



GRACE

CHRISTIAN SCHOOL

Established 1990

Application to Enrol

*“To be a Christian educational community of excellence,
assisting in the development of young people who
reflect the attitudes, authority and actions of Christ”*

Statement of Faith



1. We believe in the Divine inspiration, the infallibility and supreme authority of the Old and New Testaments in their entirety and that the Holy Spirit so moved the writers that what they wrote are authoritative statements of truth.
2. We believe there is one God in whom there exists three equal Divine Persons, revealed as the Father, the Son and the Holy Spirit and who of His own Sovereign will created the heavens, the earth and all that is contained within the universe.
3. We believe the Lord Jesus Christ is the eternally existing only begotten Son of the Father, conceived by the Holy Spirit and born of the Virgin Mary. As God, He became flesh and dwelt among us; as man, He was God.
4. We believe all men are in a fallen, sinful and lost condition through the rebellion of Adam and Eve who were created without sin. In this state of depravity they are helpless to save themselves and are under the condemnation of God to eternal punishment in hell.
5. We believe that salvation from the penalty and consequences of sin is found only through the substitutionary atoning death and resurrection of the Lord Jesus Christ.
6. We believe it is the Holy Spirit alone who convicts men of sin, leads them to repentance, creates faith within them and regenerates and fills those who believe on the Lord Jesus Christ as Lord. It is the indwelling Spirit who bestows the “Gifts of the Spirit” and manifests the “Fruit of the Spirit” in the believer.
7. We believe Christ died for our sins, was buried and on the third day rose from the dead; that He appeared to men who touched Him and knew His bodily presence and that He ascended to His Father.
8. We believe the Lord Jesus Christ will return in person with His saints and that the full consummation of the Kingdom of God awaits His return.
9. We believe those who have been regenerated by the Holy Spirit will receive a resurrection body at the return of Jesus Christ and be forever with the Lord, while those who have not believed will be resurrected to stand at the judgment seat of God to receive His judgment and eternal condemnation to hell.
10. We believe in the actual existence of Satan who is the father of all evil and opposed to God, although ultimately subject to the purposes of God, and destined to be confined forever in hell.
11. We believe the Church is the Body of Christ composed of all believers in the Lord Jesus Christ which finds its visible manifestation in the local community of believers and ministers through the cooperative exercise of God-given gifts by the entire membership. Each local community of believers is competent under Christ as Head of the Church to order its life without interference from any civil authority.
12. We believe there are two ordinances instituted by the Lord Jesus Christ: Baptism; and the Lord’s Supper.



Grace Christian School supports the values found in the Bible as authoritative guides for life. These values include: The Ten Commandments (Exodus 20); the values Jesus taught, including those in the Sermon on the Mount (Matthew 5,6 and 7); and the teachings of the various letters of the New Testament, of which Ephesians 4:16 to 6:4 are of particular value in bringing up children.

Grace Christian School believes it is important for a Christian family to:

- accept Christ as Lord of the family;
- practise Biblical values as the basis for family life;
- regularly pray as a family;
- read the Bible together and teach the children Biblical truths;
- regularly attend a Bible-believing church;
- carefully monitor media so that the children are not unduly influenced by non-Christian values;
- discipline children consistently, firmly and fairly;
- love other people and accept them as equally valuable regardless of their race, social status, gender, beliefs or lifestyle decisions;
- have a cooperative, non-violent approach to resolving conflict;
- desire to see each family member accept Christ as Lord and Saviour;
- actively cooperate with the school and support it in the education of their children; and
- encourage wholesome language that builds up others.



We are so pleased you are considering Grace Christian School for your child/children's education. To enable us to provide you with an outcome of your application, please provide copies of the following applicable supporting documentation, for **each child** applying.

