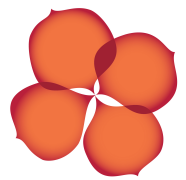


# APPLICATION FOR ENROLMENT

## For a Day Student

**NT**  
CHRISTIAN  
SCHOOLS



Please tick the box of the campus of which you are applying for enrolment

**Araluen Campus** ☐  
Blain Street Araluen  
ALICE SPRINGS  
08 8955 3300

**FACTTC  
Marrara Campus** ☐  
Amy Johnson Ave Marrara  
DARWIN  
08 8920 2030

**Marrara Campus** ☐  
Amy Johnson Ave Marrara  
DARWIN  
08 8920 2000

**Nhulunbuy Campus** ☐  
Eugenia Ave Nhulunbuy  
NHULUNBUY  
08 8965 2900

**Palmerston Campus** ☐  
Waler Rd Marlow Lagoon  
DARWIN  
08 7922 5600

**Sattler Campus** ☐  
Sattler Cres Bees Creek  
RURAL DARWIN  
08 7922 1500

### Student Details

Family name  
(As on Birth Certificate)

Given names  
(As on Birth Certificate)

Preferred name

Gender

Male

☐

Female

☐

Year level applied  
for (eg Year 4)

Year of entry (eg 2015)

Date of birth

Place of birth

Country of birth

Language/s spoken at  
home (other than English)

Australian Citizen?

Yes

☐

No

☐

If not an Australian Citizen,  
please provide Visa details

Present/previous school  
(Please provide academic reports)

Student lives with

Both parents

☐

Mother

☐

Father

☐

Other

☐

Please  
specify

Is there a court order or parenting plan in relation to this student?

Yes

☐

No

☐

If Yes, please attach a copy.

Do you wish to claim Aboriginal  
or Torres Strait Islander origin?

No

☐

Aboriginal

☐

TSI

☐

Both

☐

If yes, name of home community

Are you aware of any support your child may require to cater for  
their needs?

Yes

☐

No

☐

If yes, please indicate below, by placing a tick in the appropriate boxes:

☐

English and language dialect

☐

Literacy support

☐

Numeracy support

☐

Gifted / Talented

☐

Social / Emotional

☐

Disability

☐

Other

Please specify

The supply of all reports and supporting documentation is crucial in ensuring effective student care and is a necessary component of our partnership with families. Please provide copies of all reports and supporting documentation relevant to your child, such as; speech pathology, psychologist, psychiatrist, specialist reports and diagnosis records.

Please see Terms and Conditions of Enrolment.

**Family ‘A’ Details – Please circle the level of time student resides with Family ‘A’ Permanently – Balanced – Occasionally - Never**

Guardian # 1

Guardian # 2

(Title) (Given name) (Family name)

(Title) (Given name) (Family name)

Relationship to Student

Relationship to Student

Residential Address

Postcode

Postal Address

Home Phone

Home Phone

Business Phone

Business Phone

Mobile Phone

Mobile Phone

Email

Email

Occupation

Occupation

Employer

Employer

Nationality

Nationality

**Family ‘B’ Details – Please circle the level of time student resides with Family ‘B’ Permanently – Balanced – Occasionally - Never**

Guardian # 1

Guardian # 2

(Title) (Given name) (Family name)

(Title) (Given name) (Family name)

Relationship to Student

Relationship to Student

Residential Address

Postcode

Postal Address

Home Phone

Home Phone

Business Phone

Business Phone

Mobile Phone

Mobile Phone

Email

Email

Occupation

Occupation

Employer

Employer

Nationality

Nationality

**Family ‘A’** receives reports

Yes

☐

No

☐**Family ‘B’** receives reports

Yes

☐

No

☐

---

**Billing Instructions – To be completed by the person responsible for paying fees. (If different from Family ‘A’)**

|                                               |                      |          |                      |
|-----------------------------------------------|----------------------|----------|----------------------|
| Billing Address Title<br>eg; Mr and Mrs Smith | <input type="text"/> |          |                      |
| Postal Address                                | <input type="text"/> |          |                      |
|                                               | <input type="text"/> | Postcode | <input type="text"/> |
| Signature                                     | <input type="text"/> |          |                      |

**If split billing is required, please request a ‘Split Billing Form’ to be signed by both parties.**

---

**Siblings**

Names of siblings under 18 years of age

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child's name         | Date of birth        | Current School       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child's name         | Date of birth        | Current School       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child's name         | Date of birth        | Current School       |

If siblings are not currently enrolled in a NT Christian School, would you like to place them on our wait list/placed on our books?

