



Application for Enrolment

FAMILY DETAILS

Father / Parent / Guardian 1

Title Given Name (in full) Nationality

Surname Relationship to Student

Home Address

Post Code

Home Telephone Mobile Home Email

Postal Address ('As Above' if the same)

Occupation Employer Work Phone

Graduate of Kingsway: No Yes Year Graduated:

PLEASE NOTE, THE FOLLOWING INFORMATION IS REQUIRED BY THE AUSTRALIAN GOVERNMENT

Country of Birth Language spoken at home (other than English)

What is the highest year of primary or secondary school you have completed? (Please tick the appropriate box)

Year 9 or equivalent or below Year 10 or Equivalent Year 11 or equivalent Year 12 or equivalent

What is the level of the highest qualification you have completed? (Please tick the appropriate box)

Bachelor degree or above Advanced Diploma/Diploma Certificate I to IV (incl. Trade certificate) No school qualification

What is your Occupation Group? (Refer to List of parental Occupation Groups included with application information.)(Please tick the appropriate box)

Not currently in paid work Senior management and qualified professionals

Business managers, arts/media/sport, associated professionals Tradesmen/women, clerks, skilled office, sales, service

Machine operators, hospitality, assistants, labourer, etc.

Mother / Parent / Guardian 2

Title Given Name (in full) Nationality

Surname Relationship to Student

Home Address

Post Code

Home Telephone Mobile Home Email

Postal Address ('As Above' if the same)

Occupation Employer Work Phone

Graduate of Kingsway: No Yes Year Graduated:

FAMILY DETAILS (continued)

Mother / Parent / Guardian 2 (continued)

PLEASE NOTE, THE FOLLOWING INFORMATION IS REQUIRED BY THE AUSTRALIAN GOVERNMENT

Country of Birth

Language spoken at home
(other than English)

What is the highest year of primary or secondary school you have completed? (Please tick the appropriate box)

- Year 9 or equivalent or below Year 10 or Equivalent Year 11 or equivalent Year 12 or equivalent

What is the level of the highest qualification you have completed? (Please tick the appropriate box)

- Bachelor degree or above Advanced Diploma/Diploma Certificate I to IV (incl. Trade certificate) No school qualification

What is your Occupation Group? (Refer to List of parental Occupation Groups included with application information.)(Please tick the appropriate box)

- Not currently in paid work Senior management and qualified professionals
 Business managers, arts/media/sport, associated professionals Tradesmen/women, clerks, skilled office, sales, service
 Machine operators, hospitality, assistants, labourer, etc.

DUAL CUSTODY FAMILIES

In the case of dual custody families, it is important that we are informed of the residential, access and fee billing responsibilities for children whose family arrangements are shared between parents/guardians. The College requires written confirmation of these arrangements. Please provide details separately.

Communication

All communication to be forwarded to

- Mother – at listed address Father – at listed address Other – details below

Full Name

Relationship

Home Address

Post Code

RELIGION:

(It is compulsory to fill in this question)

Name of Church/Fellowship

Denomination:

Please describe your attendance:

Nominal

Regular

Church Address

THIS SECTION IS CONTINUED OVER PAGE

CHRISTIAN FAITH AND CHURCH ATTENDANCE (Continued):

Are you of Christian Faith? (Father or Mother) Yes No If No please continue to page 4

FATHER/GUARDIAN to answer the following questions.

Define what 'being saved' means.

How do you view the Bible and what value does it have in your life at present?

What does attending church mean to you?

Why do you support Christian Education?

MOTHER/GUARDIAN to answer the following questions if you are of the Christian faith

Define what 'being saved' means.

How do you view the Bible and what value does it have in your life at present?

What does attending church mean to you?

Why do you support Christian Education?

