

APPLICATION FOR ENROLMENT



SYDNEY ADVENTIST COLLEGE

Nurture for today • Learning for tomorrow • Character for eternity

STUDENT PARTICULARS

Family name	Given name/s	Preferred name
Date of Birth	Gender	<input type="checkbox"/> Birth Certificate Attached
To commence in Year Level	In Term	Calendar Year 20
Nationality	Place of Birth	Country of birth
If nationality other than Australian: Visa Type	Visa Number	<input type="checkbox"/> Copy of Visa Attached
First language acquired	Other languages spoken at home	
Religious affiliation	Place of worship / Church attended	
If Seventh-day Adventist: Baptised Yes / No	Year of baptism	

RESIDENTIAL ADDRESS

Lives with:	<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Unit	Number	Street Name		
Suburb/Town	State	Postcode		
Home phone number	Facsimile number	Email address		

STUDENT PROFILE

Interests, Achievements and Hobbies

Note:

- For overseas student applicants the application must be accompanied by a non-refundable AU\$200 application fee
- For local resident applicants the AU\$200 enrolment fee is required when accepting the letter of offer.
- 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.
- The College may make this information available to Australian and New South Wales Government agencies and the Education Services for Overseas Students Assurance Fund Manager if required.
- All medical, psychological and educational testing relating to a student must be disclosed as a condition of that student's enrolment at Sydney Adventist College. Failure to provide this information may lead to termination of enrolment by the College.

Strathfield Campus:
159 Albert Rd, Strathfield NSW 2135
PO Box 4445, Homebush South NSW 2140
Phone: +61 2 9764 3200 FAX: +61 2 9746 2433
info@sac.nsw.edu.au www.sac.nsw.edu.au

Auburn Campus:
3 Macquarie Road, Auburn NSW 2144
Phone: +61 2 9649 5279 FAX: +61 2 9649 1412
info@auburn.adventist.edu.au
www.auburn.adventist.edu.au

Operated by Seventh-day Adventist Schools
(Greater Sydney) Ltd.
ABN: 63 106 908 767
CRICOS Number: 02622J

Is the applicant currently receiving, or in need of, any of the following forms of support?

- English as a second language Language Literacy
- Individual teacher aide time Occupational therapy Numeracy
- Speech therapy Visual or hearing impairment assistance Other (please specify) _____

Details of special circumstances

Previous schools attended (please attach school reports)

Previous Reports Attached

School	Grades / Years	Date entered	Date completed

GENERAL HEALTH STATUS

Family Doctor Name _____ Phone _____ Medicare Number _____ Child's number on card: _____

Health Insurance Provider (if you are not a Medicare card holder): _____

Does the applicant have: (tick if applicable)

- Chronic illness Please specify _____
- Asthma: Is medication needed Please specify _____
- Allergies Please specify _____
- Special learning or behavioural diagnoses Please specify _____
- Hearing or visual impediments Please specify _____
- Ongoing medication requirements Please specify _____

Last tetanus immunisation _____

Other health issues _____

APPLICANT'S SIBLINGS

	Name	Class	School Name	Adventist School?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT / GUARDIAN DETAILS

	Mother	Father	Guardian
Title			
First Name			
Middle Name			
Preferred Name			
Last Name			
Date of Birth			
Nationality			
Street Address			
Suburb			
Postcode			
Home Phone			
Work Phone			
Mobile Phone			
Email Address			
Marital Status			
Occupation			
Employer			
Religion			
If SDA Church Membership	<input type="checkbox"/> Baptised	<input type="checkbox"/> Baptised	<input type="checkbox"/> Baptised
Church Attended			
Correspondence	Newsletters: <input type="checkbox"/> emailed <input type="checkbox"/> with student <input type="checkbox"/> Reports <input type="checkbox"/> Fee Statements	Newsletters: <input type="checkbox"/> emailed <input type="checkbox"/> with student <input type="checkbox"/> Reports <input type="checkbox"/> Fee Statements	Newsletters: <input type="checkbox"/> emailed <input type="checkbox"/> with student <input type="checkbox"/> Reports <input type="checkbox"/> Fee Statements

Note: As family structures differ widely, please attach 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. Copy of documentation attached

EMERGENCY CONTACTS

1. Full name

Relationship to Applicant

Mobile

Work Phone

Home Phone

2. Full name

Relationship to Applicant

Mobile

Work Phone

Home Phone

TRANSPORT TO SCHOOL - Please select the applicant's method of travel to school. You may select more than one.

Car School Bus

Public Bus Walk

Train

Other _____

Campus: Auburn Strathfield

REFERENCES

Please nominate two people who know the applicant and would be prepared to provide a reference

	Referee	Phone Contact	Relationship to applicant (eg Teacher, Church Pastor or employer)
1			
2			

PARENT / GUARDIAN PLEDGE

I/We declare the information supplied in this application is true and correct. I/We have read the College Handbook and agree to be bound by its conditions, if a place is offered. I/We offer full support to the College, including being supportive of its standards and Christian values, and will encourage the applicant to fulfil all school requirements. I/We will provide the applicant with a full regulation College uniform and will meet legal responsibilities in regard to student attendance and the provision of absence notes. (Both parents or guardian(s) to sign if possible)

_____	_____	_____
Mother's Name	Father's Name	Guardian's Name
_____	_____	_____
Mother's Signature	Father's Signature	Guardian's Signature

RESPONSIBILITY FOR FEES

I agree to be liable for the payment of all fees and charges levied by the school (namely the Seventh-day Adventist Schools (Greater Sydney Conference) Limited trading as Sydney Adventist College) and understand that all amounts not paid by the due date shall incur interest.

_____	_____	_____
Full name of person responsible for fees	Address (if different from that given above)	Home Phone
_____	_____	_____
Signature	Suburb, State and Postcode	Mobile Phone

STUDENT PLEDGE

I have read the College Handbook and the Values Statement and pledge my full support to the College including:

- upholding its standards and Christian values
- respecting the teacher's right to teach and other students' right to learn
- wearing the full regulation uniform
- displaying courteous and safe behaviour when travelling to and from school, both on and off campus, and
- cooperating in all school activities.

I will act and speak in a manner that demonstrates respect to others, to my home and to my school.

_____	_____
Signature of student	Date

MARKETING INFORMATION

How did you hear about Sydney Adventist College?

What made you choose Sydney Adventist College?

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

- Friend or word-of-mouth
- Letterbox flyer
- Newspaper advertisement
- Education Expo or Fair display
- School bus sign
- School banner (location?)
- Open Day / Campus visit
- School website
- Pre-school / Primary school visit
- Church promotion
- Other