Yes ☐ No ☐

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**Church Life**

|                                                 |                      |
|-------------------------------------------------|----------------------|
| Church denomination/affiliation (if applicable) | <input type="text"/> |
| Involvement in church life (if applicable)      | <input type="text"/> |

---

**Defence Force**

Are you a Defence Force family? Yes ☐ No ☐

---

**Emergency Contact Details *(other than guardians)***

If you cannot be reached, who is to be contacted as an Emergency contact?

|                                                             |                         |                      |                   |                      |
|-------------------------------------------------------------|-------------------------|----------------------|-------------------|----------------------|
| <b>Emergency Contact 1</b><br><i>(other than guardians)</i> | Name                    | <input type="text"/> | Home Phone Number | <input type="text"/> |
|                                                             | Work Phone Number       | <input type="text"/> | Mobile Number     | <input type="text"/> |
|                                                             | Relationship to Student | <input type="text"/> |                   |                      |
| <b>Emergency Contact 2</b><br><i>(other than guardians)</i> | Name                    | <input type="text"/> | Home Phone Number | <input type="text"/> |
|                                                             | Work Phone Number       | <input type="text"/> | Mobile Number     | <input type="text"/> |
|                                                             | Relationship to Student | <input type="text"/> |                   |                      |

## Medicare

Medicare Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Card Reference  
Number

|  |
|--|
|  |
|--|

Expiry Date

|  |
|--|
|  |
|--|

## Australian Citizenship

Australian Citizen?

Yes

|  |
|--|
|  |
|--|

No

|  |
|--|
|  |
|--|

If not an Australian Citizen,  
Please provide Visa details

|  |
|--|
|  |
|--|

If students have not been born in Australia, a copy of Australian Citizenship certificate or Visa grant notice MUST be provided. It is the Families responsibility contact the school with up-dates in the residency status as they occur.

## Immunisation

### Proof of immunisation records are required for Transition – Year 6 enrolments

In the absence of proof of Immunisation records, your child will be recorded as 'immunisation not complete' and may be excluded from school in the situation of a disease/ illness breakout.

Please indicate if your child has any of the following:

|                                                                                                                      |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Autism                                                                                                               | <input type="checkbox"/> | Language disorder        | <input type="checkbox"/> |
| Diabetes                                                                                                             | <input type="checkbox"/> | Physical disability      | <input type="checkbox"/> |
| Hearing impairment                                                                                                   | <input type="checkbox"/> | Acquired brain injury    | <input type="checkbox"/> |
| Visual impairment                                                                                                    | <input type="checkbox"/> | Difficulties in learning | <input type="checkbox"/> |
| Behaviour challenges                                                                                                 | <input type="checkbox"/> | Mental health disorder   | <input type="checkbox"/> |
| Intellectual disability                                                                                              | <input type="checkbox"/> | Other                    | <input type="checkbox"/> |
| Has any previous medical or educational provider prepared a documented plan to support the students additional needs |                          |                          |                          |
|                                                                                                                      |                          | Yes                      | No                       |
| If yes, please provide details:                                                                                      |                          | <input type="checkbox"/> | <input type="checkbox"/> |

## Allergies - If your child does not have any Allergies, please proceed to next question

Name your child's allergies: (these can include allergies to insect stings, drugs, food or other)

|  |
|--|
|  |
|--|

Please indicate the following:

Yes

No

|                                                             |                          |                          |                                                                          |
|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------|
| Has the Doctor diagnosed this allergy?                      | <input type="checkbox"/> | <input type="checkbox"/> |                                                                          |
| Has your child has been hospitalised due to this allergy?   | <input type="checkbox"/> | <input type="checkbox"/> |                                                                          |
| Is this a severe allergy?                                   | <input type="checkbox"/> | <input type="checkbox"/> | Anaphylaxis is a severe, potentially life threatening allergic reaction. |
| Has your child been prescribed an adrenaline auto injector? | <input type="checkbox"/> | <input type="checkbox"/> | IF YES, PLEASE SUPPLY ONE                                                |
| Do you have an action plan for Anaphylaxis or allergies?    | <input type="checkbox"/> | <input type="checkbox"/> | IF YES, PLEASE ATTACH A COPY                                             |

