

ENROLMENT APPLICATION FORM



LANDSDALE CHRISTIAN SCHOOL

77 Queensway Road, Landsdale WA 6065
P (08) 9309 1830 E landsdaleschool@adventist.org.au
landsdalechristianschool.wa.edu.au
A member of Adventist Schools Australia

STUDENT INFORMATION

Student First Name Student Surname

Residential Address.....

SuburbPostcode.....Telephone.....

GenderBirth Date Country of Birth:

Australian Citizen Yes No If no please advise Visa Number Passport No

Is your child of Aboriginal Yes No or Torres Strait Island decent Yes No

Previous Year Completed Year in which to be enrolled..... Commencing in 20.....

Last School Attended (if applicable)..... Ph Fx

I was referred to the school by the following person.....

MEDICAL INFORMATION

Please give details of any medical condition which may affect the student's school life (eg asthma, diabetes, etc).
..... Medicare No Exp Date

Family Doctor's Name..... Telephone

FAMILY INFORMATION

Father

Title

Full name.....

Nationality

Religion

Occupation.....

Home Phone

Business Phone

Mobile Phone

Email Address

Mother

Title

Full name.....

Nationality

Religion.....

Occupation.....

Home Phone

Business Phone.....

Mobile Phone.....

Email Address.....

Name and title for correspondence and reports to be mailed home

Main language spoken at home.....Other languages spoken

ENROLMENT APPLICATION FORM

FINANCIAL INFORMATION

Name of person responsible for payment of fees

Date of Birth/...../..... Drivers License No.....

Address.....

I/We plan to pay fees Per Year Per Term Per Month Per Fortnight

I/We will be jointly and severally responsible for the payment of fees charged.

I/We will pay each fee billing by the due date.

I/We understand the school may impose and charge interest on overdue fees.

Signature(s) of fee payer(s)..... Date

OVERSEAS STUDENT SUPPLEMENT

Passport Number Date of Expiry

Student Visa Number Date of Expiry

Level/Performance of English attained

STUDENT AGREEMENT

I promise to cooperate in all the activities of the school, to maintain its standards as a Christian institution and to uphold the values of the school.

Signature of student Date

FAMILY COURT ORDER (Relevant to access to student at school)

Please detail any Family Court orders which may limit or prevent access by a non-custodial parent to the child while the student is on the school premises or in the care of the school (e.g. on school camps or excursions).

Details of order (who it applies to, degree of restriction of contact at school).....

.....

.....Date order given..... Date order lapses.....

PLEASE ENSURE YOU HAVE INCLUDED THE FOLLOWING

- A copy of your child's last school report (if applicable)
- \$250.00 Application Fee (non-refundable)
- Signed Parent Commitment Statement
- Copies of Visa and Passport (if applicable)
- Birth Certificate
- Immunisation Records

OFFICE USE ONLY

Date Received..... Staff Signature

Birth Cert received.....

Immunisation records received.....

Transfer note sent

Student Registration No.....

Student Medical Form received.....

Photo Authority Form received.....