

Blue Mountains Christian School

A non-denominational Day School
Kindergarten to Year 12

APPLICATION FOR ENROLMENT

This form should be returned to:

The Principal Blue Mountains Christian School
PO Box 396
Blackheath NSW 2785

Telephone 47878645 Facsimile 47876160



ACN 002 885 412 ABN 12 002 885 412

Email: bluemountainscs@gmail.com

Website: www.bmcs.nsw.edu.au

BLUE MOUNTAINS CHRISTIAN SCHOOL APPLICATION FOR ENROLMENT

PERSONAL DETAILS OF CHILD

1. Surname: _____
Given Names: _____
Residential Address: _____
Post Code: _____ Phone: _____ Mobile: _____
2. Date of Birth: _____ Medicare number: _____
3. Sex: Male Female
4. Grade on entry: _____
5. Date of desired entry: _____
6. Is the student Aboriginal or Torres Strait Islander? Yes No
7. Religious Denomination/Church Attended: _____
8. Present School: _____ Present Class: _____
Note: Please enclose a copy of their most recent school report.
9. Any other relevant details regarding your child (e.g. medical, special learning needs etc) _

10. Brothers/sisters & ages: _____ (i) _____ (ii)
_____ (iii) _____ (iv) _____ (v)

PARTICULARS OF PARENTS OF GUARDIANS

11. FATHER
Full name and Title: _____
Residential Address: _____
Post Code: _____ Phone: _____ Mobile: _____
Email: _____
Profession or Occupation: _____
Business Address: _____
Business Phone: _____
12. MOTHER
Full name and Title: _____
Residential Address: _____
Post Code: _____ Phone: _____ Mobile: _____
Email: _____
Profession or Occupation: _____
Business Address: _____
Business Phone: _____

13. **PARENT'S MARITAL STATUS**

(e.g. married, separated, divorced, widowed, sole parent.) _____

Note: It is important that the School has this information to avoid possible embarrassment and/or misunderstanding in the future.

14. Name and address of person to whom accounts are to be rendered:

Post Code: _____ Phone: _____

15. **DECLARATION BY PARENTS**

I/We agree to have the child named above enrolled at Blue Mountains Christian School and declare that:

(i) I/We agree that the child, if accepted, will be bound by the Blue Mountains Christian School policies, which include uniform and discipline requirements, during his/her enrolment at the school, and

(ii) If accepted I/We will be responsible for the payment of fees and charges arising from the enrolment.

NOTE: *Tuition fees are payable in advance at the commencement of each term. If a pupil is withdrawn without a full term's notice of intention in writing, a fee of \$500 per student will apply.*

(iii) I/We enclose \$35.00 as an application fee and understand that the fee is NOT refundable

(iv) I understand that my child may be selected to take part in annual external competitions, e.g. Maths, Science, English, etc, and that the cost of this will be charged to my school fee account.

(v) I give permission the provision of medical attention and/or the administration of paracetamol to my child as required.

Note: Only applications accompanied by the fee will be considered.

Signature of Parents or Legal Guardians:

Father: _____ Date: _____

Mother: _____ Date: _____