

DUBBO CHRISTIAN PRESCHOOL

Application to Enrol

*"Our mission is to provide quality and balanced schooling
which is Bible based and Christ centred."*

DUBBO CHRISTIAN PRESCHOOL

THE DUBBO CHRISTIAN PARENT CONTROLLED SCHOOL ASSOCIATION LTD ABN 96 002 837 658

141 Sheraton Road
PO Box 1216 DUBBO NSW 2830
Phone: 02 6882 0044
Fax: 02 6884 2907
Email: enrolments@dubbocs.edu.au

APPLICATION TO ENROL

Use this form to apply to enrol at Dubbo Christian Preschool. Use separate application form to enrol for Dubbo Christian School K-12.

Complete the form by ticking choices or printing in the appropriate response boxes.

Please use BLOCK LETTERS and black pen.

PRIVACY COLLECTION STATEMENT

The information provided by you on this Dubbo Christian Preschool – Application to Enrol form is being obtained for the purpose of considering the named student's enrolment in Dubbo Christian Preschool. Provision of this information is voluntary. It will be stored securely. If you do not provide all or any of this information then we will not process your application for enrolment. You may correct any personal information provided at any time by contacting the school office

A. ENROLLING STUDENT'S DETAILS

Surname	<input type="text"/>	Gender	<input type="text"/>
First name	<input type="text"/>	Date of birth	<input type="text"/>
Other name(s)	<input type="text"/>	Town of birth	<input type="text"/>
Preferred name	<input type="text"/>	Country of birth	<input type="text"/>
		(Please attach birth certificate copy)	
Current pre-school /day care (if applicable)	<input type="text"/>		
Years of attendance	<input type="text"/>	Desired year of entry for Pebbles	<input type="text" value="20__"/>
		Desired year of entry for Prep	<input type="text" value="20__"/>

(Please attach 2 most recent pre-school / day care reports - if applicable)

Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Does the student or their mother or their father speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

	Student	Mother	Father
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, other – please specify	<input type="text"/>		

B. FAMILY DETAILS

1. Parents' details

	Mother	Father
Title (Mr/Mrs etc)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Other name(s)	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>

Residential address

A post office box is not acceptable as a residential address.
Provide one address only if mother's and father's addresses are the same.

	Mother	Father
Street address	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

The student lives at this address:
 All of the time Part of the time All of the time Part of the time

Mailing address

Provide a mailing address if it is different from the home address; otherwise, write "as above" in the first line below.
Provide one address only if mother's and father's addresses are the same, or if you only require correspondence mailed to one address.

	Mother	Father
Street address	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

2. Special family circumstances

Please advise us of any special circumstances such as illnesses, bereavement or family separation.
(Include copies of any Court Orders)

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3. Siblings

Full Name	Age	Current school (if applicable)	Year or Grade

4. Involvement in the Christian Church

Are you involved in church activities? Yes No

If yes, please describe your involvement including which congregation:

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

5. Reasons for Application

Why do you want your child to come to Dubbo Christian Preschool?

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

What do you understand a Christian school to be?

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

C. ATTENDANCE

Please tick your preferred option:

- Pebbles Two day program (For children who turn 3 by 31 January in year of enrolment)
- Prep Two day program (For children who turn 4 by 31 January in year of enrolment)
- Three day program

D. MEDICAL AND EDUCATIONAL INFORMATION

1. Does your child suffer from any of the following?

- Asthma Allergies Anaphylaxis Diabetes Epilepsy Eye defects
 Hearing disorder Other illness / condition: (please specify)

Does your child take medication for any of the above? Yes No

If yes, please list the medication.

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Does this condition prevent or restrict your child from participating in any activity? Yes No

If yes, describe the circumstances.

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Development

1. Was the pregnancy and delivery of this child without incident? Yes No

If no, please comment.

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2. Note the age at which your child reached the following milestones:

sat alone	<input type="text"/>	said words	<input type="text"/>
crawled	<input type="text"/>	spoke in simple sentences	<input type="text"/>
walked	<input type="text"/>	was toilet trained	<input type="text"/>

Social Development

1. Has your child stayed overnight with friends or family?

Yes

No

If yes, describe their experience.

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2. Have you noticed, or been advised of any behavioural or social interaction difficulties?

Yes

No

If yes, give details.

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3. Is there any further information about your child’s needs or aptitudes which we should know? (eg. cultural, dietary, religious requirements)

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D. REFEREE CONTACTS

Please complete (if not previously provided on an Application to Register form)

(Example: Minister, teacher, long term family acquaintance)

	Referee 1	Referee 2
Name	<input type="text"/>	<input type="text"/>
Relationship to family	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>

E. ACKNOWLEDGEMENT

This is a declaration by parents or guardians responsible for fees.

We:

1. Apply to have the above-named student considered for admission to Dubbo Christian Preschool.
2. Undertake that the information provided regarding the child's developmental, medical and educational history is a truthful and accurate disclosure on our part. We agree to provide further information to the school if requested by the school.
3. Understand that enrolment in Dubbo Christian Preschool does not imply automatic acceptance into the Dubbo Christian School K-12 School Program.
4. Undertake to conform to the rules, procedures and regulations made from time to time by the school.
5. Enclose with this application:-
 - Copy Birth Certificate
 - Copy relevant Reports (if applicable)
 - Immunisation Record
 - \$50.00 Enrolment Fee (which includes 10% GST), which we understand is non refundable and does not guarantee the offer of a place.

Father's name
(BLOCK letters)

Signature

Date

Mother's name
(BLOCK letters)

Signature

Date

OFFICE USE ONLY

Family code		Application for enrolment	Pebbles / Prep
Student ID		Year of entry	
Medical / educ. reports attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Date enrolment fee paid	
2 recent school reports attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Receipt #	
Parenting / restraint order attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Payment received by	
Data entered by		Viewed by Principal	