# Student Pre-Enrolment Form

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**Student Details**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Given Name</th>
<th>Second Given Name</th>
<th>Preferred First Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Country of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Language**

Does the *student* speak a language other than English at home?

- [ ] No, English only
- [ ] Yes

Main language other than English spoken at home:

**Aboriginality**

Is the student of Aboriginal or Torres Strait Islander origin?

- [ ] No
- [ ] Aboriginal
- [ ] Torres Strait Islander
- [ ] Both

**Student’s Residency Status**

What is the student’s residency status?

- [ ] Australian citizen
- [ ] New Zealand citizen
- [ ] Norfolk Islander
- [ ] Permanent resident
- [ ] Temporary visa holder

Year started school in Australia:

If born overseas what date did the student arrive in Australia?

- [ ] Current visa sub-class
- [ ] Visa expiry date

<table>
<thead>
<tr>
<th>Intended start date</th>
<th>Present grade level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Into which campus are you seeking to enrol this student?**

- [ ] Cordeaux
- [ ] Tongarra
- [ ] Either

**Into which grade do you wish to enrol this student?**

- [ ] Kindergarten (PK)
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12

**Name of school currently attending**

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Student Pre-Enrolment Form

Is your child a young person with:

- [ ] a specific learning disability (e.g. Dyslexia, dyspraxia)
- [ ] behavior disorders (e.g. ADD, ADHD, OCD, ODD)
- [ ] Pervasive developmental disorders (e.g. Autism, Aspergers Syndrome, PDD-NOS)
- [ ] an intellectual disability or acquired brain injury
- [ ] mental health disorders (e.g. Mood, anxiety, eating, personality disorders)
- [ ] Neurological disorder (e.g. epilepsy)
- [ ] Asthma
- [ ] Down Syndrome
- [ ] a language disorder
- [ ] Diabetes
- [ ] a physical disability (e.g. Cerebral palsy, or a mobility, visual or hearing impairment)
- [ ] Anaphylaxis
- [ ] Sleep apnoea/ Sleep disorders
- [ ] Other (please specify):

Is there anything you do or modify at home that may help us at school to meet your child’s special needs?

What was provided for your child in their previous school?

- [ ] alternative teaching/learning strategies
- [ ] signing
- [ ] a reader or scribe
- [ ] modifications to equipment, furniture and learning spaces
- [ ] personal carer support/ teachers aide
- [ ] Braille
- [ ] access to technology
- [ ] Other (please specify):

Has your child experienced any major health problems that have required hospitalisation?

- [ ] Yes
- [ ] No

If your child has experienced any of the previous conditions please provide further information and attach any medical reports with this application.
**Student Pre-Enrolment Form**

This section is for the parents/carers who will be enrolling the student

**Parent/Carer 1**

<table>
<thead>
<tr>
<th>Title</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Family Name |

| Relationship to student |

| Residential address |

| Home phone number |

| Mobile phone number |

| Email address |

**Christian Commitment**

Do you attend church? [ ] Yes [ ] No

If yes, which Church is attended

<table>
<thead>
<tr>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Fortnightly</td>
</tr>
<tr>
<td>Monthly</td>
</tr>
<tr>
<td>Occasionally</td>
</tr>
</tbody>
</table>

Have you read our fee policy and schedule? [ ] Yes [ ] No

Please contact the School Registrar if you have any questions about fee payment.

**Parent/Carer 2**

<table>
<thead>
<tr>
<th>Title</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
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| Family Name |

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Student Pre-Enrolment Form

Parent/ Carer 1

☐ I have read the conditions of enrolment and agree to abide by them
☐ I have read the statement of faith
☐ I accept and personally believe the Statement of Faith OR
☐ I am willing for my child to be enrolled in the school, recognizing that the school holds to the Statement of Faith

To the best of my knowledge the information contained in this form is true and correct. I understand that failure to disclose information about my child may jeopardize enrolment.

Signed: ____________________________________________

__/______/______
Day /Month/Year

Parent/ Carer 2

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Signed: ____________________________________________

__/______/______
Day /Month/Year

Enclosures required with this application

☐ $20 application fee

Please also attach the following if applicable:

☐ Ministers reference
☐ Student visa
☐ Medical information

Families are invited to tour the school at any time during school term. School tours are personalised and provide you the opportunity to ask lots of questions about Illawarra Christian School as well as see our school facilities and meet our teachers. Your children are welcome to come too. Please make an appointment with the School Registrar on 4230 3719.

Families are encouraged to subscribe to our school newsletters to learn more about Illawarra Christian School. This can be done online at www.ics.nsw.edu.au

This Pre-Enrolment form secures your child a position on our waiting list. As early applications are prioritized, families are encouraged to submit applications early. Our School Registrar will contact you in the first quarter of the year prior to the year you have applied for entry into. At this stage, if you wish to proceed you will be required to complete our Student Enrolment Form. Interviews and entry assessments generally take place in the first half of the year prior to entry. All enrolment information must be completed for an application to progress. If you have any questions regarding enrolment please contact the School Registrar.