



# APPLICATION FOR ENROLMENT

## STUDENT

Surname

Given Names [for official documentation]  Male  Female  Date of Birth

Preferred Name  Country of Birth

Aboriginal or Torres Strait Islander? Yes  No  Is A Language Other Than English Spoken At Home? Yes  No

If Yes, Please Indicate The Language Spoken  Current School  Year

Residential Address

Suburb/Town  State  Postcode

## FATHER Deceased Divorced Separated

Surname

Given Names  Home Phone

Work Phone  Mobile Phone

Email

Occupation

Employer

Church  Member? Yes  No

## MOTHER Deceased Divorced Separated

Surname

Given Names  Home Phone

Work Phone  Mobile Phone

Email

Occupation

Employer

Church  Member? Yes  No

## SIBLINGS

Given Names  Male  Female  Date of Birth

Cnr. King St & Berowra Waters Rd  
 Berowra NSW 2081  
 P.O. Box 425,  
 Berowra Heights NSW 2082

Tel: (02) 9456 2444  
 Fax: (02) 9456 5141  
 Email: [enquires@bccs.nsw.edu.au](mailto:enquires@bccs.nsw.edu.au)  
 Web: [www.bccs.nsw.edu.au](http://www.bccs.nsw.edu.au)



# APPLICATION FOR ENROLMENT

**Directions As To Correspondence**  
 Requested to avoid error in mailing of accounts etc.

Send School News Letters & Reports to

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Send Fee Accounts to

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## Medical Information

Family Doctor

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Does your child suffer from any of the following medical conditions?

Asthma  
  Allergies  
  Diabetes  
  Epilepsy  
  Migranes  
  Hearing Impairments  
 Sight Impairments  
  Dyslexia  
 Other

Is your child taking any ongoing medication?  Yes  No

Does your child suffer from any condition likely to affect activities at school?  Yes  No

Has your child ever encountered learning difficulties?  Yes  No

If you answered "Yes" to any of the questions in the Medical Information section, please include supporting documentation when submitting your application.

## Parent's Declaration of Support

We undertake, by our example and instruction, to encourage our child in the establishment and growth of a personal relationship with the Lord Jesus Christ.

We will support the decisions and aims of the school, ensuring our child abides by the conditions and regulations, attending school at all the times required by law.

We support the school in its aim to foster a spirit of co-operation and encourage the pursuit of excellence in all areas of endeavour, including the active and willing participation of our child in all aspects of school life, including Christian teaching.

We accept the discipline policy of the school, and the School's discretion in the event of our child's failure to comply, in its recommendation for suspension or termination.

We agree to pay fees promptly by due date, and to contact the School as early as possible if we encounter hardships.

We agree that, since the School has a policy of not collecting an enrolment guarantee upon entry, we will be required to give one term's notice of termination of enrolment. We are aware that failure to do this will render us liable to payment of that extra term's fees, on the understanding that this payment helps sustain the school's viability.

### Lodgement of this form does not guarantee enrolment.

All such decisions are made following interviews, assessment and availability of places. The School's decision is final, and you will be notified in writing.

A Registration Fee of \$100.00 must accompany each form

Please enclose a reference from:  
 the Minister or an Elder of the church you attend OR  
 one other person who has known you personally for a number of years

Please also attach:  
 a) copy of child's Birth Certificate (or extract)  
 b) recent school report (if applicable)  
 c) immunisation record

### Please return all the above to:

Cnr. King St & Berowra Waters Rd  
 Berowra NSW 2081  
 P.O. Box 425,  
 Berowra Heights NSW 2082  
 Tel: (02) 9456 2444  
 Fax: (02) 9456 5141  
 Email: enquires@bccs.nsw.edu.au  
 Web: www.bccs.nsw.edu.au

## I/we accept the conditions of enrolment outlined above, and hereby apply to have our child Enrolled in Berowra Christian Community School

Full Name

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Date

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Father

Mother

Signed:

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Signed:

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