Please tick:

- Family Enrolment Application
- Your child's Birth Certificate *(including any change of name documents)*
- Your child's Immunisation Record
- Your child's most recent School Report & NAPLAN test results
- Your child's Specialist Assessment Reports *(Occupational Therapy/ Speech/ Psychological/ Medical)*
- Your child's Visa Documentation
- Your child's Reference from one of the following -
 1. Teacher
 2. Pastor
- Recent Family Photo

Enrolment Process

- Parents/Guardian to submit the completed application along with the listed supporting documents.
- The Principal considers the application and an outcome will be provided. The Principal may request an interview with the Parents/Guardian and student(s), before an outcome is reached.
- Following an interview, families will be notified of the outcome within 5 working days.
- If a place is offered an Enrolment Fee of \$300 per family is payable. This non-refundable fee guarantees the student's place and the family's tuition account is credited.
- All offers are forfeited if the Enrolment Agreement is not returned; the Enrolment Fee is not paid within 7 days; or the student fails to commence at the agreed date.

If you have any queries in regards to this application, please do not hesitate to contact our Enrolment Officer Leanne Brooks on Ph. 9726 4200 or admin@grace.wa.edu.au

Parent / Guardian details



Biological Father **Male Guardian**

Surname: _____ **Given Names:** _____

Preferred Name: _____ Title (Mr, Dr, etc.): _____

Home Address: _____ State: _____ Postcode: _____

Postal Address: _____ State: _____ Postcode: _____

Contact details:

Home Phone: _____ Mobile Phone: _____

Business Phone: _____ Email: _____

Occupation: _____ Name of Employer: _____

Church Affiliation: _____

Biological Mother **Female Guardian**

Surname: _____ **Given Names:** _____

Preferred Name: _____ Title (Mrs, Ms, Dr, etc.): _____

Home Address: _____ State: _____ Postcode: _____

Postal Address: _____ State: _____ Postcode: _____

Contact details:

Home Phone: _____ Mobile Phone: _____

Business Phone: _____ Email: _____

Occupation: _____ Name of Employer: _____

Church Affiliation: _____

Do both biological parents support this application? **Yes / No**

Visa details- *only applicable for students who are not Australian Citizens*

▪ Visa Number issued: _____ Visa Expiry Date: _____

▪ Australian citizen: **Yes / No** Permanent resident: **Yes / No**

▪ Date of entry into Australia: _____

▪ Language(s) spoken most often at home: _____

Details - Student No. 1



Surname: _____ **Given Names:** _____

Preferred Name: _____ **Date of Birth:** _____ **Gender:** **Male / Female**

Entry Grade for your child: _____ **Calendar Year of Entry:** _____

If this student does not live with both biological parents, who are the nominated guardians: _____

In which Country was your child born: _____

Nationality: _____ **Language(s):** *(child speaks at home)* _____

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Is your child currently attending Sunday school or children's ministry, youth group and are they an active member of a church: **Yes / No**

If yes, please describe: _____

Schooling History

Present School Year: _____ **Present / Previous School:** _____

Years attended: _____ **Reason for leaving:** _____

I consent to Grace Christian School contacting the previous school as part of the enrolment process: **Yes / No**

Has your child skipped or repeated a grade? **Yes / No**

If yes, please describe: _____

Has your child ever been expelled or suspended from a school? **Yes / No**

If yes, please describe: _____

Learning Needs – Educational

Is your child currently involved in an Educational Extension program? **Yes / No**

If yes, please describe: _____

Does your child have any Educational / Learning Difficulties? **Yes / No**

If yes, please describe: _____

Please note: We require parents to provide documentation of a child's needs, at the time of enrolment.

*Please supply all **Medical/Psychological or other Specialist Assessments and reports** relevant to your child's learning difficulty. Without this information we will be unable to proceed with this application.*

Medical Details - Student No. 1



Student's Name: _____ Date of Birth: _____

Medical Condition

Please indicate if the student has any of the following?

- Asthma
- Diabetes
- Anaphylaxis
- Heart Condition
- Epilepsy
- Other _____

If you have indicated any of the above conditions, please provide a MEDICAL ACTION PLAN with this application

Please list any medication, dosage and treatment required for this student

Emergency Contact

(Other than Parent) _____ Phone: _____

Name of Family Doctor: _____ Phone: _____

Private Medical Insurer: _____ Member No: _____

Medicare No: _____ Ambulance Cover: **Yes / No**

Is permission given for school staff to administer the following medications to your child?

