



# Enrolment Application Form

# 2024

Entry required at Year Level: \_\_\_\_ (Prep, Year 1, Year 2, etc.) in the year 20\_\_\_\_

Please read the College Handbook carefully before submitting this application form or making an appointment with the Principal.

This application must be filled in completely and be accompanied by:

- Photocopy (not original) of report from student's previous school (where applicable)
- Photocopy (not original) of Birth Certificate
- Photocopy (not original) of AIR (Immunisation Register) for applicant

**Please send the above paperwork with this application if this is possible.**

***An interview with parents and student will be required before acceptance.***

**Mr Steven Nicholas  
Principal**



**OLIVET CHRISTIAN COLLEGE**

89 Main Rd,  
Campbell's Creek 3451  
[admin@olivet.vic.edu.au](mailto:admin@olivet.vic.edu.au)  
[www.olivet.vic.edu.au](http://www.olivet.vic.edu.au)

03 5472 3817

## STUDENT INFORMATION

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Name/s:	Surname	Given Names	M / F	Date of Birth / /
	Aboriginal: Y / N	Torres Strait Islander: Y / N	please circle	
Name/s:	Surname	Given Names	M / F	Date of Birth / /
	Aboriginal: Y / N	Torres Strait Islander: Y / N	please circle	
Name/s:	Surname	Given Names	M / F	Date of Birth / /
	Aboriginal: Y / N	Torres Strait Islander: Y / N	please circle	
Name/s:	Surname	Given Names	M / F	Date of Birth / /
	Aboriginal: Y / N	Torres Strait Islander: Y / N	please circle	
Home Address:	_____			
Suburb:	_____		Post Code:	_____
Mobile:	Home Ph:	Email: _____		
Last School Attended (if applicable) / Location / Year Level:				
_____				

## FAMILY INFORMATION

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### Collection of Student Background Information for National Reporting.

Schools across Australia are required by Government to collect background characteristic information for all students. This information is to monitor the effect student background characteristics have on student outcomes to ensure the 'National Goals for Schooling in the Twenty First Century' are met.

<u>Father:</u>	Country of Birth/Citizenship:	
Aboriginal: Y / N	Torres Strait Islander: Y / N	
Employer:	Occupation:	
Mobile:	Business Ph:	Email:
School Education Level:	Non School Education Level:	
Native Language:	Language spoken at home:	
<u>Mother:</u>	Country of Birth/Citizenship:	
Aboriginal: Y / N	Torres Strait Islander: Y / N	
Employer:	Occupation:	
Mobile:	Business Ph:	Email:
School Education Level:	Non School Education Level:	
Native Language:	Language spoken at home:	

Other children to be enrolled in the future (name and birthdate):

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## CHURCH INFORMATION (if applicable)

Current

Church: \_\_\_\_\_

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

Minister/s: \_\_\_\_\_ Telephone: \_\_\_\_\_

Christian? Father: Yes / No Mother: Yes / No

Has the student ever made a profession of faith in Christ? Yes / No

## MEDICAL INFORMATION

Family

Doctor/Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does the student have any special medical needs?

\_\_\_\_\_  
\_\_\_\_\_

Diagnosis by a Doctor? \_\_\_\_\_ Diagnostic Testing? \_\_\_\_\_

Does the student have any allergies? Yes / No

If yes, what are the triggers and what is the reaction?

\_\_\_\_\_  
\_\_\_\_\_

Do you accept the College administering Panadol / Paracetamol when necessary? Yes / No

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have Ambulance Cover? Yes / No Card Number: \_\_\_\_\_

Do you have a Healthcare / Pension Card? Yes / No Card Number: \_\_\_\_\_

Emergency Contact if you are not available:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Has the student ever been expelled, dismissed, suspended or refused admission to a school? Yes / No

If yes, please explain: \_\_\_\_\_

Has the child ever had any disciplinary difficulties? Yes / No

If yes, please explain: \_\_\_\_\_

Has the child ever been in trouble with the law, etc? Yes / No

If yes, please explain: \_\_\_\_\_

Is there any other specific information we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the academic level of the students work: Excellent / Good / Average / Poor

## GENERAL INFORMATION

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How did you hear about this school? \_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_

## PHOTOGRAPHS

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Photographs of school activities involving my child may be used in:

- School Publications on the School Website / Newsletter? Yes / No
- Student Annual Magazine? Yes / No
- General Advertising in Newspapers, etc? Yes / No

## INDEMNITY FORM

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I approve of our children attending and participating in all college activities and agree to and do hereby indemnify the said college, its officers, servants or agents against any damages, claims or demands arising from any accident or illness which may befall or occur to him/her, except to the extent that the loss is directly attributable to the negligence of Olivet Christian College, the school council or their employees, servants or agents.

I further authorise any officers, or servants or agents of the said College to obtain any necessary medical assistance or treatment and for this purpose engage any doctors, nursing assistance or hospital accommodation and agree to pay all such expense.

Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT

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I / We have read the information supplied and agree to the following:

1. That I / We will support the College in the application of its policies and procedures.
2. That My / Our child will comply with all the requirements of the policies, rules, and regulations of the College.
3. I will encourage My / Our children in their Christian growth and will support the College by attending Presentations, Dedication Nights, and other function as they arise and I am able.
4. That fees will be paid by the due date as detailed in the Fee Schedule.
5. That a Term's notice is required in writing when my/our child leaves the College.
6. That if I / We fail to comply with the requirements of point 5, the College reserves the right to invoice Me / Us for a Term's fees in lieu of notice.
7. I / We have read the College Handbook and agree with the policies set out therein.