STUDENT DETAILS – 1st Child (Please note it is compulsory to fill in all questions)

Surname	<input type="text"/>	Gender (M)	<input type="checkbox"/>	(F)	<input type="checkbox"/>
Given Name	<input type="text"/>	Date of Birth	<input type="text"/>		
Second Name	<input type="text"/>	Place of Birth	<input type="text"/>		
Preferred Name	<input type="text"/>	Country of Birth	<input type="text"/>		
Main Language spoken at home	<input type="text"/>	Nationality	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Address	<input type="text"/>				
Boarding Address	<input type="text"/>				
Present or Previous School (if applicable)	<input type="text"/>				
Present Year Level	<input type="text"/>	Expected Academic Year of Entry	<input type="text"/>	Calendar Year of Entry	<input type="text"/>
		(Example Year 10)		(Example 2019)	

Aboriginal/Torres Strait Island descent?

No Yes, Aboriginal descent Yes, both Aboriginal and Torres Strait Island descent

Residency Status

Citizen Permanent Resident Visa Class Arrival Date

Exchange Student: Name of Exchange Organisation

Temporary Resident Overseas Student Passport Number

Visa Class Arrival Date Expiry Date

Originals of Visas and Birth Certificates must be sighted on acceptance of this application.

Custody/Guardianship

Student resides: **Permanently** with: Both Parents Mother Father

Occasionally with: Both Parents Mother Father

Name of person with legal guardianship of student

Are there any current Family Court Orders or current Restraining Orders that would apply to the child? YES NO

If so please provide latest copy of Family Court Orders.

Photo Permission

PLEASE CONFIRM ITEMS BELOW (✓):

LEVEL 1 COLLEGE WEBSITE (Student surnames not used without consultation)

LEVEL 2 SCHOOL PUBLICATIONS, INCLUDING OFFICIAL CLASS PHOTOS IN COLLEGE MAGAZINE

Refer to Terms and Conditions page 13, no. 8

MEDICAL INFORMATION – 1st Child (Please note it is compulsory to fill in all questions)

Medicare Card Number	<input type="text"/>	Ambulance Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private Health Fund	<input type="text"/>	Blood Group (If known)	<input type="text"/>	
Doctor's Name	<input type="text"/>	Telephone	<input type="text"/>	
Paediatrician's Name	<input type="text"/>	Telephone	<input type="text"/>	
Reason for Referral	<input type="text"/>			
Child Development Centre	<input type="text"/>			
Reason for Referral	<input type="text"/>			

Emergency Contact Details (1) (Other than Parent/Guardian)

Name	<input type="text"/>	Relationship to student	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
		Work Phone	<input type="text"/>

Emergency Contact Details (2) (Other than Parent/Guardian)

Name	<input type="text"/>	Relationship to student	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
		Work Phone	<input type="text"/>

Allergies including beestings, plaster etc. (please give details of reaction) Yes No

Does your child suffer from Asthma? Yes No

Severity of Asthma: (Please tick) Infrequent Episodes (6-8 weeks or more apart) Yes No

Frequent Episodes (less than 6 weeks apart) Yes No

Persistent (symptoms most days) Yes No

Preventer used: _____

Reliever used: _____

Trigger factors (e.g. allergy, exercise, chest infection): _____

Has your child been hospitalised with Asthma Yes No

Last hospitalisation date: ____ / ____ / ____

If you child has an Asthma Plan please submit to College Health Care Co-ordinator.

First Aid for Asthma will be administered according to the National Asthma Council Guidelines

Note that if your child is using a reliever via a Spacer three or more times a week this means that you need to see your GP to re-evaluate the dosage of his/her preventer.

Does your child wear glasses/contact lens? Yes No

Does your child suffer from anaphylaxis? Yes No

(a severe allergic reaction resulting in difficult breathing, even collapse) Yes No

Is your child up to date with his/her immunisations? Yes No

GP Name: _____ Phone No: _____

(Please note it is compulsory to fill in all questions)

OTHER MEDICAL CONDITIONS including diabetes, epilepsy, heart disorders, migraine etc. Number and list each under the following headings with an action plan with steps to take if applicable.

