Enrolment Policy
## Policy Document Information

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<td><strong>Author/Supervisor:</strong></td>
<td>Mark Collett</td>
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### Compliance

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### Other Policy/Procedures Relationships

### Document Location

| E:\Christian Education Management Solutions\Kuyper Christian School\School Policies \Enrolment Policy.doc |

### Key Dates

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Enrolment Policy

1. **GENERAL:**

1.1. Kuyper Christian School is open to all children whose parents are seeking to give them an education which is consistent with the basis and aims of the school, provided the school has the resources to meet the child’s particular needs, and subject to the availability of places.

1.2. Rules of eligibility shall be determined by the Board of Directors from time to time.

1.3. Priority of enrolment is on the basis of commitment to the basis and aims of the school, existing attendance of siblings, and date of application.

1.4. Initial priority will be determined on the basis of answers to questions on the enrolment application and a letter of reference from the pastor of the church currently attended. This will be later confirmed through an interview with the parents.

1.5. Order of priority for enrolments in Prep and Kindergarten is as follows:

   1.5.1. Sibling of current family;
   1.5.2. Child of a member of the School Association of at least 12 months standing;
   1.5.3. First child in a Christian family OR a child from Christian family who have applied to transfer all children into Kuyper;
   1.5.4. Prep or Kindergarten child in a Christian family with all children waiting for places at Kuyper;
   1.5.5. Christian family where some children attend another school;
   1.5.6. Non-Christian family, supportive of the ethos of the school

1.6. Order of priority for enrolments in Years 1 – 10 is as follows:

   1.6.1. Sibling of current family;
   1.6.2. Child of a member of the School Association of at least 12 months standing;
   1.6.3. Family transferring from another Christian school;
   1.6.4. Christian family who have applied to enroll all children at Kuyper;
   1.6.5. Christian family where some children attend another school;
   1.6.6. Non-Christian family, supportive of ethos of the school.

1.7. Within each category, priority will be on the basis of time order of application.

1.8. A Christian family is defined as one which regularly attends and is involved in a local church.

1.9. The aim of the school is that no more than $\frac{2}{3}$ of any Grade shall be made up of any one gender.

1.10. The number of children to be accepted into any Class is a maximum of 30. Any increase will be at the Board’s discretion and temporary.

1.11. Normally children will be accepted into Kindergarten only if they have turned five before the 31st April that year. However, in exceptional circumstances, after careful testing, the Principal may admit younger children if they are considered socially, physically and intellectually mature enough to benefit from full time schooling.

1.12. Application for enrolment must be made on the appropriate form and accompanied by copies of the last two academic reports and most recent Naplan Results for the child/ren.
1.13. Interviews are generally conducted by the Principal, the appropriate co-ordinator and a Board Member. When these are not available, the Principal will nominate interviewers. Before offering a place to a student, the parents and student(s) will be asked to attend an enrolment interview to determine or confirm:

1.13.1. Their commitment to or support for the Christian ethos of the school;
1.13.2. Their support for the policies and practices of the school;
1.13.3. Any special educational or other needs of the student and how these will be met.

1.14. If it is clear that the parents do not support the ethos and/or policies of the school the school will not offer a place.

1.15. If the readiness testing for Kindergarten indicates that a child does not meet the school’s readiness criteria the school will consult with the parents and determine whether to offer a place in the following Year. If a child is not offered a place for that year a place will be offered for the following year provided the family meets other enrolment criteria.

1.16. Whenever the documentation from the parents or the school’s testing indicates that a student has special needs these are to be discussed with the parents to determine whether the school is able to meet the student’s needs. Where the school could not provide the resources needed to meet the needs of the student without causing unjustifiable hardship the school will not offer a place.

1.17. The final decision about any offer of a place rests with the interviewing committee.
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Appendix 1: Enrolment Application Form

ENROLMENT APPLICATION FORM

This application form will cover the parent(s) and/or guardian(s) and the first child. For any additional children please complete the extra forms enclosed.

Please return this form together with:

• A copy of the birth certificate for each child

• Copies of each child’s latest 2 school reports and Basic Skills Test results or equivalent (e.g. Naplan)

• A reference from the pastor of the church you regularly attend (optional)

continued overleaf …
**Father details:**

Title: *(please circle as appropriate)* Mr Dr Rev Pastor Prof Other: ..............................................
First Name: ...........................................................................................................................................
Last Name: ...........................................................................................................................................
Address: ..............................................................................................................................................
.................................................................................................................................................... Postcode:..........................................
Phone: (home)................................................... (work) ............................................................
............................................................................... (mobile) ...................................................
Email: ..............................................................................................................................................
Occupation: ........................................................................................................................................

