

COLLEGE FEE AGREEMENT

Surname.....Students First Name.....

I have read and agree to the terms and conditions of the Hope Christian College fee schedule. Yes No

The College fee that applies to my application is: Full Fee Health Care Card School Card

I understand that the College Fees charged by Hope Christian College cover all tuition costs, text books, excursions and camps, but not uniforms, private music tuition, or after school team sports. Yes No

If this application for enrolment is accepted, I understand that it is my responsibility to pay the required College Fees promptly, and to notify the College of any delays. Yes No

I understand that each term's fees are to be paid in full before the student commences in the following term. Yes No

WHO IS RESPONSIBLE FOR PAYING THE COLLEGE FEES:

Sign Here

Surname..... First Name

Signature..... Relationship to child

Surname..... First Name

Signature..... Relationship to child

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 College Board and as carried out by the Principal and Staff. *Please note: This is an application for enrolment, not a Notice of Acceptance.*

Sign Here

Mother/Guardian

Surname..... First Name Signature

Father/Guardian

Surname..... First Name Signature

Please attached to the 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

ENROLMENT APPLICATION FORM

Form A

STUDENT INFORMATION

Surname

First Name

Preferred First Name

Male Female

Date of Birth/...../..... (A PHOTOCOPY OF THE FULL BIRTH CERTIFICATE MUST ACCOMPANY THIS FORM)

Residential Address

..... Postcode.....

Present Year Level

What is the name of the school or preschool that the child is currently attending, or last attended?

.....

.....

PLEASE ATTACH A COPY OF THE CHILD'S TWO MOST RECENT END OF SEMESTER SCHOOL REPORTS AND HIS/HER YEAR(S) 3, 5, 7, 9 NAPLAN REPORT(S) AS APPLICABLE.

Commence in the Calendar Year of 20.....

Proposed Term of Entry: Term 1 Term 2 Term 3 Term 4

Proposed Year Level (Grade) at Entry

Age of Student at commencement.....

Country of Birth

Nationality

Language spoken at home.....

What is the child's residency status?

Australian Citizen Bridging Visa

Permanent Resident New Zealand Citizen (attach a copy of the child's passport)

If the student is a Visa holder please provide the relevant details:

Visa Type..... Visa Number Visa Expiry

COMPLETE THIS SECTION ONLY IF THE STUDENT HAS INDIGENOUS HERITAGE

Is the student Aboriginal Torres Strait Islander Non-Identifying

PLEASE ATTACH A COPY OF THE STUDENT'S PASSPORT AND VISA DOCUMENTATION IF NOT AN AUSTRALIAN CITIZEN)

Are you a: College Family New Family

OFFICE USE ONLY

Date of Application..... Family Code

Registration Fee: P N/P **PC SCHOOL** Entered

Receipt No. Checked



MOTHER/GUARDIAN * PLEASE ANSWER ALL QUESTIONS AS THEY ARE A GOVERNMENT REQUIREMENT *** FATHER/GUARDIAN**

Surname

First Name

Preferred First Name

Mobile Home

Email Address

Relationship to child

Residential Address

Suburb Postcode

Postal Address (or as above).....

Suburb Postcode.....

Martial Status

Occupation

Place of Work

Business contact Number

Are you a full-time serving member of the Defence Force?

Yes No

Parent's Country of Birth.....

Parent's Nationality (where do you have citizenship)

Parent's Ethnicity (Grandparent's Country of Birth).....

What is the parent's residency status?

Australian Citizen Bridging Visa
 Permanent Resident New Zealand Citizen

If you are a Visa holder please provide the relevant details:

Visa Type..... Visa Number Visa Expiry

PLEASE ATTACH A COPY OF YOUR VISA DOCUMENTATION IF NOT AN AUSTRALIAN CITIZEN)

School Education

What is the highest year of Primary or Secondary school the parents/guardians have completed?

(For persons who have never attended school, mark 'Year 9 or equivalent or below' - required for Annual Census reporting)
 Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

Surname

First Name

Preferred First Name

Mobile Home

Email Address

Relationship to child

Residential Address

Suburb Postcode

Postal Address (or as above).....

Suburb Postcode.....

Martial Status

Occupation

Place of Work

Business contact Number

Are you a full-time serving member of the Defence Force?

Yes No

Parent's Country of Birth.....

Parent's Nationality (where do you have citizenship)

Parent's Ethnicity (Grandparent's Country of Birth).....

What is the parent's residency status?

Australian Citizen Bridging Visa
 Permanent Resident New Zealand Citizen

If you are a Visa holder please provide the relevant details:

Visa Type..... Visa Number Visa Expiry

PLEASE ATTACH A COPY OF YOUR VISA DOCUMENTATION IF NOT AN AUSTRALIAN CITIZEN)

School Education

What is the highest year of Primary or Secondary school the parents/guardians have completed?

(For persons who have never attended school, mark 'Year 9 or equivalent or below' - required for Annual Census reporting)
 Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

Highest Qualification

What is the level of the highest qualification completed?

Bachelor Degree or above
 Diploma / Advanced Diploma
 Certificate I to IV (incl. trade certificate)
 No non school qualification

Using the list provided, please select the appropriate parental occupation group. *If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' in the appropriate box.*

What is the occupation group of Mother/Guardian?

What is the occupation group of Father/Guardian?

CUSTODY ARRANGEMENTS

Are there any court orders relating to the child?

Yes No Court Case Pending

(IF YES, PLEASE ATTACH A COPY)

If both parents share parental responsibility then BOTH are required to sign this application.

Who does the child mainly reside with?

Mother Father Equal Care
 Other (please specify).....

If the child mainly resides with one parent, does the child live with their other parent during any part of the school week?

Yes No

(IF YES, BOTH PARENTS MUST SIGN THIS APPLICATION)

RELIGIOUS AFFILIATION

What religion does your family identify with? Christian Protestant Catholic Other:.....

Does your family regularly attend a church? Yes No

If Yes, which church do you attend?.....

At Hope Christian College we value parent involvement in your child's education. As part of developing a strong relationship between yourself and the College, our Board requires families not part of a Christian church community, to participate in a course that will clarify the Christian principles and values of our College. 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

OTHER CHILDREN ENROLLED OR TO BE ENROLLED

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

Highest Qualification

What is the level of the highest qualification completed?

Bachelor Degree or above
 Diploma / Advanced Diploma
 Certificate I to IV (incl. trade certificate)
 No non school qualification

What is the occupation group of Father/Guardian?

Please advise contact arrangements with other parent (e.g. alternate weeks, collects from school, alternate weekends, school holidays, no contact, court case pending)

If parents have Equal Care of the child, please specify care arrangements.

Please nominate which parent will be **Contact 1**:

Contact 1 is the main contact for the student and will receive items such as forms, SMS's, emails and all main correspondence.

Contact 1 is expected to notify **Contact 2** of any relevant information relating to the child and to organise for any documentation to be completed, signed and returned, as required. **Contact 2** will receive a copy of school reports and fee accounts where applicable.