Please list any other medication required for this allergy:

|  |
|--|
|  |
|--|

## Medical Conditions other than allergies and anaphylaxis - If your child does not have any Medical Conditions other than allergies and anaphylaxis, please proceed to next question

Name your child's medical condition: (Asthma, Diabetes, Epilepsy)

|  |
|--|
|  |
|--|

Please indicate the following:

Yes

No

|                                                               |                          |                          |                                                     |
|---------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------|
| Has the doctor diagnosed this condition?                      | <input type="checkbox"/> | <input type="checkbox"/> |                                                     |
| Has the student ever been hospitalised with this condition?   | <input type="checkbox"/> | <input type="checkbox"/> |                                                     |
| Does the student have an Action plan from the doctor          | <input type="checkbox"/> | <input type="checkbox"/> | IF YES, PLEASE ATTACH A COPY                        |
| Has your child been prescribed medication for this condition? | <input type="checkbox"/> | <input type="checkbox"/> | IF YES, PLEASE LIST THE PRESCRIBED MEDICATION BELOW |

## Prescription Medication

Parents/guardians are requested to inform the school/college of any medication being taken regularly by students.

Any medication required by students is to be stored in the locked cupboard in the sickbay and administered by first aid personnel only.

Please provide medication in a sealed plastic bag, labelled with student name and year level, instructions and permission for administration.

List prescribed medications, (including dose and frequency) that student is currently taking: \_\_\_\_\_

## Non-Prescribed Medications

Do you give First Aid Personnel permission to administer Paracetamol (S2 drugs)?

Every effort will be made to contact Parents/Guardians before administered.

Yes ☐ No ☐

Please provide any other information which might be useful to the School/College in managing the health care of your child.

## Permission for Medical Treatment

- I give permission for school/college staff to administer first aid, to my child on or off NT Christian School campus
- I consent to the securing of ambulance transportation in the event of an emergency
- I hereby give the Principal or agent, permission to give relevant contact and medical information to ambulance and medical staff attending to my child in an emergency
- I hereby agree to the school disclosing relevant personal and sensitive information to practitioners and people providing services to the school. This includes specialist visiting teachers, advisors and counsellors
- I accept and agree to observe the conditions set by the school/college with respect to the medication procedures and agree that it is my responsibility to inform the administration staff in writing of any changes involving the administration of medication
- I understand that the school/college does not accept responsibility for costs incurred on my behalf in securing medical treatment and associated services
- I will undertake to inform the Principal in writing of any changes to the information given in this form as necessary
- I understand that this consent is intended to cover all occasions during the time of my child's enrolment at NT Christian Schools
- I understand that in the situation where it is necessary to produce a 'Medical Alert' poster, my child's photo and details with relevant personal details will be on display throughout the school. This may be accessible to the public on occasions

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## NT Christian Schools

Members of NT Christian Schools are a group of Christian people committed preserving the vision for Christian education, training and care from a Biblical perspective. Members are eligible to elect and serve on the NT Christian Schools Board or on a School Council. Applications for membership of NT Christian Schools are available at each school office.

I/We would like to have more information about NT Christian Schools

Yes ☐ No ☐

## Class Support / Parental Involvement

Parental help at school is valued greatly and is of proven benefit to the learning of children. Are you willing / interested in working in any areas throughout our school? (ie, assisting in the classroom, working in the gardens, bus driving etc.)

Yes ☐ No ☐

If yes, please list some of the areas where you may be interested in assisting

## NT Working with Children - Ochre Cards

Just as each employee of NT Christian Schools must hold a current Ochre Card, so do each of our volunteers. All parents helping in classrooms, camps, excursions or working in our gardens MUST supply the front office with a photocopy of their current Ochre Card.

Applications for Ochre Cards are available at the front office or you can find them online at [www.workingwithchildren.nt.gov.au/application](http://www.workingwithchildren.nt.gov.au/application)

## Student Information

In the situation that my child's application is unsuccessful or I/we decide not to proceed, I would like NT Christian Schools to keep the application form and supporting documentation on file for possible future enrolment.

