

Student Name: \_\_\_\_\_

# ENROLMENT APPLICATION



## ENROLMENT APPLICATIONS Prep – Year 12

### **Vision**

Aims to provide a solid foundation of academic excellence and spiritual growth towards authentic Christian living.

### **Values**

Faith, Family and Integrity

98 Wyndham Street, Kerang  
PO Box 180, Kerang 3579

Phone: (03) 5450 3894 Fax: (03) 5450 3895  
Email: [admin@kccs.vic.edu.au](mailto:admin@kccs.vic.edu.au)

OFFICE USE: DATE APPLICATION RECEIVED: \_\_\_\_\_

## THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION

Please tick the items included (Copies only please)

- Copies of most recent school reports
- NAPLAN Reports: Year 3, 5, 7, and 9 (if available/ applicable)
- Specialist Reports relevant to academic abilities and learning needs
- Victorian Student Number
- Extract of child's Birth Certificate
- Immunisation Certificate
- Custodial Information (if applicable)
- Asthma Management Plan (if applicable)
- Have you completed and signed the Authorisations section?

This Application together with any relevant student information can be forwarded to:

Mrs Dee Slatter  
Business Administrator  
Kerang Christian College  
PO Box 180  
Kerang, VIC 3579

# KERANG CHRISTIAN COLLEGE

## Application for Enrolment

### STUDENT DETAILS:

Victorian Student Number:

<b>Title:</b> (Miss/Ms/Mr)	<b>Surname:</b>
<b>First Given Name:</b>	
<b>Second Given Name:</b>	
<b>Preferred Name:</b>	
<b>Sex:</b> (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>

### FAMILY DETAILS:

#### Mother/Guardian

<b>Title:</b> (Mr, Ms, Mrs, Dr etc)	<b>Living with Child:</b> (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surname:</b>	<b>First Name:</b>
<b>Address:</b>	
<b>Email:</b>	<b>Phone:</b>
<b>Business/Work Phone:</b>	<b>Mobile Phone:</b>
<b>Marital Status:</b> (please tick) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> De facto <input type="checkbox"/> Deceased <input type="checkbox"/> Single	
<b>Occupation:</b>	<b>Employer:</b>
<b>In which Country was Mother/Guardian born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
<b># Does Mother/Guardian speak a language other than English at home?</b> <input type="checkbox"/> No English only <input type="checkbox"/> Yes (please specify):	
<b># What is the highest year of primary or secondary school Mother/Guardian has completed?</b> (please tick)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent/below
<b># What is the highest qualification level Mother/Guardian has completed?</b> (please tick)	<input type="checkbox"/> Bachelor Degree or Above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 to IV (including trade) <input type="checkbox"/> No no-school qualification.
<b># What is the occupation group of Mother/Guardian?</b> (please enter the number of the appropriate group from the attached list. If a person has not been in paid work for the last 12 months, enter N.)	

# These questions are asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information. Other Information collected will be covered by the School's privacy policy.

## FAMILY DETAILS

### Father/Guardian

<b>Title:</b> (Mr, Ms, Mrs, Dr etc)	<b>Living with Child:</b> (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surname:</b>	<b>First Name:</b>
<b>Address:</b>	
<b>Email:</b>	<b>Phone:</b>
<b>Business/Work Phone:</b>	<b>Mobile Phone:</b>
<b>Marital Status:</b> (please tick) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> De facto <input type="checkbox"/> Deceased <input type="checkbox"/> Single	
<b>Occupation:</b>	<b>Employer:</b>
<b>In which Country was Father/Guardian born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
<b># Does Father/Guardian speak a language other than English at home?</b> <input type="checkbox"/> No English only <input type="checkbox"/> Yes (please specify):	
<b># What is the highest year of primary or secondary school Father/Guardian has completed?</b> (please tick)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent/below
<b># What is the highest qualification level Father/Guardian has completed?</b> (please tick)	<input type="checkbox"/> Bachelor Degree or Above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 to IV (including trade) <input type="checkbox"/> No no-school qualification.
<b># What is the occupation group of Father/Guardian?</b> (please enter the number of the appropriate group from the attached list. If a person has not been in paid work for the lasts 12 months, enter N.)	