Does the child reside with the Father? ☐ Yes ☐ No

Languages spoken by Father home: ....................................................................................................
Religious denomination: ....................................................................................................................
Which church do you regularly attend (if any): ....................................................................................
..............................................................................................................................................................

**Mother details:**

Title: *(please circle as appropriate)* Miss Ms Mrs Dr Rev Pastor Prof............ Other: .....................
First Name: ...........................................................................................................................................
Last Name: ...........................................................................................................................................
Address: ..............................................................................................................................................
.......................................................................................................................................................
Phone: (home)................................................... (work) ............................................................
............................................................................... (mobile) ...................................................
Email: ..............................................................................................................................................
Occupation: ........................................................................................................................................

Does the child reside with Mother? ☐ Yes ☐ No

Languages spoken by Mother/Guardian 2 at home: .............................................................................
Religious denomination: ....................................................................................................................
Which church do you regularly attend (if any): ....................................................................................
..............................................................................................................................................................
**Details of Other Person(s) possessing ‘parental’ or ‘quasi-parental’ responsibilities and rights as regards the child and residing at the same address as the child**

**Other Person 1**

Title: (please circle as appropriate)  
Miss  Ms  Mrs  Dr  Rev  Pastor  Prof  Other:  
First Name:  
Last Name:  
Address:  
Phone: (home)  (work)  (mobile)  
Email:  
Occupation:  

**Other Person 2**

Title: (please circle as appropriate)  
Miss  Ms  Mrs  Dr  Rev  Pastor  Prof  Other:  
First Name:  
Last Name:  
Address:  
Phone: (home)  (work)  (mobile)  
Email:  
Occupation:  

**Details of Other Parenting/Child Welfare Arrangements?**

Please provide details of any orders, agreements or documents in force in relation to the custody, schooling and safety of the child or which may affect the enrolment and education of the child (e.g. court orders, parenting agreements or arrangements, guardianship orders in relation to the child or apprehended violence orders (Please attach copies)

If no formal document or order is in place but special arrangements have been made regarding the custody, access, schooling and safety of the child or which may affect the enrolment and education of the child please provide details

......
Details of children in the family:

Child 1

Given names: ................................................................................................................................................
Last name: ................................................................................................................................................
Gender: ☐ Male ☐ Female Date of birth: ............................................................
Country of birth: ..........................................................................................................................................
Nationality: ..................................................................................................................................................
Child’s position in family: (please circle as appropriate) 1 2 3 4 5 6
Languages spoken at home: .......................................................................................................................
Religious denomination: ..............................................................................................................................
Which church does your child regularly attend (if any): ..........................................................................
Present school: ................................................................................... Present class: ...........................
Anticipated class on entry to Kuyper: (please tick as appropriate)
☐ Prep ☐ Kindergarten ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6
☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10
Anticipated calendar year of entry to Kuyper: (please tick as appropriate)
☐ 2012 ☐ 2013 ☐ 2014 ☐ 2015 ☐ 2016 ☐ 2017
☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022

Is there any further information about your child’s needs or aptitudes which we should know? (e.g. sporting interests, creative talents, learning difficulties, academic strengths, physical/medical needs, special interests) Please attach any information that will assist us.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

PREP CLASS applications only:
Number of days per week requested: ☐ 2 Days (Tues, Wed) ☐ 3 days
Do you expect your child to attend Kindergarten at Kuyper Christian School? ☐ Yes ☐ No
Is your child toilet trained? ☐ Yes ☐ No

For additional children please complete the extra form/s enclosed.
Details of children in the family:

Child No ........

Given names: ................................................................................................................................................

Last name: ................................................................................................................................................

Gender: ○ Male ○ Female

Date of birth: ..............................................................................................................................................

Country of birth: ...........................................................................................................................................

Nationality: ..................................................................................................................................................

Child’s position in family: (please circle as appropriate)  1  2  3  4  5  6

Languages spoken at home: ............................................................................................................................

Religious denomination: ...................................................................................................................................

Which church does your child regularly attend (if any): ....................................................................................

Present school: ................................................................................................................................................

