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: ____________________________
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.
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
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.
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
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**

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):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

Mark one box only in each column

<table>
<thead>
<tr>
<th>Mother/Parent 1/ Guardian 1</th>
<th>Father/Parent 2/ Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor Degree or above...</td>
<td>................................</td>
</tr>
<tr>
<td>Advanced Diploma/Diploma...</td>
<td>................................</td>
</tr>
<tr>
<td>Certificate I to IV (including Trade Certificate)...</td>
<td>................................</td>
</tr>
<tr>
<td>No non-school qualification...</td>
<td>................................</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mother/Parent 1/ Guardian 1</th>
<th>Father/Parent 2/ Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 12 or equivalent......</td>
<td>................................</td>
</tr>
<tr>
<td>Year 11 or equivalent......</td>
<td>................................</td>
</tr>
<tr>
<td>Year 10 or equivalent......</td>
<td>................................</td>
</tr>
<tr>
<td>Year 9 or equivalent or below......</td>
<td>................................</td>
</tr>
</tbody>
</table>

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.


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

**Air/sea transport** [aircraft/ship's captain/office/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.


**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/refuge/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: 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