Panadol **Yes / No**

Antihistamine (Allergies/Hay fever) **Yes / No**

In the event of an emergency, I authorise the school to secure an ambulance and or medical attention for my child. **Yes / No**

Signed: _____ Name: _____ Date: _____

Parent/Guardian

Parent/Guardian

Details - Student No. 2



Surname: _____ **Given Names:** _____

Preferred Name: _____ **Date of Birth:** _____ **Gender:** **Male / Female**

Entry Grade for your child: _____ **Calendar Year of Entry:** _____

If this student does not live with both biological parents, who are the nominated guardians: _____

In which Country was your child born: _____

Nationality: _____ **Language(s):** (*child speaks at home*) _____

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Is your child currently attending Sunday school or children's ministry, youth group and are they an active member of a church: **Yes / No**

If yes, please describe: _____

Schooling History

Present School Year: _____ **Present / Previous School:** _____

Years attended: _____ **Reason for leaving:** _____

I consent to Grace Christian School contacting the previous school as part of the enrolment process: **Yes / No**

Has your child skipped or repeated a grade? **Yes / No**

If yes, please describe: _____

Has your child ever been expelled or suspended from a school? **Yes / No**

If yes, please describe: _____

Learning Needs – Educational

Is your child currently involved in an Educational Extension program? **Yes / No**

If yes, please describe: _____

Does your child have any Educational / Learning Difficulties? **Yes / No**

If yes, please describe: _____

Please note: We require parents to provide documentation of a child's needs, at the time of enrolment.

*Please supply all **Medical/Psychological or other Specialist Assessments and reports** relevant to your child's learning difficulty. Without this information we will be unable to proceed with this application.*

Medical Details - Student No. 2



Student's Name: _____ Date of Birth: _____

Medical Condition

Please indicate if the student has any of the following?

- Asthma
- Diabetes
- Anaphylaxis
- Heart Condition
- Epilepsy
- Other _____

If you have indicated any of the above conditions, please provide a MEDICAL ACTION PLAN with this application

Please list any medication, dosage and treatment required for this student

Emergency Contact

(Other than Parent) _____ Phone: _____

Name of Family Doctor: _____ Phone: _____

Private Medical Insurer: _____ Member No: _____

Medicare No: _____ Ambulance Cover: **Yes / No**

Is permission given for school staff to administer the following medications to your child?

Panadol **Yes / No**

Antihistamine (*Allergies/Hay fever*) **Yes / No**

In the event of an emergency, I authorise the school to secure an ambulance and or medical attention for my child. **Yes / No**

Signed: _____ Name: _____ Date: _____

Parent/Guardian

Parent/Guardian

Details - Student No. 3



Surname: _____ Given Names: _____

Preferred Name: _____ Date of Birth: _____ Gender: **Male / Female**

Entry Grade for your child: _____ Calendar Year of Entry: _____

If this student does not live with both biological parents, who are the nominated guardians: _____

In which Country was your child born: _____

Nationality: _____ **Language(s):** (*child speaks at home*) _____

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Is your child currently attending Sunday school or children's ministry, youth group and are they an active member of a church: **Yes / No**

If yes, please describe: _____

Schooling History

Present School Year: _____ Present / Previous School: _____

Years attended: _____ Reason for leaving: _____

I consent to Grace Christian School contacting the previous school as part of the enrolment process: **Yes / No**

Has your child skipped or repeated a grade? **Yes / No**

If yes, please describe: _____

Has your child ever been expelled or suspended from a school? **Yes / No**

If yes, please describe: _____

Learning Needs – Educational

Is your child currently involved in an Educational Extension program? **Yes / No**

If yes, please describe: _____

Does your child have any Educational / Learning Difficulties? **Yes / No**

If yes, please describe: _____

Please note: We require parents to provide documentation of a child's needs, at the time of enrolment.

*Please supply all **Medical/Psychological or other Specialist Assessments and reports** relevant to your child's learning difficulty. Without this information we will be unable to proceed with this application.*

Medical Details - Student No. 3



Student's Name: _____ Date of Birth: _____

Medical Condition

Please indicate if the student has any of the following?

