

APPLICATION FOR ENROLMENT

REFERENCES

Please nominate two people who know your child and would provide a reference.

Referee 1 _____ Phone _____

Relationship to applicant (eg. minister of church, teacher etc.) _____

Referee 2 _____ Phone _____

Relationship to applicant (eg. minister of church, teacher etc.) _____

EMERGENCY CONTACTS (Other than Parent / Guardian)

1 Full Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

2 Full Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PERMISSION NOTES

- In the event that the school is unable to contact me in an emergency, I grant permission for my child to be given the treatment deemed necessary.
- I am willing for my child to have his/her photo in any school publication or for marketing purposes. I will contact the school if I am unhappy with this arrangement.
- I give permission for my child to go on any regular school based program by school bus.

PLEDGE

I/We understand that this is a Christian school and agree to support the school in upholding its standards and ethos.

SIGNATURES

PARENTS/GUARDIANS (both parents or guardian(s) to sign if possible.)

Signature of FATHER/Guardian: _____ Date: _____ Signature of MOTHER/Guardian: _____ Date: _____

APPLICANT I choose to support the school by wearing the correct uniform, behaving safely and courteously while travelling to and from school, cooperating with my teachers and participating in school life. I promise to do and say things which show respect to my home and my school.

Signature of Year 3-6 Student: _____ Date: _____

SCHOOL INFORMATION

How did you first hear about our school? _____

Why did you choose this school? _____

Did any of the following assist you in choosing this school for your child?

- Letterbox flyer Newspaper ad/article School Expo or Fair display Open Day Preschool visit
 Church promotion School bus sign School banner School website School sign
 Friend or Relative Other _____



**HURSTVILLE
ADVENTIST SCHOOL**

Nurture for today • Learning for tomorrow • Character for eternity

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Operated by Seventh-day Adventist Schools (Greater Sydney) Ltd
ABN 63 106 908 767 CRICOS No. 02622J

OFFICE USE ONLY:

Student Status: _____ Birth Cert/Passport/Visa: _____

Bus Form: _____ Rego No.: _____

Data Collection: _____ Starting Date: _____

Fire Drill: _____ Deposit Paid: Yes/No _____

Immunisation: _____ Swimming: _____

Medical Form: _____ Asthma/Anaphylaxis Form: _____

Payment Method: _____

Family Name: _____

Given Name/s: _____

Preferred Name: _____

Date of Birth: _____ Gender: _____

To commence Grade _____ In Term _____ Year 20 _____

Residential Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Home Telephone Number: _____ Parent/Guardian Mobile Number: _____

Home Email Address: _____

Nationality: _____ Cultural Background: _____ Country of Birth: _____ Place of Birth: _____

Nationality other than Australian, please provide Visa Number: _____ Date of arrival: _____

Religious Denomination: _____ Church Attending: _____

PRE-KINDY APPLICANTS

For Pre-Kindy applicants: Do you plan to enrol your child at Hurstville Adventist School for Kindy next year? Yes No

Pre-Kindy Options:

2 Days: Thursday & Friday

3 Days: Monday, Tuesday & Wednesday

5 Days: Monday to Friday

NOTE: Any misleading or inaccurate information may render this application null and void. This information will be used in accordance with the Adventist Schools Australia Privacy Policy, a copy of which is available upon request.



**SEVENTH-DAY ADVENTIST SCHOOLS
(GREATER SYDNEY) LIMITED**

Nurture for today • Learning for tomorrow • Character for eternity

STUDENT PROFILE

If your child is already attending school, please complete the following.

School presently attending: _____ Grade: _____

How is your child achieving at school?

Academically: V. Good Good Average Poorly V. Poorly
 Socially: V. Good Good Average Poorly V. Poorly

What are your child's special interests and achievements (cultural/sporting)?

Is your child in need of/currently receiving any of the following forms of Support?

English as a second language Language Mathematics
 Individual teacher aide time Visual or hearing impairment assistance
 Speech therapy Occupational therapy

Details of special circumstances:

Siblings:

The applicant has: sisters and brothers. Please circle the applicant's place among siblings:

Oldest Youngest
 1 2 3 4 5 6

INFORMATION FOR GOVERNMENT CENSUS

Is English your child's second language? YES NO If yes, what language does he/she speak? _____

Is the applicant of Aboriginal/Torres Strait islander descent? YES NO

APPLICANT'S GENERAL HEALTH STATUS (Please supply detailed information on the HEALTH RECORD)

Does your child have:

- Any chronic illness? eg. Asthma Specify: _____
- Any allergies? Specify: _____
- Any special learning or behavioural diagnoses Specify: _____

Applicant's Medicare Number: _____ Child's number on card: _____

Health Insurance Provider: _____ Membership Number _____

TRANSPORT TO SCHOOL

Please select your child's method of travel to school (you may select more than one) If School bus required, please complete the separate bus application form available on request from the school office.

Car School Bus Public Bus
 Walk Train Other _____

PARENT/GUARDIAN DETAILS

	Mother	Father	Guardian
Title			
First Name			
Middle Name			
Preferred Name			
Last Name			
Date of Birth			
Nationality			
Cultural Background			
Language used at home			
Street Address			
Suburb			
Postcode			
Home Phone			
Work Phone			
Mobile Phone			
Email Address			
Marital Status			
Occupation			
Employer			
Religion			
If Seventh-day Adventist Church Attending	<input type="checkbox"/> Baptised	<input type="checkbox"/> Baptised	<input type="checkbox"/> Baptised
Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Academic Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fee statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: As family structures can differ widely, please supply any details related to the particular circumstances of your family. Detail any legal arrangements of which the school should be aware. Where necessary, please supply a copy of relevant documentation.

