



Heritage College Lake Macquarie

*an independent school operated by
Christadelphian Heritage College Incorporated
ABN 70 951 919 548*

Enrolment Application Form

Parents need to complete and sign this enrolment application form and submit it to the office with payment of an application fee of \$100. The Enrolment Officer will contact parents regarding possible vacancies after the information in this form has been processed.

1. Student Details

Student

Name:

Age: DOB: Sex:

To commence year level: In Term: In Calendar Year:

Country of Birth: Australian Citizen:

Nationality: Aboriginal:

Torres Strait Islander:

Student Residential Address:

BOSTES Number: Student Mobile No:

Student Email (If Applicable)

Other Children in the Family: (A separate application is required for each child enrolling)

Name:	Age:	Applying for Admission:		Current Year Level:
<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>	<input type="text"/>

2. Parent and Family Information

Father

Name:	Title:	First Name:	Surname:
Phone:	Home:	Work:	Mobile:
Email:	Email:		
Address:	Street:		
	Suburb:	State:	Postcode:

Residing at the same address as the student: Yes No

Country of Birth: DOB:

Nationality: Aboriginal/Torres Strait Islander:

Do you identify with a non-English speaking Culture? If so, which one:

Do you speak another language at home? If so, which one:

Highest Level of Secondary Schooling:

Year 9 or below: Year 10: Year 11: Year 12:

Highest Level of qualification completed:

Bachelor Degree: Diploma: Certificate: No post-school qualification:

Occupation: Employer:

Position: Phone Number of Workplace:

Religion: Church:

Involvement in Church: Active: Passive: Not Involved:

Other Community Involvement:

Eg - Sports Coach

2. Parent and Family Information - continued

Mother

Name: Title: First Name: Surname:

Phone: Home: Work: Mobile:

Email: Email:

Address: Street:

Suburb: State: Postcode:

Residing at the same address as the student: Yes No

Country of Birth: DOB:

Nationality: Aboriginal/Torres Strait Islander:

Do you identify with a non-English speaking Culture? If so, which one:

Do you speak another language at home? If so, which one:

Highest Level of Secondary Schooling:

Year 9 or below: Year 10: Year 11: Year 12:

Highest Level of qualification completed:

Bachelor Degree: Diploma: Certificate: No post-school qualification:

Occupation: Employer:

Position: Phone Number of Workplace:

Religion: Church:

Involvement in Church: Active: Passive: Not Involved:

Other Community Involvement:

Eg - Sports Coach

2. Parent and Family Information - continued

Parent Information:

What is your marital status?

Married: Single: Separated: Divorced: Widowed: Defacto:

If parents are separated/divorced, students reside with:

N/A: Mother: Father: Shared: Other:

Are there any court orders in place that affect the student/s?

Yes

No

(Please supply copy of order)

3. Communication and Contact Information

1. With whom should HCLM communicate regarding day to day matters?

Father/Mother: Mother: Father: Other (Step parent/guardian/defacto)
(Please complete section below)

2. Who should receive copies of school reports?

Father/Mother: Mother: Father: Other (Step parent/guardian/defacto)
(Please complete section below)

3. Who should receive the fee account?

Father/Mother: Mother: Father: Other (Step parent/guardian/defacto)
(Please complete section below)

Other Contact: (If required)

Name: Title: First Name: Surname:

Phone: Home: Work: Mobile:

Relationship to student:

Do you have any other extended family who would like to receive the weekly HCLM Newsletter?

First Name: Surname: Email:

First Name: Surname: Email:

4. Emergency Contact Information

Emergency Contact 1: (Someone other than a parent)

Name: Title: First Name: Surname:

Phone: Home: Work: Mobile:

Relationship to student:

Emergency Contact 2: (Someone other than a parent)

Name: Title: First Name: Surname:

Phone: Home: Work: Mobile:

Relationship to student:

5. Student Information

Current School:

Class Teacher/Year Advisor: Contact Phone Number:

Indicate academic level of student's current work:

Excellent Above Average Average Below Average

Describe any special academic achievements, gifts or strengths:

Describe any difficulties your child may have that could impact on their academic process:

Describe any special personal characteristics, interests, hobbies or achievements:

Please note any commitments to sport or music:

Has your child received funding to support special needs? Yes No

If yes, please describe this support:

Does your child require ESL support? Yes No

Please indicate your child's level of social interaction with peers:

Excellent Above Average Average Below Average

Please indicate your child's general level of past conduct in social settings:

Excellent Above Average Average Below Average

Has your child ever been suspended or expelled from another school? Yes No

If yes give details

Has your child ever been subject to special disciplinary problems? Yes No

If yes give details

Student Information - continued

Has your child ever been in trouble with the law, arrested, etc?

Yes

No

If yes, please explain:

Has your child ever used alcohol, tobacco or drugs of any kind?

Yes

No

If yes, please explain:

6. Medical Information

Health Care Card:

Yes

No

Card Number:

Medicare Number:

Position on Card:

Are you a member of a Private Health Fund?

Yes

No

Ambulance Cover?

Yes

No

Name of Health Fund:

Fund Number:

Doctor's Name:

Name:

Phone:

Dentist Name:

Name:

Phone:

Does your child have a medical diagnosis/allergy?

Yes

No

Asthma

Diabetes

Epilepsy

Other

If yes give details

Does your child have a disability or special needs?

Yes

No

ADD

ADHD

Aspergers

Other

If yes give details

Does your child require administration of regular medication?

Yes

No

Do you consent for your child to be given Paracetamol?

Yes

No

Do you consent for your child to be given Antihistamine?

Yes

No

Does your child wear glasses or contact lenses?

Yes

No

Immunisations are up-to-date and a certificate can be provided?

Yes

No

7. Declaration

Supporting Documentation

In order for this enrolment to be processed in a timely manner, please ensure you provide the following to support the enrolment:

1. Payment of the Enrolment Administration Fee (\$100). This fee is non-refundable;
2. A copy of the student's latest two school reports;
3. NAPLAN reports (for students who have been in grade 3,5,7 or 9);
4. A family reference (from a friend, church or community member);
5. A copy of the child's birth certificate;
6. Any documentation relevant to medical conditions;
7. Any documentation related to family court matters (e.g. court orders) ;
8. Immunisation Certificate;
9. Medical Action Plans from Doctor.

Please submit this completed Enrolment Application Form, with supporting documents, to the office at Heritage College. Payment of the enrolment fee can be made directly to the office staff. Credit Card or Direct Deposit facilities are available.

1. I/We declare, to the best of my/our knowledge, that all the information presented above is true and correct.
2. I/We agree to medical treatment for our child should it be required.

Father's Signature	Mother's Signature
Date	Date

Please note that completion of this Enrolment Application Form does not guarantee enrolment. An Enrolment Officer from Heritage College will contact you about possible vacancies and, should there be vacancies available, will make arrangements for the next steps in the enrolment process to be taken. Please supply the documents listed above to support this Enrolment Application.

8. Office Use Only

Student

Name:

Enrolment Interview:

Date

Previous School Reports:

Yes

No

Enrolment form received:

Date

NAPLAN Reports:

Yes

No

Application fee paid:

Date

Family Reference:

Yes

No

Offer sent:

Date

Immunisation and medical documents:

Yes

No

Acceptance received:

Date

Court Order Documents:

Yes

No

Enrolment security deposit:

Date

Generic Permission Note:

Yes

No

Birth Certificate:

Yes

No

HCLM House:

Start Date:

Date

Transition:

Yes

No

Paid



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