Name of Condition	Medication	Doctor & Phone number

Action Plan

Has your child had any operations or serious injuries in the past? Yes No

Details: _____

NON PRESCRIPTION MEDICATION (e.g. Panadol, antihistamines) which you are authorising us to administer when necessary.

Paracetamol Yes No

Nurofen Yes No

Antihistamines Yes No

Is your child on regular medication, and if so, for what reason?

We have St John's Ambulance cover/insurance Yes No

(Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first)

Student's Individual Needs

The Education Act 1999 requires the provision of details of any condition that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school – Section 16.1(g).

To assist the College to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect learning participation or welfare.

Special Needs: gifted/learning difficulties. Please attach all relevant reports

Will staff members be required to provide medical/health care services during College hours? YES NO

If yes, please provide written authority with details of health care required and a signed authorisation by relevant practitioner, along with Medical Plan.

External Service Provision (e.g. Speech Therapist/Occupational Therapist, Psychologist, Tutoring)

Does your child receive any services from an external agency which may affect educational arrangements: YES NO

If so, please give details and name and contact number of service provider.

Name Telephone

Address

Postcode

STUDENT DETAILS – 2nd Child (Please note it is compulsory to fill in all questions)

Surname	<input type="text"/>	Gender (M)	<input type="checkbox"/>	(F)	<input type="checkbox"/>
Given Name	<input type="text"/>	Date of Birth	<input type="text"/>		
Second Name	<input type="text"/>	Place of Birth	<input type="text"/>		
Preferred Name	<input type="text"/>	Country of Birth	<input type="text"/>		
Main Language spoken at home	<input type="text"/>	Nationality	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Address	<input type="text"/>				
Boarding Address	<input type="text"/>				
Present or Previous School (if applicable)	<input type="text"/>				
Present Year Level	<input type="text"/>	Expected Academic Year of Entry	<input type="text"/>	Calendar Year of Entry	<input type="text"/>
		(Example Year 10)		(Example 2019)	

Aboriginal/Torres Strait Island descent?

No Yes, Aboriginal descent Yes, both Aboriginal and Torres Strait Island descent

Residency Status

Citizen Permanent Resident Visa Class Arrival Date

Exchange Student: Name of Exchange Organisation

Temporary Resident Overseas Student Passport Number

Visa Class Arrival Date Expiry Date

Originals of Visas and Birth Certificates must be sighted on acceptance of this application.

Custody/Guardianship

Student resides: **Permanently** with: Both Parents Mother Father

Occasionally with: Both Parents Mother Father

Name of person with legal guardianship of student

Are there any current Family Court Orders or current Restraining Orders that would apply to the child? YES NO

If so please provide latest copy of Family Court Orders.

Photo Permission

PLEASE CONFIRM ITEMS BELOW (✓):

LEVEL 1 COLLEGE WEBSITE (Student surnames not used without consultation)

LEVEL 2 SCHOOL PUBLICATIONS, INCLUDING OFFICIAL CLASS PHOTOS IN COLLEGE MAGAZINE
Refer to Terms and Conditions page 13, no. 8

MEDICAL INFORMATION – 2nd Child (Please note it is compulsory to fill in all questions)

Medicare Card Number	<input type="text"/>	Ambulance Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private Health Fund	<input type="text"/>	Blood Group (If known)	<input type="text"/>	
Doctor's Name	<input type="text"/>	Telephone	<input type="text"/>	
Paediatrician's Name	<input type="text"/>	Telephone	<input type="text"/>	
Reason for Referral	<input type="text"/>			
Child Development Centre	<input type="text"/>			
Reason for Referral	<input type="text"/>			

Emergency Contact Details (1) (Other than Parent/Guardian)

Name	<input type="text"/>	Relationship to student	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
		Work Phone	<input type="text"/>

Emergency Contact Details (2) (Other than Parent/Guardian)

Name	<input type="text"/>	Relationship to student	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
		Work Phone	<input type="text"/>

Allergies including beestings, plaster etc. (please give details of reaction) Yes No

Does your child suffer from Asthma? Yes No

Severity of Asthma: (Please tick) Infrequent Episodes (6-8 weeks or more apart) Yes No

Frequent Episodes (less than 6 weeks apart) Yes No

Persistent (symptoms most days) Yes No

Preventer used: _____

Reliever used: _____

Trigger factors (e.g. allergy, exercise, chest infection): _____

Has your child been hospitalised with Asthma Yes No

Last hospitalisation date: ____ / ____ / ____

If you child has an Asthma Plan please submit to College Health Care Co-ordinator.