Present class: ...................................................................................................................................................

Anticipated class on entry to Kuyper: (please tick as appropriate)

○ Prep □ Kindergarten □ Year 1 □ Year 2 □ Year 3 □ Year 4 □ Year 5 □ Year 6
□ Year 7 □ Year 8 □ Year 9 □ Year 10

Anticipated calendar year of entry to Kuyper: (please tick as appropriate)

□ 2012 □ 2013 □ 2014 □ 2015 □ 2016 □ 2017
□ 2018 □ 2019 □ 2020 □ 2021 □ 2022

Is there any further information about your child’s needs or aptitudes which we should know? (e.g. sporting interests, creative talents, learning difficulties, academic strengths, physical/medical needs, special interests) Please attach any information that will assist us.

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PREP CLASS applications only:

Number of days per week requested: ○ 2 Days (Tues, Wed) ○ 3 days

Do you expect your child to attend Kindergarten at Kuyper Christian School? ○ Yes ○ No

Is your child toilet trained? ○ Yes ○ No
Directions for Correspondence (The following information is needed to ensure that correspondence is forwarded to the appropriate person(s))

Please forward the child’s school reports to:  ☑ Father and Mother Jointly  ☑ Father Only
☑ Mother only ☑ Other (please provide details) ___________________________________________________________________________

Please forward the child’s school accounts to:  ☑ Father and Mother Jointly  ☑ Father Only
☑ Mother only ☑ Other (please provide details) ___________________________________________________________________________

How did you hear about Kuyper Christian School? .................................................................
.........................................................................................................................................................................
.........................................................................................................................................................................
.........................................................................................................................................................................
.........................................................................................................................................................................
.........................................................................................................................................................................

List briefly your reasons for considering Kuyper Christian School for your child/ren's education:
.........................................................................................................................................................................
.........................................................................................................................................................................
.........................................................................................................................................................................
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.........................................................................................................................................................................
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School Vision Statement

Kuyper Christian School is a community of families, teachers and friends who acknowledge Christ as the source of truth and life as revealed in the Bible and His world.

We serve Christ by supporting parents in their God-given responsibility to nurture their children.

We recognise the worth and uniqueness of each individual and provide a co-operative environment that seeks to develop the whole child, so that each one may grow in their relationship with God and serve Him.

I/We the undersigned parents/guardians of the above child/ren declare that the information given herein is full and correct to the best of my/our knowledge.

I/We acknowledge that acceptance into Kindergarten from the Prep Class is subject to the School offering a place, and the child meeting the normal readiness criteria of the School.

Signature by Both Parents
Signed: (Both Father and Mother must sign If this is not possible please indicate the reason)

Father ___________________________________  Date: ______________________
Signature

Mother ___________________________________  Date:    ____________________
Signature

Signature by Other Persons

Other Person 1 ____________________________  Date:    ____________________
Signature

Other Person 2 ____________________________  Date:    ____________________
Signature

Fee Arrangements (If a person other than those referred to above (i.e. Father and/or Mother and/or Other Persons 1 or 2) has agreed to pay the school fees for the child/ren please provide the following details of such person):

Name ........................................................................................................ Signature

Address ........................................................................................................ Postcode

Home Telephone ................................................................................................ Business Telephone

Email

Ratified: 17 March 2010
Appendix 1: Enrolment Application Form
Appendix 2: Enrolment Interview Form

Student Details
Family name: _______________________________  First name: _______________________________

Gender: _______________________________  Preferred name: _______________________________

Date of birth: _______________________________  Aboriginal or Torres Strait Islander: ________

Resident Status: _______________________________  Country of birth: ______________________

Home address: ___________________________________________________________________
________________________________________________________________________________

Telephone: _______________________________  Silent (y/n): _______________________________

Current school: _______________________________  Current class: ________________________

Church: __________________________________________________________________________

Details of Parents/Guardians with whom the child is living

Name: ___________________________________  Relationship to child: _________________

Occupation: _____________________________________________________________

Employer: _______________________________________________________________________

Business Telephone No: _______________________  Mobile No: __________________________

Church: __________________________________________________________________________

Name: ___________________________________  Relationship to child: _________________

Occupation: _____________________________________________________________

Employer: _______________________________________________________________________

Business Telephone No: _______________________  Mobile No: __________________________

Church: __________________________________________________________________________

Languages spoken at home: ___________________________

Who is responsible for payment of fees?

