



Kinder @
Flinders

ENROLMENT APPLICATION

www.flinders.vic.edu.au

PROCEDURE OF ENTRY

An application form must be completed and submitted together with a fee of \$100 per child to register each applicant.

For 4 year old Kinder Applications the following procedure applies:

Selection is based on an interview with a senior staff member where consideration is made of readiness for our kinder program.

At the end of the interview process, successful placements will be offered based on the interview and in order of applications received. Parents will be notified by post.

Conditions of Entry

1. Full endorsement of the "Vision, Mission, Values, Philosophy & Goals" and "Behaviour Management Policy" of Flinders Christian Community College (available on website).
2. Agreement to support and abide by the rules and regulations of the College.
3. Full endorsement of the Christian teaching and practices of the College.
4. The work that is produced whilst a child is at Flinders Christian Community College may be utilised by the school at its discretion for school publications. Photographs of school activities involving a student may be used in school publications.
5. To pay all fees in accordance with the school fee schedule issued annually.
6. The College reserves the right to suspend the enrolment of a child where more than one term's fees become outstanding.

Withdrawal from College

One full term's notice in writing is required for the withdrawal of a child from Flinders Christian Community College or payment of one full term's fees in lieu of notice.

Liability

Flinders Christian Community College accepts no responsibility or liability for the loss of or damage to property belonging to parent(s) or children.

Privacy Statement

The primary purpose of collecting this information is to enable the College to provide schooling for your child. This includes satisfying the needs of parents and guardians and the needs of the student throughout the whole period he/she is enrolled.

Some of the information collected is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.

Certain laws governing or relating to the operation of schools require that certain information is collected. You may contact the College if you have a question about this.

Health information is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We require medical reports about students from time to time. If you do not consent to us obtaining this information you are required to advise us. The College from time to time also has to disclose certain personal information and sensitive information to others. This includes other schools, government departments, medical practitioners, publications and people providing services to the College, including specialist visiting teachers (sports) coaches and volunteers.

Enrolment into the Kindergarten will secure a place in Prep. On entry to Prep, a bond will be paid to the College.

Please detach this page and retain for your records.



Office use only :

Date : _____
Reference : _____
Fee (\$100 non-refundable) : _____
Student ID : _____
Debtor ID : _____

ENROLMENT APPLICATION

Child's surname _____ Date of Birth _____ Age in Years _____

Given names _____ Male Female

(Entry Age: 4 y.o. program must turn 4 before 30th April in year of commencement)

Program: 4 year old (3 days) Calendar year to be enrolled in: _____

Residential Address: _____

Suburb: _____ Postcode: _____ Phone: _____

Child lives with Both Parents Mother only Father only

Nationality _____ Is the child of Aboriginal or Torres Strait Islander Origin? Yes/No

Non-Australian Nationals: Permanent Residency Status Yes Visa Number: _____ No
(Attach copy)

In which country was the child born? _____

Does the child speak a language other than English at home? Yes/No

If yes what language is spoken? _____

Do you require an interpreter to be available during the enrolment interview? Yes/No

Emergency and Medical Information

Please specify any particular medical alerts.

Medical condition: _____

Allergies: _____

Has your child had any professional assessments? Yes/No

If yes, please provide details and attach copies of reports: _____

Please indicate whether your child has any known or suspected learning support needs.

(physical/intellectual and or social)

Is there any other information you feel we need to know about your child?

Please attach a copy of a current Immunisation History Statement and Birth Certificate for your child



Parent/Guardian (Circle one)

Title _____ First Name _____

Surname _____

Address _____

_____ Postcode _____

Postal Address (if different) _____

_____ Postcode _____

Phone (H) _____

Occupation _____

Employers name _____

Phone (W) _____

Email _____

Past student Yes/No Year left _____

Parent/Guardian (Circle one)

Title _____ First Name _____

Surname _____

Address _____

_____ Postcode _____

Postal Address (if different) _____

_____ Postcode _____

Phone (H) _____

Occupation _____

Employers name _____

Phone (W) _____

Email _____

Past student Yes/No Year left _____

Family Members

Name(s) of children currently at FCCC _____

Name(s) of children planning to enter FCCC _____

Name(s) of previous children at FCCC and year left _____

For Marketing purposes, please complete the following questions:

How did you first hear about Kinder@Flinders? (Circle all that apply)

Word of mouth Website Banners in local area Cinema
Banners at College Radio\Television Local paper Other _____

Have you visited the College for:

A tour of Kinder@Flinders Open Day

What factors influenced your decision to submit this application? _____

Signatures of both parents/guardians

I/We have read the Conditions of Entry and agree to be bound by the contract. I/We hereby apply for admission of the child nominated on this form to Kinder at Flinders as from the date registered and undertake to hold ourselves personally responsible for the payment of all fees, including expenses and other expenditure incurred on behalf of the nominated child.

Signature of Parent/Guardian (circle one) _____ Date _____

Signature of Parent/Guardian (circle one) _____ Date _____

Please note:

This application requires the signature of both parents. Please ensure all relevant attachments are included. Please forward the Enrolment Application form together with the \$100 fee to:

The Registrar, Flinders Christian Community College, PO Box 9298, Traralgon, VIC 3844