- Asthma
- Diabetes
- Anaphylaxis
- Heart Condition
- Epilepsy
- Other _____

If you have indicated any of the above conditions, please provide a MEDICAL ACTION PLAN with this application

Please list any medication/treatment required for this student

Emergency Contact

(Other than Parent) _____ Phone: _____

Name of Family Doctor: _____ Phone: _____

Private Medical Insurer: _____ Member No: _____

Medicare No: _____ Ambulance Cover: **Yes / No**

Is permission given for school staff to administer the following medications to your child?

Panadol **Yes / No**

Antihistamine (Allergies/Hay fever) **Yes / No**

In the event of an emergency, I authorise the school to secure an ambulance and or medical attention for my child. **Yes / No**

Signed: _____ Name: _____ Date: _____

Parent/Guardian

Parent/Guardian

Family Details & Pastoral Care



Please note any specific circumstances which the school needs to be aware of, in order to provide maximum care and assistance to each student:

- Divorce or Separation: _____
- Family member's ill health: _____
- Family member's disabilities: _____
- Other family health or special circumstances: _____

If the family structure involves **shared custody or care** of a child for whom this application is made, please outline the agreement below:

Who is the legal guardian of the child/children? _____

Is there a Court Order or Childhood Agreement in respect of the children being enrolled? **Yes/ No**
(If yes, please provide a copy with this application)

If parents are living separately, please state who should receive the following information:

- General correspondence: _____
- Reports/Assessments: _____
- Accounts/Financial information: _____

Family Siblings *(Please list any other siblings under the age of 18 years, not seeking enrolment at Grace Christian School)*

Name: _____

Name: _____

Gender: Male Female Date of Birth ___/___/___

Gender: Male Female Date of Birth ___/___/___

Current School: _____ Year ___

Current School: _____ Year ___

Name: _____

Name: _____

Gender: Male Female Date of Birth ___/___/___

Gender: Male Female Date of Birth ___/___/___

Current School: _____ Year ___

Current School: _____ Year ___

Personal Faith & Church Involvement



Personal Faith

Please describe your relationship with the Lord Jesus Christ: _____

Denomination: _____ Church attending: _____

Pastor's name: _____ Phone number: _____

(Please ensure Pastor reference is attached as per checklist.)

Family involvement in church:

Please share your main reason for applying at Grace Christian School: _____

Please indicate how you heard about Grace Christian School. The School community is important and we appreciate knowing how you may be linked to it.

- Existing Grace family: _____
- Relatives: _____
- Neighbours/Friends: _____
- Website: _____
- School Prospectus: _____
- Advertising: _____
- Skoolbag: _____
- Other: _____

Government Required Data Collection



We are required to collect this Information for Government reporting purposes

Name of Student(s):

First Name	Surname
1	
2	
3	
4	

1. What is the level of the highest qualification the Parents/Guardians have completed?

Mark one box only in each column

	Mother/Parent 1/ Guardian 1	Father/Parent 2/ Guardian 2
Bachelor Degree or above.....	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma.....	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including Trade Certificate).....	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification.....	<input type="checkbox"/>	<input type="checkbox"/>

2. What is the highest year of Primary or Secondary school the Parents/Guardians have completed?

(For persons who have never attended school, mark Year 9 or equivalent or below)

Mark one box only in each column

	Mother/Parent 1/ Guardian 1	Father/Parent 2/ Guardian 2
Year 12 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below.....	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the appropriate parental occupation group from the attached list -

(a) What is the occupation group of the Mother/Parent 1/Guardian 1?

(b) What is the occupation group of the Father/Parent 2/Guardian 2?

Please note:

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

List of Parental Occupation Groups



Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

General Agreement



GENERAL AGREEMENT: *Signed by the student's Parents/Guardians*

- I/We apply to have the above-named student(s) considered for admission to Grace Christian School.
- I/We enclose the supporting documents as requested.
- I/We will provide if requested, any further information concerning the student's education or medical history.
- I/We endorse and support the schools Statements of Faith and Values.

Mother's / Female Guardian's Signature _____ **Date** ____ / ____ / ____

Father's / Male Guardian's Signature _____ **Date** ____ / ____ / ____

SUBMIT APPLICATION

Please forward this application form and supporting documents to:

Grace Christian School, PO Box 7, BUNBURY WA 6231 or
Email: admin@grace.wa.edu.au or Fax (08) 9726 4210

Thank you for your application