



Berowra Christian Community School
Excellent Education | Values for Life | Hope for Eternity

APPLICATION FOR ENROLMENT

Child 's Name _____

Date _____

Berowra Christian Community School Cnr King St & Berowra Waters Rd, Berowra NSW 2081

Phone (02) 9456 2444 **Fax** (02) 9456 5141 www.bccs.nsw.edu.au

Lodgement of this form does not guarantee enrolment.

All such decisions are made following interviews, assessments and availability of places. The School ' s decision is final and you will be notified in writing.

A non-refundable Application Fee of \$100 must accompany each form, by cash, cheque or direct debit to our school account.

School Account Details:

Berowra Christian School

BSB: 062 181 Account No: 0090 8526

Please attach the following documentation:

A copy of the child ' s birth certificate

A copy of the child ' s immunisation record

A recent school report (if applicable)

A reference from a Minister or an Elder of the church you attend OR one other person who has known you personally for a number of years.

Legal Documentation - if applicable eg. child welfare arrangements

Reports from specialists and additional medical history - if applicable.

Please return to

Berowra Christian Community School

Cnr Berowra Waters Rd & King St

Berowra NSW 2081

PO Box 425

Berowra Heights NSW 2082

Please indicate how you heard about our school:

School Website

Friend/Family Member

Advertising

Pre-school

Other, please specify _____

For office use only

Received

Child ' s birth certificate

Child ' s immunisation record

Recent school report (if applicable)

Reference from a Minister / personal friend

Legal Documentation - if applicable eg. child welfare arrangements

Reports from specialists and additional medical history - if applicable.

Application Fee



APPLICATION FOR ENROLMENT

STUDENT

Family Name

Given Names (for official documentation)

Male

Female

Date of Birth

Preferred Name

Country of Birth

Aboriginal or Torres Strait Islander? Yes No

Is a language other than English spoken at Home? Yes No

If Yes, please indicate the language spoken

Current School

Year

Residential Address

Suburb / Town

State

Postcode

FATHER

Family Name

Residing at the same address as the student? Yes No

Given Names

Home Phone

Work Phone

Mobile Phone

Email

Occupation

Employer

Church

Member? Yes No

MOTHER

Family Name

Residing at the same address as the student? Yes No

Given Names

Home Phone

Work Phone

Mobile Phone

Email

Occupation

Employer

Church

Member? Yes No

Siblings

M/F

Date of Birth

Cnr. King St & Berowra Waters Rd
Berowra NSW 2081
P.O.Box 425,
Berowra Heights NSW 2082

Tel: (02) 9456 2444

Fax: (02) 9456 5141

Email: enquiries@bccs.nsw.esu.au

Web: www.bccs.nsw.esu.au

ABN 58 003 853 174



APPLICATION FOR ENROLMENT

Directions as to Correspondence

Send School Newsletters and Reports to

Send Fee Accounts to

Medical Information

Family Doctor

Does your child suffer from any of the following medical conditions?

Asthma Allergies Diabetes Epilepsy Migraines Hearing Impairment

Sight Impairment Dyslexia Other

Is your child taking any ongoing medication? Yes No

If Yes, please specify

Does your child suffer from any condition likely to affect activities at school? Yes No

If Yes, please specify

Has your child ever encountered learning difficulties? Yes No

If Yes, please specify

If you answered 'yes' to any of the questions above, please include supporting documentation when submitting your application.

Parent 's Declaration of Support

We undertake by our example and instruction to encourage our child in the establishment and growth of a personal relationship with the Lord Jesus Christ.

We support the decisions and aims of the school, ensuring our child abides by the conditions and regulations, attending school at all the times required by law.

We support the school in its aim to foster a spirit of co-operation and encourage the pursuit of excellence in all areas of endeavour, including the active and willing participation of our child in all aspects of school life, including Christian teaching.

We accept the discipline policy of the school, and the School 's discretion in the event of our child 's failure to comply, in its recommendation for supervision or termination.

We agree to pay fees promptly by due date, and to contact the School as early as possible if we encounter hardships.

We agree that, since the School has a policy of not collecting an enrolment guarantee upon entry, we will be required to give one term 's notice of termination of enrolment. We are aware that failure to do this will render us liable to payment of that extra term 's fees, on the understanding that this payment helps sustain the school 's viability.

I/we accept the conditions of enrolment outlined above, and hereby apply to have our child enrolled in Berowra Christian Community School

Full Name

Date

Signed Father

Signed Mother

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