Yes ☐ No ☐

If answered 'No' all documentation will be held for 6 months and then disposed of in the appropriate manner.

## DOCUMENTATION and CHECKLIST

Copies of the following documentation are required before an interview can take place.

|                                                        |                          |                                                                 |                          |
|--------------------------------------------------------|--------------------------|-----------------------------------------------------------------|--------------------------|
| 1. Completed Application for Enrolment form            | <input type="checkbox"/> | 7. NAPLAN test results (if applicable)                          | <input type="checkbox"/> |
| 2. Birth Certificate                                   | <input type="checkbox"/> | 8. All relevant requested documentation                         | <input type="checkbox"/> |
| 3. Passport and Visa Grant notice                      | <input type="checkbox"/> | 9. Conditions of Enrolment signed both by Guardians and student | <input type="checkbox"/> |
| 4. Personal Health Management Plan (e.g. Action plans) | <input type="checkbox"/> | 11. Data collection (page 7) has been completed                 | <input type="checkbox"/> |
| 5. Most recent school reports (if applicable)          | <input type="checkbox"/> |                                                                 |                          |

## Conditions of Enrolment

Enrolment at an NT Christian School or College is subject to the parents and students agreeing to support the following terms and conditions.

1. Parents will support the aims and policies of the School/College through words and actions.
2. Parents will inform the office, in writing, of any change of contact details within a reasonable timeframe.
3. Parents will allow their child to share fully in the life and programmes of the School/College, including the devotional and extra-curricular activities such as camps.
4. Parents will read the weekly/fortnightly newsletter and note the activities that will affect their child.
5. Parents undertake to provide their child with the correct uniform published in the uniform code on the website. Students will wear the required uniform in an appropriate manner.
6. Parents undertake to, where appropriate, provide their child with all the necessary equipment that may be required to enable their child to benefit from the education offered.
7. Parents and students accept the right of the Principal, as he/she deems wise and expedient for the child, to implement the discipline policy of the School/College, and agree to uphold in every way possible the Principal's authority and right to administer the appropriate correction in accordance with School/College policy.
8. Parents have read and accept structure of school fees. Parents acknowledge that updated versions of the school fee policy will be available on the website and notifications of changes will be advertised in the newsletters. All fees and charges are payable by the specified due date.
9. Parents agree to maintain the account in 'Good Standing' at all times. An account is in 'Good Standing' if it is paid in full by the due date or where it has complied with the conditions of a 'School/College approved payment plan which provided for a zero balance before the next fees are levied.
10. Should circumstances change so that parents are unable to fulfil their financial responsibilities they will contact the School/College as soon as practical.
11. Failure to fulfil financial responsibilities will lead to the suspension/cancellation of enrolment. Any outstanding fees may be handed over to a debt collector and parents agree to pay any legal costs associated with the collection of these fees.
12. Fees are non-refundable where a student departs part way through the term, except in exceptional circumstances as approved by the School/College.
13. Parents agree to reimburse the School/College for any damaged or lost School/College equipment that has been entrusted to their child or other items carelessly damaged by their child.
14. Parents agree to be involved in School Service Hours with hours determined by Council. A levy will be charged with Term 4 fees for hours not completed.
15. The student will behave in a manner consistent with the ethos and values espoused by NT Christian Schools and articulated by the School/College.
16. The Principal may suspend or withdraw enrolment at his/her discretion for failure to comply with these conditions or other serious breaches of the School/College rules or expectations.
17. A student deposit, as determined by the School/College Council, will be due upon confirmation of enrolment. This deposit will be refunded at the end of the child's enrolment if all School/College resources are returned, there are no outstanding accounts and a full terms' notice has been given of the child's departure from the School/College.
18. Parents/Guardians will inform the School/College in writing of an intention for the student to leave the School/College at least a full term prior to the departure date. The Parents/Guardians will complete a 'Leave Form' prior to leaving the School/College. Failure to provide the required term's notice for student withdrawal will mean parents are required to pay fees pro rata to the end of the required period of notice. Extraordinary circumstances may be taken into account in regard to notice of departure.
19. Parents/Guardians give permission for NT Christian Schools, to request student records in their entirety (including student files, reports, special educational reports and behavioural reports) from the student's previous school/s for the purpose of providing information regarding the child's Educational and Social/Emotional history to teachers and involved staff.
20. Parents will regularly check their email account and respond to the School/College in a timely manner.
21. Failure to disclose relevant information regarding your child at the time of interview could result in a termination of enrolment.
22. Parents agree to notify the school in writing of any changes to the information provided on this enrolment form.
23. Parents agree that NT Christian Schools can use their child's name and photo for internal assessment purposes
24. Parents agree that NT Christian Schools can use their child's name, photos and school work for the promotion or publication of School/College activities i.e. Facebook and Instagram. If at any stage parents no longer wish for this to happen, parents are required to inform the school in writing.

