



BAIRNSDALE CHRISTIAN COMMUNITY SCHOOL

Enrolment Expression of Interest

Thank you for your interest in Bairnsdale Christian Community School. Once accepted, all enrolments from 4 year old kinder onwards are ongoing enrolments through the school. Please complete all sections of the form below and return direct to: **101 Bairnsdale-Dargo Rd, Bairnsdale** or by post to: **PO Box 1139, Bairnsdale VIC 3875**. If you have received this form without first completing a tour of the school facilities, please call the Office to arrange a time for a tour on **03 5153 0079**.

Family Contact Details

Full Name: Mother/Guardian	Full Name: Father/Guardian	
Residential Address:		
City:	State:	Postcode:
Email:	Phone:	

Student & Sibling Details

Please enter details of the child/ren you are looking to enrol **and** all other siblings in the family, please write n/a in proposed year and proposed grade if additional children are not currently applying to enrol.

Full Name	D.O.B	Gender	Entry Year	Entry Grade

What Religion/Faith (if any) does your family identify with?
What Church/Fellowship (if any) do you attend?
Do you currently have a low income health care card?
Do you currently maintain the child immunisation schedule for your child/ren?
Why would you like to send your child/ren to BCCS?

If there are any additional needs relating to any child/ren on this form, please provide details over the page.