



## Application to Enrol



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@gracechristianschoolwa



# STUDENT ENROLMENT APPLICATION

## STUDENT INFORMATION (Student 1)

**Entry Level:** *Please circle below*      **Entry Year:** *(Please circle)*   2025   2026   2027   2028   2029   2030

Little Sprouts   KI   PP   Year1   Year 2   Year 3   Year 4   Year 5   Year 6   Year 7   Year 8   Year 9   Year 10   Year 11   Year 12

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:   Male/Female

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander origin?    No       Yes, Aboriginal       Yes, Torres Strait Islander

Residency Status: Australian citizen: Yes / No      Permanent resident: Yes / No      Temporary resident: Yes / No

Visa Number: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

Date of entry into Australia: \_\_\_\_\_ Language(s) mainly spoken at home: \_\_\_\_\_

Church Attendance: Is your child currently attending church, e.g. children's ministry, Sunday school, youth groups?   Yes / No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## SCHOOLING HISTORY

Present Academic 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:       No       Yes

Has your child skipped or repeated a grade?       No       Yes

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

Does your child have any Educational / Learning Difficulties?       No       Yes    *If yes, please provide supporting documentation.*

### For Enrolment into the Pre-Kindergarten and Kindergarten Program

*Please complete the following if your child is currently enrolled or was enrolled in a Day Care Centre.*

Name of Day Care Centre: \_\_\_\_\_ No. of days per week attending: \_\_\_\_\_ Years enrolled: \_\_\_\_\_

*Please note: All Medical/Psychological or other Specialist Assessments and reports relevant to your child's learning must be attached to this application.*

## MEDICAL/EMERGENCY INFORMATION (Student 1)

Please indicate if the student has any of the following?

Asthma       Diabetes       Anaphylaxis       Heart Condition       Epilepsy

Other, please list: \_\_\_\_\_

*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 family*): \_\_\_\_\_ 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: Yes / No

If immediate medical attention is required, do you authorise the school to call an ambulance? Yes / No

## FAMILY DETAILS & PASTORAL CARE

Please describe relationship of persons completing this application.

Married       Separated

Divorced       De-facto

Are there any Family Court Orders or Parenting Plans affecting the child in this application? (*If yes, please provide copies*)

Yes       No

With whom does the child live?

Mother       Father       Guardian

Who should the School contact in relation to minor day to day matters?

Mother       Father       Guardian

Who should the School first seek to contact in an emergency?

Mother       Father       Guardian

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

General correspondence:       Mother only       Father only       Both parents       Guardian

Reports/Assessments:       Mother only       Father only       Both parents       Guardian

Accounts/Financial information:       Mother only       Father only       Both parents       Guardian

Who is the legal guardian of the child? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Are there any other family circumstances we should be aware of? \_\_\_\_\_

## STUDENT INFORMATION (Student 2)

Entry Level: *Please circle below*

Entry Year: *(Please circle)* 2025 2026 2027 2028 2029 2030

Little Sprouts    KI    PP    Year1    Year 2    Year 3    Year 4    Year 5    Year 6    Year 7    Year 8    Year 9    Year 10    Year 11    Year 12

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: Male/Female

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander origin?     No     Yes, Aboriginal     Yes, Torres Strait Islander

Residency Status: Australian citizen: Yes / No    Permanent resident: Yes / No    Temporary resident: Yes / No

Visa Number: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

Date of entry into Australia: \_\_\_\_\_ Language(s) mainly spoken at home: \_\_\_\_\_

Entry Year Level: \_\_\_\_\_ Entry Year: \_\_\_\_\_

Church Attendance: Is your child currently attending church, e.g. children's ministry, Sunday school, youth groups?    Yes / No

If yes, please describe: \_\_\_\_\_

## SCHOOLING HISTORY

Present Academic 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:     No     Yes

Has your child skipped or repeated a grade?     No     Yes

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

Does your child have any Educational / Learning Difficulties?     No     Yes *If yes, please provide supporting documentation.*

### For Enrolment to the Pre-Kindergarten and Kindergarten Program

Please complete the following if your child is currently enrolled or was enrolled in a Day Care Centre.

Name of Day Care Centre: \_\_\_\_\_ No. of days per week attending: \_\_\_\_\_ Years enrolled: \_\_\_\_\_

*Please note: All Medical/Psychological or other Specialist Assessments and reports relevant to your child's learning must be attached to this application.*



## STUDENT INFORMATION (Student 3)

Entry Level: *Please circle below*

Entry Year: *(Please circle)* 2025 2026 2027 2028 2029 2030

Little Sprouts KI PP Year1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: Male/Female

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander origin?  No  Yes, Aboriginal  Yes, Torres Strait Islander

Residency Status: Australian citizen: Yes / No Permanent resident: Yes / No Temporary resident: Yes / No

Visa Number: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

Date of entry into Australia: \_\_\_\_\_ Language(s) mainly spoken at home: \_\_\_\_\_

Entry Year Level: \_\_\_\_\_ Entry Year: \_\_\_\_\_

Church Attendance: Is your child currently attending church, e.g. children's ministry, Sunday school, youth groups? Yes / No