First Aid for Asthma will be administered according to the National Asthma Council Guidelines

Note that if your child is using a reliever via a Spacer three or more times a week this means that you need to see your GP to re-evaluate the dosage of his/her preventer.

Does your child wear glasses/contact lens? Yes No

Does your child suffer from anaphylaxis? Yes No

(a severe allergic reaction resulting in difficult breathing, even collapse) Yes No

Is your child up to date with his/her immunisations? Yes No

GP Name: _____ Phone No: _____

(Please note it is compulsory to fill in all questions)

OTHER MEDICAL CONDITIONS including diabetes, epilepsy, heart disorders, migraine etc. Number and list each under the following headings with an action plan with steps to take if applicable.

Name of Condition	Medication	Doctor & Phone number

Action Plan

Has your child had any operations or serious injuries in the past? Yes No

Details: _____

NON PRESCRIPTION MEDICATION (e.g. Panadol, antihistamines) which you are authorising us to administer when necessary.

Paracetamol Yes No

Nurofen Yes No

Antihistamines Yes No

Is your child on regular medication, and if so, for what reason?

We have St John's Ambulance cover/insurance Yes No

(Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first)

Student's Individual Needs

The Education Act 1999 requires the provision of details of any condition that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school – Section 16.1(g).

To assist the College to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect learning participation or welfare.

Special Needs: gifted/learning difficulties. Please attach all relevant reports

Will staff members be required to provide medical/health care services during College hours? YES NO

If yes, please provide written authority with details of health care required and a signed authorisation by relevant practitioner, along with Medical Plan.

External Service Provision (e.g. Speech Therapist/Occupational Therapist, Psychologist, Tutoring)

Does your child receive any services from an external agency which may affect educational arrangements: YES NO

If so, please give details and name and contact number of service provider.

Name Telephone

Address

Postcode

STUDENT DETAILS – 3rd Child **(Please note it is compulsory to fill in all questions)**

Surname	<input type="text"/>	Gender (M)	<input type="checkbox"/>	(F)	<input type="checkbox"/>
Given Name	<input type="text"/>	Date of Birth	<input type="text"/>		
Second Name	<input type="text"/>	Place of Birth	<input type="text"/>		
Preferred Name	<input type="text"/>	Country of Birth	<input type="text"/>		
Main Language spoken at home	<input type="text"/>	Nationality	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Address	<input type="text"/>				
Boarding Address	<input type="text"/>				
Present or Previous School (if applicable)	<input type="text"/>				
Present Year Level	<input type="text"/>	Expected Academic Year of Entry	<input type="text"/>	Calendar Year of Entry	<input type="text"/>
		(Example Year 10)		(Example 2019)	

Aboriginal/Torres Strait Island descent?

No Yes, Aboriginal descent Yes, both Aboriginal and Torres Strait Island descent

Residency Status

Citizen Permanent Resident Visa Class Arrival Date

Exchange Student: Name of Exchange Organisation

Temporary Resident Overseas Student Passport Number

Visa Class Arrival Date Expiry Date

Originals of Visas and Birth Certificates must be sighted on acceptance of this application.

Custody/Guardianship

Student resides: **Permanently** with: Both Parents Mother Father

Occasionally with: Both Parents Mother Father

Name of person with legal guardianship of student

Are there any current Family Court Orders or current Restraining Orders that would apply to the child? YES NO

If so please provide latest copy of Family Court Orders.

