

# Maranatha Christian School

## ENROLMENT APPLICATION AND AGREEMENT



Please complete the following forms and return to:

The Registrar  
Maranatha Christian School  
104-108 Reema Boulevard  
ENDEAVOUR HILLS VIC 3802

### Enrolment Procedure Check List

- Enrolment Application (please ensure that each page is initialled and page 9 is signed by **each** parent/guardian)
- Original Birth Certificate or Passport for **each** Child to be copied by Maranatha Staff or Copy signed by a person who has sighted the original and has certified it as a true copy. This person could be a Principal, Medical Practitioner, Pharmacist etc. For more information please go to <https://www.education.gov.au/guidelines-certification-documents>
- Copy of Passport for Parents and Children on Bridging, Temporary or Permanent Visas** (who are not considered full fee paying overseas students)
- Copy of Immunisation History for **each** ELC or Primary aged child prior to school commencement  
*“ under the Public Health and Wellbeing Act 2008 it is a legal requirement that parents of a child must give an immunisation status certificate in respect of each vaccine preventable disease to the person in charge of each primary school that the child is to attend.”*
- Copy of most recent school reports
- Copy of any reports relating to Educational, Medical, Communication, behavioural Issues or Special Support required
- Appointment for Enrolment Interview with Head of Campus scheduled
- Appointment for Financial Interview with Assistant Bursar at Endeavour Hills Office scheduled

### Privacy Statement

*We consider that the information you provide in this Enrolment Application and Agreement about yourself and your child(ren) to be valuable and we will take all reasonable precautions to prevent unauthorised access to that information. We need that information to assist us in making a decision about the enrolment of your child(ren) and, should they be enrolled, how we can best meet their needs. It is also for this reason that we request that you bring to the interview a copy of your child's (children's) most recent school reports and to provide us with certain medical information. We also require some information to make a preliminary assessment of your ability to meet your commitments regarding school fees. Please help us to keep the information about you and your child(ren) accurate, complete and up to date. With some exceptions, you have the right to access the personal information the School will hold on you and your child(ren).*

*Should your application for enrolment not be successful, the School will immediately destroy the information you have provided in support of this application.*

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# Enrolment Application and Agreement

Please refer to our Privacy Statement below

Mother/Guardian Details	Father/Guardian Details
Please indicate ✓ Title Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Please indicate ✓ Title Dr <input type="checkbox"/> Mr <input type="checkbox"/>
<b>Surname</b>	<b>Surname</b>
<b>Given Names</b>	<b>Given Names</b>
Home Phone No.	Home Phone No.
Mobile Phone No.	Mobile Phone No.
<b>Email Address</b> _____@_____	<b>Email Address</b> _____@_____
Please indicate ✓ if this is the Billing address <input type="checkbox"/>	Please indicate ✓ if this is the Billing address <input type="checkbox"/>
<b>Home Address</b> Please indicate ✓ if this is the Billing address <input type="checkbox"/>	<b>Home Address (complete only if different)</b> Please indicate ✓ if this is the Billing address <input type="checkbox"/>
Postcode	Postcode
<b>Mailing Address (if applicable)</b> Please indicate ✓ if this is the Billing address <input type="checkbox"/>	<b>Mailing Address (complete only if different) -</b> Please indicate ✓ if this is the Billing address <input type="checkbox"/>
Postcode	Postcode
Employer Details	Employer Details
Name	Name
Address	Address
Postcode	Postcode
Type of Business	Type of Business
Occupation/Position	Occupation/Position
Business Phone No.	Business Phone No.
Church Membership	Church Membership (if different)
Name of Church	Name of Church
Church Address	Church Address
Postcode	Postcode
Maranatha Connection (if applicable)	Maranatha Connection (if applicable)
Past Staff Member <input type="checkbox"/>	Past Staff Member <input type="checkbox"/>
Past Maranatha Student <input type="checkbox"/>	Past Maranatha Student <input type="checkbox"/>
Maiden Name if applicable _____	

**NOTE: Each Parent/Guardian must initial and date each page on completion. (Date) \_\_\_/\_\_\_/\_\_\_**

**Confidential**

Initials of each Parent/Guardian \_\_\_\_\_

## Source of Introduction

To assist the School with its Marketing Program, please indicate the main influence for your enrolling at Maranatha

- An existing school family. If so, please note family name: .....  
(please note this family may be eligible for an introduction incentive)
- A previous parent of Maranatha
- A previous student of Maranatha – Maiden name if applicable .....
- Church Minister or Pastor. If so, name of person: .....
- Church                       Local News                       School Website
- Open Day                       MCS Student for a Day                       School Tour
- Light FM Radio                       School Signage                       Christian Publications
- Bus Signage
- Other: \_\_\_\_\_

