

ENROLMENT APPLICATION FORM



LANDSDALE
CHRISTIAN SCHOOL

STUDENT INFORMATION

Student First Name (PRINT) Student Surname (PRINT).....

Residential Street Address.....

Suburb..... Postcode..... Phone.....

Gender..... Date of Birth..... Country of Birth.....

Australian Citizen ☐ Yes ☐ No, if no, please advise Visa Number..... Passport No.....

Is your child of Aboriginal ☐ Yes ☐ No, or Torres Strait Island decent ☐ Yes ☐ No

Previous Year completed..... Year in which to be enrolled..... Commencing in 20.....

Current sibling at LCS ☐ Yes ☐ No, Last school attended (if applicable).....

Referred to the school by the following person (if applicable).....

MEDICAL INFORMATION

Please provide details of any medical condition which may affect the student's school life (e.g. asthma, diabetes, etc).

Condition..... Medicare No..... Child position No.....

Exp Date..... Family Doctor's Name..... Phone.....

FAMILY INFORMATION

Father

Title..... First Name (PRINT).....

Surname (PRINT).....

Nationality..... Religion.....

Occupation.....

Mobile phone.....

Home phone..... Business phone.....

Email.....

Main language spoken at home..... Other languages spoken.....

Name and title for correspondence and school reports to be addressed to.....

Mother

Title..... First Name (PRINT).....

Surname (PRINT).....

Nationality..... Religion.....

Occupation.....

Mobile phone.....

Home phone..... Business phone.....

Email.....

Main language spoken at home..... Other languages spoken.....

Name and title for correspondence and school reports to be addressed to.....

Please refer to the checklist on the next page, and either email all completed application forms to admin@lcs.wa.edu.au or return them in person to the office.

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FINANCIAL INFORMATION

Name of person responsible for payment of school fees.....

Date of Birth/...../..... Drivers License No.....

Residential address.....

I/We plan to pay fees ☐ Per year ☐ Per term ☐ Per month ☐ Per fortnight

☐ I/We will be jointly and severally responsible for the payment of fees charged.

☐ I/We will pay each fee billing by the due date.

☐ I/We understand the school may impose and charge interest on overdue fees.

Signature/s of fee payer/s..... Date.....

OVERSEAS STUDENT SUPPLEMENT

Passport No..... Expiry date.....

Student Visa Number..... Expiry date.....

Level/performance of English attained.....

STUDENT AGREEMENT

I promise to cooperate in all the activities of the school, to maintain its standards as a Christian institution and to uphold the values of the school.

Student signature..... Date.....

FAMILY COURT ORDER (access to students at school)

Please detail any Family Court orders which may limit or prevent access by a non-custodial parent to the child while the student is on the school premises or in the care of the school (e.g. on school camps or excursions).

Details of order (who it applies to, degree of restriction of contact at school).....

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..... Date order given..... Date order lapses.....

PLEASE ENSURE YOU HAVE INCLUDED THE FOLLOWING:

- ☐ A copy of your child's last school report (if applicable)
- ☐ \$250.00 Application Fee (non-refundable)
- ☐ Signed *Parent Commitment Statement*
- ☐ Copies of Visa and Passport (if applicable)
- ☐ Copy of Birth Certificate
- ☐ Copy of Immunisation Records
- ☐ Copy of NAPLAN Report (if applicable)

OFFICE USE ONLY

Date received..... Staff signature.....
Birth cert received.....
Immunisation records received.....
Transfer note sent.....
Student Registration No.....
Student Medical Form received.....
Photo Authority Form received.....