If yes, please describe: \_\_\_\_\_

## SCHOOLING HISTORY

Present Academic 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:  No  Yes

Has your child skipped or repeated a grade?  No  Yes

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

Does your child have any Educational / Learning Difficulties?  No  Yes *If yes, please provide supporting documentation.*

### For Enrolment into the Pre-Kindergarten and Kindergarten Program

*Please complete the following if your child is currently enrolled or was enrolled in a Day Care Centre.*

Name of Day Care Centre: \_\_\_\_\_ No. of days per week attending: \_\_\_\_\_ Years enrolled: \_\_\_\_\_

*Please note: All Medical/Psychological or other Specialist Assessments and reports relevant to your child's learning must be attached to this application.*



**PARENT INFORMATION**

Do both biological parents support this application?

Yes / No

**Biological Father**     **Male Guardian**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Title (Mr, Dr, etc.): \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Languages spoken at home: (first) \_\_\_\_\_ (second) \_\_\_\_\_

Church Affiliation / Religion: \_\_\_\_\_

Residency Status: Australian citizen: Yes / No      Permanent resident: Yes / No      Temporary resident: Yes / No

Visa Number: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

**Biological Mother**     **Female Guardian**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Title (Mr, Dr, etc.): \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Languages spoken at home: (first) \_\_\_\_\_ (second) \_\_\_\_\_

Church Affiliation / Religion: \_\_\_\_\_

Residency Status: Australian citizen: Yes / No      Permanent resident: Yes / No      Temporary resident: Yes / No

Visa Number: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_



## PERSONAL FAITH & CHURCH INVOLVMENT

Please describe your relationship with the Lord Jesus Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Denomination: \_\_\_\_\_ Church attending: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Family involvement in church: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please indicate how you heard about Grace Christian School:

- Existing Grace family     Neighbours/Friends     Website/Internet Search     Flyer/Advertisement  
 Drove Past/Walk-in     Social Media     Open Night/School Event  
 Other, please list: \_\_\_\_\_

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

Name: \_\_\_\_\_

Gender:  Male     Female                      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School: \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Male     Female                      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School: \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Male     Female                      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School: \_\_\_\_\_ Year \_\_\_\_\_

## GOVERNMENT REQUIRED DATA COLLECTION

All schools in Australia are required to collect background information on students as part of national reporting arrangements. Please select the appropriate parental occupation group from the list attached.

Mother/Guardian		Father/Guardian	
What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?	What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
Mother/Guardian		Father/Guardian	
What is your occupation group?* (see next page)	Circle: 1 2 3 4 8	What is your occupation group?* (see next page)	Circle: 1 2 3 4 8

\*If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, circle '8' above.

### GENERAL AGREEMENT

- I/We apply to have the above-named student(s) considered for admission to Grace Christian School.
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### APPLICATION CHECKLIST

Please return this completed application form with copies of the following supporting documentation for each child where applicable:

- Birth Certificate
- School Report
- NAPLAN Report
- Reference Letter (e.g. from a Teacher, Pastor)
- Recent Family Photo
- Immunisation History Statement (not older than 2 months)
- Visa Documentation
- Specialist Reports (e.g. Medical, Psychological, Speech or Occupational Therapy, etc.)

## List of Parental Occupation Groups

Group 1	Group 2	Group 3	Group 4
Senior management in large business organisation, government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p><b>Senior executive/manager/department head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator.</p> <p><b>Other administrator</b> [school principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> 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.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/industrial relations/ sales/marketing].</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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]</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [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]</p>	<p><b>Drivers, mobile plant, production/processing machinery and other machinery operators</b></p> <p><b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><b>Sales</b> [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]</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>



## 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.



## Vision and Mission Statement

Our vision is to be a Christian educational community of excellence, assisting in the development of young people who reflect the attitudes, authority and actions of Christ.

Our mission is to:

- Encourage students to have a personal relationship with Jesus Christ
- Develop lives of character based on biblical principles
- Equip you people to positively influence the wider community
- Develop the highest expression of an individual's gifts, talents and abilities
- Assist parents in the education of their children
- Pursue excellence in education
- Provide resources, facilities and staff to implement that vision.

## Privacy Statement

At Grace Christian School, we are committed to protecting the privacy and security of our students' and families' personal information. This privacy statement outlines how we collect, use, disclose, and safeguard your data when you apply for enrolment for your child/children.

Collection of Information: We collect personal information directly from you through the enrolment application process. This includes, but is not limited to, your child's name, date of birth, contact details, medical information, and educational history. We may also collect information from third parties, such as previous schools or educational institutions, to support your child's application.

Use of Information: The information we collect is used solely for the purpose of processing your child's enrolment application, assessing their educational needs, and ensuring we can provide the best possible educational experience. We may also use this information to communicate with you about your application and any related matters.

Disclosure and Security: We do not share your personal information with any third parties except as required by law or with your explicit consent. We implement a variety of security measures to maintain the safety of your personal information and ensure it is protected against unauthorized access, alteration, or disclosure.