Photo Permission

PLEASE CONFIRM ITEMS BELOW (✓):

LEVEL 1 COLLEGE WEBSITE **(Student surnames not used without consultation)**

LEVEL 2 SCHOOL PUBLICATIONS, INCLUDING OFFICIAL CLASS PHOTOS IN COLLEGE MAGAZINE
Refer to Terms and Conditions page 13, no. 8

MEDICAL INFORMATION – 3rd Child (Please note it is compulsory to fill in all questions)

Medicare Card Number	<input type="text"/>	Ambulance Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private Health Fund	<input type="text"/>	Blood Group (If known)	<input type="text"/>	
Doctor's Name	<input type="text"/>	Telephone	<input type="text"/>	
Paediatrician's Name	<input type="text"/>	Telephone	<input type="text"/>	
Reason for Referral	<input type="text"/>			
Child Development Centre	<input type="text"/>			
Reason for Referral	<input type="text"/>			

Emergency Contact Details (1) (Other than Parent/Guardian)

Name	<input type="text"/>	Relationship to student	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
		Work Phone	<input type="text"/>

Emergency Contact Details (2) (Other than Parent/Guardian)

Name	<input type="text"/>	Relationship to student	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
		Work Phone	<input type="text"/>

Allergies including beestings, plaster etc. (please give details of reaction) Yes No

Does your child suffer from Asthma? Yes No

Severity of Asthma: (Please tick) Infrequent Episodes (6-8 weeks or more apart) Yes No

Frequent Episodes (less than 6 weeks apart) Yes No

Persistent (symptoms most days) Yes No

Preventer used: _____

Reliever used: _____

Trigger factors (e.g. allergy, exercise, chest infection): _____

Has your child been hospitalised with Asthma Yes No

Last hospitalisation date: ____ / ____ / ____

If you child has an Asthma Plan please submit to College Health Care Co-ordinator.

First Aid for Asthma will be administered according to the National Asthma Council Guidelines

Note that if your child is using a reliever via a Spacer three or more times a week this means that you need to see your GP to re-evaluate the dosage of his/her preventer.

Does your child wear glasses/contact lens? Yes No

Does your child suffer from anaphylaxis? Yes No

(a severe allergic reaction resulting in difficult breathing, even collapse) Yes No

Is your child up to date with his/her immunisations? Yes No

GP Name: _____ Phone No: _____

(Please note it is compulsory to fill in all questions)

OTHER MEDICAL CONDITIONS including diabetes, epilepsy, heart disorders, migraine etc. Number and list each under the following headings with an action plan with steps to take if applicable.

Name of Condition	Medication	Doctor & Phone number

Action Plan

Has your child had any operations or serious injuries in the past? Yes No

Details: _____

NON PRESCRIPTION MEDICATION (e.g. Panadol, antihistamines) which you are authorising us to administer when necessary.

Paracetamol Yes No

Nurofen Yes No

Antihistamines Yes No

Is your child on regular medication, and if so, for what reason?

We have St John's Ambulance cover/insurance Yes No

(Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first)

Student's Individual Needs

The Education Act 1999 requires the provision of details of any condition that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school – Section 16.1(g).

To assist the College to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect learning participation or welfare.

Special Needs: gifted/learning difficulties. Please attach all relevant reports

Will staff members be required to provide medical/health care services during College hours? YES NO

If yes, please provide written authority with details of health care required and a signed authorisation by relevant practitioner, along with Medical Plan.

External Service Provision (e.g. Speech Therapist/Occupational Therapist, Psychologist, Tutoring)

Does your child receive any services from an external agency which may affect educational arrangements: YES NO

If so, please give details and name and contact number of service provider.

Name Telephone

Address

Postcode

TERMS AND CONDITIONS

Both parents please read and initial every condition below as indicated.

1. I/We agree to be bound by the rules of the Kingsway Christian Education Association Inc. (KCEA) as stated in the Constitution, including the Statement of Faith, as set out in Clause 2 of the Constitution, and advise you:

(i) I/We have studied the Statement of Faith and declare that I/We accept, the teaching of this statement to our children.

