



**Snowy Mountains Christian School**

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ACN 076 793 863 ABN 76 076 793 86 3



# Snowy Mountains Christian School Application For Enrolment

## STUDENT DETAILS

Surname \_\_\_\_\_

Given Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Present School \_\_\_\_\_ Present School Grade \_\_\_\_\_

To start at Snowy Mountains: Calendar Year \_\_\_\_\_ School Grade \_\_\_\_\_ Date (if not Term 1) \_\_\_\_\_

(All information given is strictly confidential)

1. Is the student  Aboriginal  Torres Strait Islander  Both  Neither (please tick)

2. Is your child an Australian citizen?  Yes  No

(If no,) What visa does your child hold? \_\_\_\_\_

3. Previous schools attended, including current school if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educating children... for the journey of life

4. Does the student live at home with his/her parents?  Yes  No

If No, where and with whom does the student live? \_\_\_\_\_

5. List any special circumstances the School should be aware of: eg. Adoption, Step-child.

(If these are confidential you need not write them down but you shall inform the Principal at interview):

\_\_\_\_\_

6. Has the student ever been expelled / suspended from school?  Yes  No

If Yes, please supply details: \_\_\_\_\_

\_\_\_\_\_

7. Is there a custody issue?  Yes  No

8. If Yes, please supply details: \_\_\_\_\_

\_\_\_\_\_

(Please supply copies of documentation of any Court Orders or Parenting Plans.)

9. Has the student ever been seen by a psychologist/psychiatrist/school counsellor for any reasons related to school behaviour/performance?  Yes  No

If Yes, please supply details: \_\_\_\_\_

\_\_\_\_\_

10. Has the student ever been in serious trouble with the police?  Yes  No

If Yes, please supply details: \_\_\_\_\_

\_\_\_\_\_

11. Has the student ever been placed on a good behaviour bond, or placed under the care of Juvenile Justice or Community Corrections Officers?  Yes  No

If Yes, please supply details: \_\_\_\_\_

\_\_\_\_\_

12. Please list known student strengths that should be encouraged:

\_\_\_\_\_

\_\_\_\_\_

13. Does the student have any difficulties in any of the following areas? (This will assist teachers in planning for your child):

.....reading

.....spelling

.....understanding instructions

.....completing tasks/concentration

.....speech-language expression

.....hearing

.....vision

.....physical co-ordination

.....basic maths concepts

.....allergies

.....requires regular medication. If so, give details .....

.....other .....

14. Has your child received any specific learning assistance or diagnosis? (eg. acceleration of grade, reading assistance, IQ testing - please attach details/reports if space insufficient):

\_\_\_\_\_

15. List any chronic illnesses (eg. Allergies, Asthma, Diabetes, Epilepsy):

\_\_\_\_\_

16. Will the student need any special provisions in order to overcome any physical/intellectual difficulties?

Yes  No If Yes, please supply details \_\_\_\_\_

\_\_\_\_\_

17. Has the student ever received any specialist support for learning difficulties?

Yes  No

If Yes, please supply details – attach extra page if needed \_\_\_\_\_

\_\_\_\_\_

18. Does your child have a disability including: an intellectual disability, physical disability, vision impairment, hearing impairment, language disorder, mental health conditions or autism?

Yes  No

\_\_\_\_\_

If so, please explain and provide information on reports from specialists such as doctors.

19. Please supply the following information, in case of accident:

Name and phone no. of Friend: \_\_\_\_\_

Name and phone no. of Doctor: \_\_\_\_\_

20. Referees who may be contacted: Principal / Teacher of current School

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**FATHER/GUARDIAN 1 DETAILS**

Surname \_\_\_\_\_ Title \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Religion \_\_\_\_\_

 Please send information regarding Snowy Mountains Christian School Limited membership**MOTHER/GUARDIAN 2 DETAILS**

Surname \_\_\_\_\_ Title \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Religion \_\_\_\_\_

 Please send information regarding Snowy Mountains Christian School Limited membership

Please state why you want a Christian education for your child/ren at this School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about SMCS? \_\_\_\_\_

I/We certify that I have read, accept and will abide by the conditions of Enrolment, as attached to this form.