## PRIMARY FAMILY EMERGENCY CONTACT DETAILS:

NAME	RELATIONSHIP (Neighbour, Relative, Friend,	TELEPHONE CONTACT	MOBILE/OTHER CONTACT NUMBER

## PRIMARY FAMILY DOCTOR DETAILS:

Doctors Name:	
Address:	
Phone Number:	
Does the family have a current Ambulance Subscription: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number: Expiry Date:

## OTHER PRIMARY FAMILY DETAILS:

Relationship of Father/Guardian to Student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other .....	
Relationship of Mother/Guardian to Student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other .....	
Church Attending:		
<b>OTHER CHILDREN:</b>		
Christian Name:	Date of Birth:	Year Level:
Christian Name:	Date of Birth:	Year Level:
Christian Name:	Date of Birth:	Year Level:
Main language spoken at home:		

## SCHOOL DETAILS:

Name of previous school/preschool:
Year Level and Year or which application is intended: Eg. Year 7, 2013
Present Year Level:

## STUDENT RESTRICTIONS DETAILS: (Access Restrictions)

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if No, move to next section)
Access Type:	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order
	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:		

## DEMOGRAPHIC DETAILS OF STUDENT:

# In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
# Does the student speak a language other than English at home:?	<input type="checkbox"/> No English only <input type="checkbox"/> Yes (please specify):
# Does the student speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander
What is the student's living arrangements?	<input type="checkbox"/> At home with Two Parents/Guardians <input type="checkbox"/> At home with One Parent/Guardian <input type="checkbox"/> Other (please specify):

Usual mode of transport to school:	<input type="checkbox"/> Walking <input type="checkbox"/> Bicycle <input type="checkbox"/> School Bus <input type="checkbox"/> Driven
Bus Name or Number:	
Distance to school in kilometres:	

# These questions are asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information. Other Information collected will be covered by the School's privacy policy.

# STUDENT MEDICAL AND IMMUNISATION DETAILS:

## IMMUNISATION DETAILS OF STUDENT

<b>What is the student's immunisation status:</b> (please attach immunisation certificate) <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Not Immunised	
<b>If partial immunisation is selected, has the student been immunised against any of the following medical conditions?</b>	
Tetanus: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Poliomyelitis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown MMR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Pertussis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (Whooping Cough)	Diphtheria: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Haemophilus <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Influenza type B Hepatitis B: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

### MEDICAL CONDITION DETAILS:

<b>Does the student suffer from any of the following impairments:</b>	
Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student suffer from Asthma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has the student ever suffered from Asthma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### ASTHMA MEDICAL CONDITION DETAILS: (If applicable)

<b>Please indicate if the student suffers from any of the following symptoms:</b>	
<input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	
<b>If my child displays any of the above symptoms please:</b>	
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify:
<b>Has an Asthma Management Plan been provided to the school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the student take medication for the above conditions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b> <input type="checkbox"/> Preventive <input type="checkbox"/> Response	
<b>Medication is usually administered by:</b> <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
<b>Medication is stored :</b> <input type="checkbox"/> with Student <input type="checkbox"/> Fridge <input type="checkbox"/> Other	

**OTHER MEDICAL CONDITIONS:**

<b>Does the student have any other medical conditions or allergies?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify)	
Symptoms:	
<b>If my child displays any of the above symptoms please:</b>	
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes please specify:
<b>Does the student take medication for the above conditions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of Medication:</b>	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b>	<input type="checkbox"/> Preventative <input type="checkbox"/> Response
<b>Medication is usually administered by:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
<b>Medication is stored :</b>	<input type="checkbox"/> with Student <input type="checkbox"/> Fridge <input type="checkbox"/> Other

**SCHOOL NEWSLETTER**

How would you like to receive the school newsletter?

Hardcopy     Email .....(please include email)

**AUTHORISATIONS**

**In the case of a medical emergency, if neither parents can be contacted, do you grant permission for the school to seek emergency treatment for your child or administer first aid?**

Yes     No

**From time to time the school may use photos of your child/children in advertising material, school newsletter, newspapers, school website or media outlet. Do you grant permission?**

Yes     No

**As part of the regular program of the school, the students are required to leave the school grounds and travel to such activities as sports, specific educational presentations, practice for school functions etc. Parents will be informed, through the weekly newsletter, or a specific note. If a separate cost for an excursion is required an appropriate permission form will need to be signed. Do you agree?**

Yes     No

Signature of Parent/Guardian: ..... Date: .....