(ii) I/We have reviewed and understand the requirements for Enrolment and declare that I/We fulfil, and will abide by, all aspects;

(iii) I/We have read the Statement of Faith clause and understand that our children will be taught according to it.

(iv) I/We support and endorse the principle of Christian Education for our child/children as expounded in the College Mission Statement;

(v) I/We agree to pay all membership fees by the end of the first week of each term for each year in which I/we remain enrolled at the College, or at another time as required by the Board.

(Initial)

2. I/We agree to support the Behaviour Management Policy and procedures of Kingsway Christian College and I/We irrevocably authorise the Board and/or its delegate to discipline, suspend or expel my/our child/children (according to the College Discipline Policy) whose behaviour is considered unacceptable.

(Initial)

3. I/We acknowledge that I/We are responsible for the punctual attendance of my/our child/children each day.

(Initial)

4. I/We agree to ensure that the appropriate College uniform is worn each day in a good and clean condition, and in such a way as to show pride in being identified with the College.

(Initial)

5. I/We agree that the College accepts no responsibility for the loss of any personal property brought to the College.

(Initial)

6. I/We authorise for my/our child / children to attend all school approved excursions, including transportation to and from the venue.

(Initial)

7. I/We agree to provide the College with updated contact details within 14 days of any change occurring (including mobile numbers and email addresses for both parents as well as our current home address and where applicable phone numbers at work and home) and acknowledge that failure to do so can result in our application being cancelled.

(Initial)

8. To respect the significant number of parents who have requested no media coverage of their children and in keeping with current privacy legislation; **Please Note:** it is a condition of entry that any images you capture of students, whether photos, videos or other media are used entirely for your private purposes and may not appear in any public forum such as on websites or social media.

(Initial)

9. I/We grant the College permission to check our visa documents via VEVO, DIPB website or by other means as determined by the College.

(Initial)

FEES

Fee Paying Father/Parent/Guardian 1

Full Name (incl. Second name)

Address

Pension Card Number Expiry Date

Drivers Licence No. Date of Birth

Fee Paying Mother/Parent/Guardian 2

Full Name (incl. Second name)

Address

Pension Card Number Expiry Date

Drivers Licence No. Date of Birth

1. I/We agree to pay Kingsway Christian College such fees and charges for the education of my/our first child and all subsequent children I/We enroll under the terms of this application as shall be determined by the Association and conveyed to me/us in writing. I/We further agree to pay those fees and charges within the time determined by the Board and at least by the end of the first week in each term that my/our child/children attend at the school and to pay all other charges within 14 days of the date of a statement which is served upon me/us by the Association.
2. If for any reason, the time contained in condition 1(v) or 2 above cannot be met by me/us for any reason I/We agree to inform the Executive Business Manager immediately and if I/we have signed a direct debit form I/we irrevocably authorize the Executive Business Manager to lodge the Direct Debit Authority electronically with my/our bank to facilitate the payment of fees as contained herein.
3. I/We acknowledge that the Board or the Board's delegate may refuse re-entry of my/our child/children into Kingsway Christian College if any fee remains unpaid for a period over 30 days from when it is due and there is no agreement in writing in place with the Executive Business Manager to repay the fees by installments.
4. **Only if applying for concessional fees**, I/We agree to give Christian consideration to my/our ability to pay rather than to apply a literal taxation perspective to the measurement of my/our income. I/We also acknowledge that if I/We do not complete an annual Fee Remission Application Form, I/We will be charged the standard fees. Any alteration to fees due to changes in family circumstances will be reflected in the fees charged for the following term. I/We advise that my/our combined gross income is \$_____per annum and attach proof of same.
5. I/We agree to notify the College as soon as possible following any increase in my/our family income if I/We have been given a fee remission because of our family income
6. **I/We agree to give the College at least one term's notice in writing prior to the withdrawal of my/our child/children from the College.** I/We agree that failure to do so requires payment of one term's fees. This payment is a genuine pre-estimate by the College of the loss that it would suffer if parents have not provided a full term's notice of withdrawal. I/We agree that if my/our child is enrolled as an International Student I/We will give notice of withdrawal in accordance with the International Student Refund Policy as it stands from time to time
7. I/We acknowledge that I am liable/We are jointly and severally liable for all fees, interest and charges stated in each school account relating to the child/children covered under this application.

