consequences of sin is found only through the substitutionary atoning death and resurrection of the Lord Jesus Christ.

We believe it is the Spirit alone who convicts men of sin, leads them to repentance creates faith within them and regenerates and fills those who believe in the Lord Jesus Christ as Lord. It is the indwelling Spirit who bestows the Gifts of the Spirit and manifests the Fruit of the Spirit in the believer.

We believe Christ died for our sins, was buried and on the third day rose from the dead; that He appeared to men who touched Him and knew His bodily presence and that He ascended to His Father.

We believe the Lord Jesus Christ will return in person with His saints and that the full consummation of the Kingdom of God awaits His return.

We believe those who have been regenerated by the Holy Spirit will receive a resurrection body at the return of Jesus Christ and be forever with the Lord while those who have not believed will be resurrected to stand at the judgment seat of God to receive His judgment and eternal condemnation to Hell.

We believe in the actual existence of Satan who is the father of all evil and opposed to God although ultimately subject to the purposes of God and destined to be confined forever to Hell.

We believe the Church is the Body of Christ composed of all believers in the Lord Jesus Christ which finds its visible manifestation in the local community of believers and ministers through the co-operative exercise of God-given gifts by the entire membership. Each local/community of believers is competent under Christ as Head of the Church to order its life without interference from any civil authority.

Please sign appropriately:

I/We wholly agree and support the School's Confession of Faith as outlined above.

Signature of Mother/Guardian 1

Signature of Father/Guardian 2

Date

OR

I/We acknowledge that my/our child/ren will be taught according to the School's Confession of Faith as outlined above.

Signature of Mother/Guardian 1

Signature of Father/Guardian 2

Date