Both signatures required if possible:

Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

It is the policy of Olivet Christian College to comply with the National Privacy Principles as contained in the Privacy Amendment (Private Sector) Act 2000. Please refer to the College Handbook for the Standard Collection Notice which details how the College uses and manages personal information provided to and collected by it.

# MEDICAL HISTORY

Student's Name \_\_\_\_\_ Date of Birth: / /

IT IS MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until re-admission is acceptable to School authorities. Your co-operation will be greatly appreciated. Thank you!

Father's Health: \_\_\_\_\_ Mother's Health: \_\_\_\_\_

## APPLICANT'S HEALTH RECORD (complete only one page per student)

Condition	Yes / No	Comments	Condition	Yes / No	Comments
Allergies (food, insects, drugs, latex)			Dental problems		
Allergies (seasonal)			Diabetes		
Anaphylaxis (Epipen required)			Vision problems		
Asthma or breathing problems			Hearing problems / Deafness		
ADHD			Heart problems		
Behavioural problems			Muscle problems		
Development problems			Seizures		
Bladder problem			Speech problems		
Bleeding problem			Spinal injury		
Bowel problem			Head Injury / concussions		
Coeliac Disease					

List all prescription, over-the-counter, and herbal medications your child takes regularly:

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## IMMUNISATION CERTIFICATE

By law, Primary schools record information on the immunisation status of students prior to enrolment. Parents or guardians must provide an Immunisation Status Certificate to the school regardless of whether the child is or is not immunised.

An Immunisation History Statement from the Australian Immunisation Register is required. Documents produced by GPs or other immunisation providers are no longer acceptable. It is compulsory by law to provide the certificate, which states whether or not your child has completed the childhood immunization course.

<https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register>

A child's immunisation status is invaluable in the event of a vaccine preventable disease outbreak in a school situation where it is imperative that children are quickly identified as being protected/not protected against a disease.

## PERSONAL RECORD (Please answer all of the following)

Is he/she shy? \_\_\_\_\_ Overactive? \_\_\_\_\_ Bites fingernails? \_\_\_\_\_

Have excessive fears? \_\_\_\_\_ Likes school? \_\_\_\_\_ Play well with others? \_\_\_\_\_

Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# INTERNET / EMAIL CODE OF PRACTICE

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## Student Agreement

I agree to use the Internet at our school in a responsible manner for purposes stated by my teacher.

If I find myself in unsuitable locations, I will immediately click on the home or back button and inform my teacher.

When working on the internet:

- I will only work on the web for purposes specified by my teacher.
- I will not use the internet or networks at school to access web pages, computer files, newsgroups, chat groups or other materials that would be considered offensive in the judgement of the college, or infringe the Student Code of Conduct.
- I will accept responsibility in regard to copyright protected material and plagiarism. I will not download and redistribute software, games, music, graphics, videos or text unless authorised to do so by the copyright owner, and will not attempt to present somebody else's work as my own.
- Consistent with the Student Code of Conduct, I will be denied all access to school computers and or the Internet for a time to be determined by the College and may face further disciplinary action consistent with the Student Code of Conduct, if I violate any of the terms of this agreement
- I will not give out information such as my surname, address, telephone number, or parents' work address/telephone number.
- I will never send a person my picture.
- I will compose e-mails only at the instruction of my teacher for educational purposes such as correspondence for class lessons.

I understand that breaches of the rules will see me lose my Internet/email access rights for a period of time determined by my teacher.

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

Student Signature (Secondary) \_\_\_\_\_

Date \_\_\_\_\_

## Parent / Guardian Agreement:

I agree to my child using the Internet at school for educational purposes in accordance with the Student Agreement above.

I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material.

I do not consent to my child corresponding with others, using email.

I do / do not consent to my child having their first name (last initial) used on email messages for educational purposes.

Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT INDEMNITY FORM

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STUDENT NAME: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

I hereby give my consent as indicated below. I will take responsibility for notifying the school of any changes.

PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## 1. Excursion Indemnity Form:

I hereby authorise the above named child to attend local day excursions, up to 50 kms, which involve public or private transport organised by Olivet Christian College (usually in school buses).

In case of illness or accident, I authorise the teacher in charge of the excursion to consent where impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. Permission for Medical Attention:

In the event of illness or accident, suffered by my child, and where it is impracticable to contact me I hereby give permission for any medical attention deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Interschool Programs

I hereby give permission for the above named child to attend school programs run in conjunction with other schools. My child may work with other students while supervised by teachers during these programs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Transport by Staff Car

I hereby give permission for my child to travel by private car in circumstances where it is deemed necessary by the Principal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any objection to any section of this Permission Form, please contact the school. Thank you for your co-operation in completing these forms.*

## SECONDARY BOOKLIST

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Each family is responsible for providing each student with the following:

- King James Bible
- School bag
- Box of tissues
- Glue Stick (labelled)
- Pencil case with: Grey lead pencils  
Coloured pencils  
Pencil sharpener, ruler, eraser, 2 blue pens

The College will provide and charge for the following as required:

- School Diary
- Exercise books
- Protractor
- Compass (Geometry)
- Casio Calculator

## PRIMARY BOOKLIST

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Each family is responsible for providing each student with the following:

- King James Bible
- School bag
- Box of tissues
- Glue Stick (labelled)
- Pencil case with: Coloured pencils / Textas (labelled)  
Pencil sharpener, ruler, eraser, 2 grey lead pencils

The College will provide and charge for the following as required:

- School Diary
- Exercise books
- Reader Cover (ELC)
- A4 Loose-leaf paper
- Blue pen

## SCRIPTURE MEMORISATION

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Scripture can be memorised from one of the following translations:

- New International Version
- Revised Standard Version
- Amplified Bible
- New King James Bible
- King James
- International Children's Bible (Primary classes only)