Name of fee payer 1 in full

Signature of fee payer 1 Date

Name of fee payer 2 in full

Signature of fee payer 2 Date

Please Note

- Fees are annual fees
- Fees are payable in advance of each school term. The total term fee is expected to be paid in full by end of the first week of each school term.
- A concession is offered on a year's fee paid in advance before 28 February each year (refer to fee schedule)
- Method of payment can be:

B Pay

Credit Card

Cash or Cheque

Eftpos at the School office

- Payments made weekly, fortnightly or monthly will only be accepted using the bank direct debit authority system on your cheque or savings account (authority forms for this method are available from the College Office)

STATEMENT OF FAITH

The Constitution of the Association upholds the following Statements of Faith:

- One God eternally existent in three Persons: Father, Son and Holy Spirit.
- The sovereignty of God in creation, providence, redemption, revelation and final judgment.
- The Divine inspiration of the original documents of the Bible (66 books); its entire trustworthiness, sufficiency and supreme authority in all matters of faith and conduct.
- The Deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His atoning death on the cross as our representative and substitute, His bodily resurrection, His ascension to the right hand of the Father, His mediatorial work and in His personal, visible return in power and glory.
- The sinfulness and guilt of all mankind, rendering them subject to God's wrath and condemnation.
- Justification of the sinner by the grace of God through personal faith in Christ alone, and regeneration by the Holy Spirit.
- The receiving and indwelling of the Holy Spirit at conversion, and His continuing work in the heart and life of the believer.
- The one holy universal church, the body of which Christ is the Head, to which all true believers belong.
- The resurrection and judgment of all mankind; the believer to life everlasting, and the unbeliever to eternal separation from God.

Signature of Father/Parent/Guardian 1

Date

Signature of Mother/Parent/Guardian 2

Date

YOUR PRIVACY IS IMPORTANT

The KCEA as the administrative body of Kingsway Christian College collects information of a personal and sensitive nature as part of the Application process for Association Membership and enrolment of your child/ren at the College. The collection and storage of this information is governed by the Privacy Policy of the KCEA, set down in accordance with the *Privacy Amendment (Private Sector) Act 2000* which regulates the way private sector organizations, including non-government schools and systems, handle 'personal information' of individuals. The information collected may be passed to a third party if required, but only in accordance with the requirements of the Act. The full KCEA Privacy Policy including Privacy Statement is available for the general public at the College Main Reception, or on the website located at www.kingsway.wa.edu.au. Alternatively, you may request a copy of this to be forwarded to you by post by contacting the College on 9302 8777

The school's enrolment practices comply with the School Education Act 1999, the Disability Discrimination Act 1992 and the Standards for Education 2005.

CHECK LIST

Notification of Acceptance

Parents will be given a written offer of enrolment subject to vacancies and outcomes of the interview process, which must be accepted within one week.

Application Fee

A non-refundable application fee must accompany this application.

Acceptance Fee

A non-refundable acceptance fee is payable before entry of each student into the College.

Variation of conditions

The Association reserves the right to vary fees and conditions periodically.

For further information regarding the terms and conditions of fees please refer to the fee schedule.

ENCLOSURES

Please enclose the following with your application for enrolment:

- Photocopy of Birth Certificate
- Application Fee
- Immunisation Record
- Photocopy of last two semester reports including latest NAPLAN/MSE9 (if available)

Please list other children in the family, their ages, schools they now attend (if appropriate), and present grades (if appropriate).

Name	Date of Birth	Present School (if applicable)	Present Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CREDIT CARD PAYMENT FORM

Visa MasterCard

Card No:

Expiry Date: ____/____

Print Name on Card _____

Authorised Signature _____

Amount to be debited \$ 120.00

Application Fee for _____ (child/children's surname)