I do not wish NT Christian Schools to use my Child's name or photo for the promotion or publication for the School/College activities.

I/We have provided all information and documentation pertaining to the social, emotional, academic and health needs of the enrolling student.  
I/We have read and accepted the Conditions of Enrolment as set out.

|                                 |                            |      |
|---------------------------------|----------------------------|------|
|                                 |                            |      |
| Parent/Guardian Signature       | Parent/Guardian Name       | Date |
|                                 |                            |      |
| Parent/Guardian Signature       | Parent/Guardian Name       | Date |
|                                 |                            |      |
| Middle/Senior Student Signature | Middle/Senior Student Name | Date |

The Australian Government requires that the Schools request the following information from every family. This information helps NT Christian Schools considerably. Please take the time to read over the questions below

**Student Details**
**1. Is the student of Aboriginal or Torres Strait Islander Origin?**

|                              |                              |                              |                                         |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|
| No                           | Yes, Aboriginal              | Yes, Torres Strait Islander  | Both, Aboriginal Torres Strait Islander |
| <input type="checkbox"/> (4) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3)            |

**2. Student's country of birth**

|                                 |                          |
|---------------------------------|--------------------------|
| Australia                       | Other – Please Specify   |
| <input type="checkbox"/> (1101) | <input type="checkbox"/> |

**3. Does the student speak a language other than English at home?**

|                                 |                          |
|---------------------------------|--------------------------|
| English Only                    | Other – Please Specify   |
| <input type="checkbox"/> (1201) | <input type="checkbox"/> |

**Parent/Guardian Details**
**4. Does the Mother/Guardian 1 or the Father/Guardian 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)**

|                   |                                 |                          |
|-------------------|---------------------------------|--------------------------|
| Mother/Guardian 1 | English Only                    | Other - Please Specify   |
|                   | <input type="checkbox"/> (1201) | <input type="checkbox"/> |

|                   |                                 |                          |
|-------------------|---------------------------------|--------------------------|
| Father/Guardian 2 | English Only                    | Other - Please Specify   |
|                   | <input type="checkbox"/> (1201) | <input type="checkbox"/> |

**5. a. 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'.)

|                   |                              |                              |                              |                               |
|-------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
|                   | Year 12 or Equivalent        | Year 11 or Equivalent        | Year 10 or Equivalent        | Year 9 or Equivalent or below |
| Mother/Guardian 1 | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1)  |
| Father/Guardian 2 | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1)  |

**5. b. What is the level of the highest qualification the parents/guardians have completed?**

|                   |                              |                              |                                         |                              |
|-------------------|------------------------------|------------------------------|-----------------------------------------|------------------------------|
|                   | Bachelor Degree or above     | Advanced Diploma/ Diploma    | Certificate I-IV (including trade cert) | No non school Qualification  |
| Mother/Guardian 1 | <input type="checkbox"/> (7) | <input type="checkbox"/> (6) | <input type="checkbox"/> (5)            | <input type="checkbox"/> (8) |
| Father/Guardian 2 | <input type="checkbox"/> (7) | <input type="checkbox"/> (6) | <input type="checkbox"/> (5)            | <input type="checkbox"/> (8) |

**6. a. What is the occupation of the Mother/Guardian 1?**
**b. What is the occupation of the Father/Guardian 2?**

- If the person is not currently in *paid* work but has had a job in the last 12 months or has retired in the past 12 months, please use the person's last occupation.
- If the person has not been in *paid* work in the last 12 months, please write 'Unemployed'.