

TO ASSIST WITH FUTURE PLANNING, PLEASE COMPLETE THE FOLLOWING

What are your reasons for seeking enrolment at Hope Christian College?

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Excellence | <input type="checkbox"/> Broad / Balanced Program | <input type="checkbox"/> Independent Schooling |
| <input type="checkbox"/> Behaviour Policy | <input type="checkbox"/> Curriculum | <input type="checkbox"/> Biblical Foundation |
| <input type="checkbox"/> Friends at the College | <input type="checkbox"/> Locality | <input type="checkbox"/> Christian Influence |
| <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Co-Curricular Activities | Other _____ |

Is Hope Christian College your first choice of school? Yes No

How did you hear about Hope Christian College?

- | | | |
|--|---|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Media / Publications | <input type="checkbox"/> Old Scholar Relation |
| <input type="checkbox"/> Open Day | <input type="checkbox"/> School Functions | Other _____ |

COMPLETE YOUR APPLICATION

As a part of the enrolment process, parents of an applicant give Hope Christian College consent to obtain information from previous kindergartens, schools and/or other learning institutions. I / We understand that the information will be accessed by the Principal or their delegate on a 'need to know' basis.

I / We declare that the information supplied in this application is to the best of my / our knowledge correct. The signing of this application is considered as an acceptance of the programs and policies as instituted by the School Board and as carried out by the Principal and Staff. *Please note: This is an application for enrolment, not a Notice of Acceptance.*

Mother (Print Name) _____ Signed _____

Father (Print Name) _____ Signed _____

Please attach to this application an Application Fee of \$50.00 (per student - non refundable)

Payment Details

Please select your preferred payment method

- Cheque Money Order
 Credit Card

Please charge my Visa Mastercard

Card Number

Expiry Date

Name on card _____ Cardholder's Signature _____



HOPE
CHRISTIAN COLLEGE
Hope Opportunity Promise Excellence

Enrolment Application

STUDENT INFORMATION

Student's Name _____ Male Female

Date of Birth _____ Commencement Year Level _____

Please provide copy of student's Birth Certificate

Name of current school / kindergarten attending at present _____

Country of Birth _____ Australian Citizen Resident of Australia

Please provide copies of all family Visas / Citizenship Certificates

Student on Visa Visa Sub Class Number

Complete this section only if student has Indigenous heritage

Is the student Aboriginal Torres Strait Islander Non-Identifying

OFFICE USE ONLY

Date of Application _____	Introducing Hope <input type="checkbox"/>
Registration Fee <input type="checkbox"/> P <input type="checkbox"/> N/P	PC School <input type="checkbox"/>
Receipt No. _____	Letter Sent <input type="checkbox"/>

FAMILY INFORMATION

Family Name (Surname) _____

Father (Parent / Guardian) _____ Mobile _____

Mother (Parent / Guardian) _____ Mobile _____

Residential Address _____

Suburb _____ Postcode _____ Phone _____

Postal Address (if different to residential address) _____

Suburb _____ Postcode _____ Phone _____

Number of Students Enrolling _____ Year of Commencement _____

School Family New Family

OTHER CHILDREN ENROLLED OR TO BE ENROLLED

		Please circle	Please circle
Name _____	DOB _____	Male / Female	At Hope / Yet To Attend
Name _____	DOB _____	Male / Female	At Hope / Yet To Attend
Name _____	DOB _____	Male / Female	At Hope / Yet To Attend
Name _____	DOB _____	Male / Female	At Hope / Yet To Attend
Name _____	DOB _____	Male / Female	At Hope / Yet To Attend

RELIGIOUS AFFILIATION

What religion does your family identify with? Christian Protestant Catholic

Muslim Buddhist Hindu Other (Please Specify) _____

Does your family regularly attend a church? Yes No

If yes, which church do you attend? _____

Address of church _____

Name of your Pastor _____ [Please attach a reference from your Pastor](#)

At Hope Christian College we value parent involvement in your child's education. As part of developing a strong relationship between yourself and the school, our Board requires families not a part of a Christian church community, to participate in a course that will clarify the Christian principles and values of our School. This is a condition of acceptance as it will assist you to understand the Christian culture that underpins Hope Christian College community and allows you to play a part in your child's education.

I have read and understood the above statement Yes No

PARENTAL INFORMATION

Natural Father Yes No Name _____

Natural Mother Yes No Name _____

Step Father Yes No Name _____

Step Mother Yes No Name _____

Custodial Parent

Full Custody Yes No Name _____

Part Custody Yes No Name _____

Are there any court orders applicable to the custodial parent? Yes (please provide a copy) No

Does the non-custodial parent approve of this application? Yes No

ENROLLING PARENTS/GUARDIAN INFORMATION

Occupation _____	<input type="checkbox"/> Father <input type="checkbox"/> Step Father	<input type="checkbox"/> Mother <input type="checkbox"/> Step Mother
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced
Business Contact Number _____		
Is contact at work convenient? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number _____		
Email Address _____		
Country of Birth _____		
Is English the main language spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what other languages are spoken at home? _____		