



# Application for Enrolment

Names of Siblings:	Ages:

Past Schooling: (Not applicable for Kindy)	Years:

Known Medical Conditions:	Doctors Details:
Condition 1:	Doctor's Name:
Condition 2:	Practice:
Medicare No:	Phone Number:
In the event of an emergency involving my child I authorise Bethel to obtain medical help.	Signed: _____ Date: _____

Other comments about medical conditions:

Emergency Contacts Names:	Emergency Contacts Phone Number/s:	Relationship to Student:

Church Currently Attending (Mother):	Church Currently Attending (Father):
Do you currently attend church? YES NO	Do you currently attend church? YES NO
Church:	Church:
Minister:	Minister:

School Fees/Payments:	YES/NO
I/We hereby agree to pay all school fees.	
I/We hereby agree to pay all payments relevant to school activities.	

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Other Information:	YES/NO
Does the student have any learning difficulties? If yes please give brief details:	
Has the student had any serious behaviour problems at their previous school? If yes please give details:	
Are there any family court issues or family issues that the school needs to be aware of? If yes please give details:	
<i>Secondary Only:</i> Does your child want to come to this school?	

Permissions:	YES/NO
I/We hereby agree to permit the school to publish photographs of our child in mediums that are appropriate for school use, including the local newspaper.	
I/We hereby agree to permit the school to publish family details in the annual school family directory.	
I/We hereby agree to permit the school to take my child/children off campus to attend regular school activities e.g. physical education etc.	

**Please attach the following with your application:**

- Signed Enrolment Conditions
- Immunization Records
- For Year 3 up - latest school report
- For Secondary Students a reference (Pastor/Youth Pastor, Teacher or Family Friend) See forms attached.

Signatures:

Mother/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date: \_\_\_\_\_