# VOLUNTEERS

It is in Kerang Christian College's mission to develop *“Enhanced partnerships between parents, students and staff, strengthening the teaching and learning process.”* The development of volunteer relationships that can serve to enrich the school program and advance the School's mission is welcomed and encouraged.

If you are able to assist the College in any of the following ways, please specify below.

- School Canteen    *Please circle preferred day*                      Monday    Wednesday    Friday
- Reading            *Please circle preferred day*            Monday    Tuesday    Wednesday    Thursday    Friday
- Gardening
- Small Maintenance
- School Excursions
- Other Skills ..... (please specify)

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Working With Children No:** \_\_\_\_\_

*Please provide a photocopy of your card to the College.  
(please add Kerang Christian College to your Working with Children's Card)*

A copy of the College 'Volunteer Policy' is available upon request.

# INFORMATION RELEASE FORM

(Parent/Guardian)

I, \_\_\_\_\_ consent to health, schooling and other clinically relevant information, including detailed assessment and reporting information about:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

to be provided to:

Kerang Christian College

**Attention:** Mr Wayne Barker  
PO Box 180  
Kerang VIC 3579

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

Relationship to referred child: (circle)

- Parent of child
- Guardian with legal responsibility
- Person responsible as defined in Section 37 of the Guardianship and Administration Act 1986.



# PARENT OCCUPATION GROUP CODES

## Group 1: Elected officials, senior executives/managers and professionals

**Elected officials** [parliamentarian, mayor, alderman/woman, trade union secretary, board member]

**Senior executives/managers** head large organisations or departments within them.

**Business** [chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]

**Media** [newspaper editor, film/television/radio/stage producer/director/manager]

**Public sector** [public service manager (Section head or above), regional manager, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery manager, research laboratory/facility manager, police/fire services Commissioner]

**Defence Forces** [Commissioned Officer]

**Professionals** generally have degree or higher qualifications and professional experience in government, private industry or own business.

**Health** [GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor,

veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietitian]

**Education** [school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]

**Law** [judge, magistrate, barrister, coroner, solicitor, lawyer, legal officer]

**Engineering** [architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]

**Science** [scientist, geologist, meteorologist, metallurgist]

**Computing** [IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]

**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

**Social** [social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]

**Air/sea transport** [aircraft pilot, flight officer, flying instructor, air traffic controller, ship's

## Group 2: Other business managers/professionals and associate professionals

**Other business managers.**

**Farm/business owner/general manager** [crop and/or livestock farmer/farm manager, stock and station

agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager]

**Specialist manager** [works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager]

**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]

**Retail sales/services manager** [shop, post office, restaurant, real estate agency, travel agency, betting

agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

**Other professionals.**

**Artist/Writer** [editor, journalist, author, media presenter, photographer, designer, illustrator, musician,

actor, dancer, painter, potter, sculptor]

**Sportsperson** [sportsman/woman, coach, trainer, sports official]

**Associate professionals** generally have diploma/technical qualifications and support professionals.

**Medical, science, building, engineering, computer** technician/associate professional

**Health/welfare** [enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]

**Legal** [police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer, bailiff]

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office

### **Group 3: Trades and advanced/intermediate clerical, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All

tradesmen/women are included in this group.

**Advanced/intermediate clerical, sales and service staff.**

**Recording clerk** [bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, investment accounting clerk, accounts/claims/audit clerk, payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk]

**Inquiry/admissions clerk** [customer inquiry/complaints/service clerk, hospital admissions clerk]

**Office assistant** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales representative** [company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Carer** [aged/disabled/refuge care worker, child care assistant, nanny]

**Service staff** [meter reader, parking inspector, postal delivery worker, courier, travel agent, tour

### **Group 4: Other occupations**

**Other clerical, sales and service staff.**

**Sales staff** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train

conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, sales demonstrator, shelf stacker]

**Office staff** [typist, word processing/data entry/business machine operator, receptionist]

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]

**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

**Machinery operators.**

**Driver or mobile plant operator** [car, taxi, truck, bus, tram or train driver, driving instructor, courier/deliverer, forklift driver, streetsweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]

**Production/processing machine operator** [engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, etc production/processing machine operator]

**Other machinery operator** [photographic developer/printer, industrial spray painter, boiler/airconditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

**Other occupations.**

**Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]

**Other agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]