I/We agree to pay all School Fees as they become due. I/We fully accept responsibility for the payment of tuition fees, levies and charges as set out and notified by the school. We acknowledge that each of us is jointly and severally liable to comply with these conditions unless otherwise agreed to by the school.

I/We acknowledge that misinformation / failure to give correct information may result in the termination of the student's enrolment. I also consent to the School contacting the above referees.

Signed \_\_\_\_\_ (Father/Guardian) Date \_\_\_\_\_

Signed \_\_\_\_\_ (Mother/Guardian) Date \_\_\_\_\_

Please return application form, with the relevant documents required and payment to:

**The Principal, Snowy Mountains Christian School, PO Box 53, COOMA NSW 2630****Thank you for applying to enrol your child at Snowy Mountains Christian School.**

# CONDITIONS OF ENROLMENT

***Enrolment at Snowy Mountains Christian School is subject to the following terms and conditions:***

1. Upon receipt of a completed application form, together with a \$50 application fee, an interview with parents or guardians will be arranged.
2. Acceptance of students for enrolment at the School will be solely at the discretion of the Board.
3. A student's enrolment will be effective from the date on which he/she commences at the School.
4. All benefits, services, responsibilities and conditions of the School will be effective from that date.
5. Any health, behavioural or educational difficulties must be declared. Please include current report cards and relevant records.
6. Children starting Kindergarten should be five years old before 30 April in the year of enrolment.
7. A copy of the birth certificate and proof of immunisation should accompany this enrolment application form.
8. Parents agree to allow the child to share in the life and program of the School, including the devotional activities and life and faith lessons.
9. That parents undertake to provide the child with all necessary workbooks, stationery and equipment of a personal nature that may be required.
10. Parents undertake to provide the child with the correct uniform approved by the School, and to ensure that the child is always sent to the School neatly and modestly dressed in the required uniform. See Parent Handbook.
11. That parents accept the right of the school to employ disciplinary measures in accordance with its Student Welfare and Discipline policies.
12. That parents will give at least one (1) term's notice of termination of enrolment.
13. The School may suspend or terminate enrolment at its discretion for failure to comply with these conditions or other serious breaches of the School's rules and regulations.

## **Exclusion from the school**

- a) If the Principal, or any person deputing for the principal, considers that a student is guilty of a serious breach of the rules or has otherwise engaged in conduct which is prejudicial to the school or its students or staff, the principal or deputy may exclude the student permanently or temporarily at their absolute discretion.
- b) If the School Board or the principal believes that a mutually beneficial relationship of trust and cooperation between a parent and school has broken down to the extent that it adversely impacts on that relationship, then the school, the School Board or the principal may require the parent to remove the child from the school.
- c) The school will only exercise its powers under this clause to exclude a pupil permanently if it has provided the pupil and the parents or guardians of the pupil with details of the conduct which may result in a decision to exclude the pupil and provided them with a reasonable opportunity to respond.

No remission of fees will apply in relation to any of the above cases.

## **Medical treatment**

If a student needs urgent hospital or medical treatment of any nature and the school is unable to contact the parent or guardian after making reasonable efforts you authorise the school to give authority for such treatment. You indemnify the school, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.

## **Personal belongings**

Students are responsible for their personal belongings and the school will not be liable for any loss of these belongings.

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The first application for enrolment from any family should be accompanied by a cheque (or similar) for \$50.00 (non-refundable Application Fee). Applications for other children do not require a further application fee.

Parents will be notified in writing as to the outcome of their application as soon as possible following the interview.

# APPLICATION CHECKLIST

***Before submitting your application, please ensure you have attended to the following:***

- Signed and dated this form (both parents)
- Application Fee \$50;
- Copy of the child's birth certificate;
- Any medical or educational assessments relating to condition(s) that may impact the student's health, learning or behaviour at school;
- The results of a "Before School Screening Test" (Kindergarten only);
- Two most recent school reports (Years 1-10);
- All previous NAPLAN reports (Years 3-10);
- Board of Studies Student Number (Year 10 only).