Name: ___________________________________  Relationship to child: _________________

Mailing address: __________________________________________________________________

Telephone no: (h) ________________  (w) ______________ (m) _________________________

Details of siblings

Name  Date of birth  Application submitted for Kuyper? (Y/N)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Please complete the other side of this form …
CONFIDENTIAL
Enrolment Policy

Please tick (✓) appropriate boxes and provide relevant information where requested:

1. Which childhood diseases has your child had?
   - Chicken pox
   - Glandular fever
   - Mumps
   - Measles
   - Whooping cough
   - Rheumatic fever
   - Croup
   - Rubella (German Measles)
   - Other (please specify) _______________________________________________

2. Does your child have
   - Diabetes: [✓] Yes [ ] No
   - Epilepsy: [ ] Yes [✓] No
   - Attention Deficit Disorder: [ ] Yes [ ] No
   - Asthma: [ ] Yes [ ] No
   - Please provide details: ______________________________________________________________________

3. Please list any Prescription medications that your child is currently taking, including dosage and frequency:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

4. Does your child have any allergies? [✓] Yes [ ] No
   - If yes, please indicate if they are allergic to:
     - Medications [ ] Food [ ] Insects [ ] Other
   - Is there a history of anaphylaxis? [ ] Yes [✓] No
   - Please provide details of allergy and required treatment: _______________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

5. Does your child have hearing difficulties? [ ] Yes [ ] No
   - Please specify: __________________________________________________________________________
   __________________________________________________________________________________________

6. Does your child have sight difficulties?
   - If yes, does your child need to wear glasses … while reading? [ ] Yes [ ] No or always? [✓] Yes [ ] No

7. Additional information
Please provide details of other health issues, educational difficulties, family circumstances (eg. adoption, remarriage), psychological issues the school should know about. Please give details and attach relevant reports and documents.

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Both parents must sign, unless the child is in the custody of one parent. If so please indicate.

   Father: _______________________________ Mother: _______________________________
   Date: _______________________________ Date: _______________________________

Ratified: 17 March 2010
Appendix 3: Enrolment Interview Summary

ENROLMENT INTERVIEW  
Date: ..............................  Time: .....................

Father’s name: ...........................................  Mother’s name: ............................................................

Marital status: ................................................ Marital status: .....................................................

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Proposed Class/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3:</td>
<td></td>
<td></td>
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<tr>
<td>Child 4:</td>
<td></td>
<td></td>
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<tr>
<td>Child 5:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 6:</td>
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</tbody>
</table>

Other children not enrolled at KCS? ....................................................................................................

_____________________________________________________________________________________

Registrar:

• Welcome
• Purpose of interview – be up front with each other – see if expectations are similar
• Why are you considering KCS for your child/ren?
• What are your expectations/hopes of schooling?
• Bible + parents responsibility
• Brief history of school
• About Kuyper – vision & mission statement
• KCS Association
• Parent Involvement Program
• Expectations form

Comments:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

INTERVIEWERS  ...........................................  .....................................................

Recommend for membership?  ☐ Yes  ☐ No
Head of School

Parents

- Church – affiliation / involvement .................................................................
- Communication: parent to school / school to parent
- What languages are spoken in the home *(blue NESB form)*
- Any known disabilities/learning difficulties/special gifts? ................................
- Past remedial / extension? .............................................................................
- Child, at any time, assessed or assisted for ADD / ADHD / ODD / OCD? ..........
- Any remedial teachers / psychologist / medical etc reports? .........................
- Last 2 school reports and basic skills ............................................................
- Personal traumas impacting child? .................................................................

Child

- What would you miss about your current school? ...........................................
- Are most of your friends at your school / church / street? ............................
- What do you and your friends do when you have free time? ..........................
- What is your favourite subject? .................................................................
- What are you best at? .................................................................................
- What is your least favourite subject? ...........................................................
- Were you pleased with your last report? ......................................................
- Report – target a few things.
- Interests: hobbies .................................... sports ......................................
  groups/clubs ........................... tv/computer/games ..............................
- What would you like to do when you finish school? ....................................
- Senior School issues (yr 9-10)
  o Preferred course selection .................................................................
  o Why do you want to do those subjects? ...............................................
  o Realistic about ability to manage these courses? ...............................

- Expectations of student

Comments: ........................................................................................................
.....................................................................................................................