## Parent Involvement (Refer to Parent Involvement Program in the Prospectus)

Please indicate the areas of interest:

- Classroom Assistance                       Camps
- Canteen (Casey Campus only)                       Library
- Catering                       Driving
- Music                       Perceptual Motor (skills) Program
- Working Bees                       Parents & Friends
- Maintenance                       Second Hand Uniform Shop
- Use of my skills in: \_\_\_\_\_                       Use of my Trade in: \_\_\_\_\_

## School Association Membership

(Enrolment is conditional upon parents/guardians having current membership of the Association for Christian Education of Dandenong) Refer page 2 of Application Information

- I/We wish to take up Associate Membership on completion of the Enrolment process.
- I/We wish to take up Associate Membership on the commencement of our child/children
- I/We are currently full members of another Christian Parent Controlled School  
(Please indicate which Association) \_\_\_\_\_

## Schooling Fees Payment Options

(The following will be discussed at your financial interview with our Assistant Bursar)

I/We elect the following payment method:

- Yearly in advance
- Half yearly in advance by two equal instalments at commencement of Terms 1 and 3
- Term in advance within 18 days of commencement of term by four equal instalments
- Direct Debit/Credit Card (Please select from options below)
- Monthly in advance during the month preceding the month of tuition
- Fortnightly
- Weekly
- Other \_\_\_\_\_

## Residential Details

- Please indicate the number of years at current address                      \_\_\_\_\_ Years
- Are you renting your accommodation?                      Yes  No
- Do you have a housing loan/mortgage?                      Yes  No
- If yes, how long has the present arrangement existed?                      \_\_\_\_\_ Years

**NOTE: Each Parent/Guardian must initial and date each page on completion. (Date)    \_\_\_/\_\_\_/\_\_\_**

**Confidential**

**Initials of each Parent/Guardian** \_\_\_\_\_

## DETAILS OF CHILDREN FOR ENROLMENT

Child 1	Child 2
Given Names	Given Names
Surname	Surname
Gender (please indicate ✓) Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender (please indicate ✓) Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth          /          /	Date of Birth          /          /
Lives with (please indicate ✓) Both parents <input type="checkbox"/> OR Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Lives with (please indicate ✓) Both parents <input type="checkbox"/> OR Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>
Born in Australia (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	Born in Australia (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If no, please state country of birth</i>	<i>If no, please state country of birth</i>
Australian Citizen (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Citizen (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>
Visa number (if applicable) eg (487) <i>Please provide copy of Visa</i>	Visa number (if applicable) eg (487) <i>Please provide copy of Visa</i>
Entry into Australia date (if applicable)          /          /	Entry into Australia date (if applicable)          /          /
<b><i>A copy of birth certificates must be submitted with this application</i></b>	
Current School	Current School
Victorian Student No. (VSN)* if known	Victorian Student No. (VSN)* if known
Current Year Level	Current Year Level
Commencement Year Level (eg Year 7)          _____	Commencement Year Level (eg Year 7)          _____
Preferred Year of Entry to MCS (eg 2018)          _____	Preferred Year of Entry to MCS eg (2018)          _____
<b>PREFERRED SITE</b>	
Please select ✓	Please select ✓
Junior School (Doveton) ELC-5 <input type="checkbox"/>	Junior School (Doveton) ELC-5 <input type="checkbox"/>
Junior School (Officer) ELC-5 <input type="checkbox"/>	Junior School (Officer) ELC-5 <input type="checkbox"/>
Middle/Senior School (Endeavour Hills) 6-12 <input type="checkbox"/>	Middle/Senior School (Endeavour Hills) 6-12 <input type="checkbox"/>

**NOTE: Each Parent/Guardian must initial and date each page on completion. (Date)    \_\_\_/\_\_\_/\_\_\_**

**Confidential**

Initials of each Parent/Guardian          \_\_\_\_\_

Child 3	Child 4
Given Names	Given Names
Surname	Surname
Gender (please indicate ✓) Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender (please indicate ✓) Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth / /	Date of Birth / /
Lives with (please indicate ✓) Both parents <input type="checkbox"/> OR Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Lives with (please indicate ✓) Both parents <input type="checkbox"/> OR Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>
Born in Australia (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	Born in Australia (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><i>If no, please state country of birth</i></b>	<b><i>If no, please state country of birth</i></b>
Australian Citizen (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Citizen (please indicate ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>
Visa number (if applicable) eg (487) <b><i>Please provide copy of Visa</i></b>	Visa number (if applicable) eg (487) <b><i>Please provide copy of Visa</i></b>
Entry into Australia date (if applicable) / /	Entry into Australia date (if applicable) / /
<b><i>A copy of birth certificates must be submitted with this application</i></b>	
Current School	Current School
Victorian Student No. (VSN)* if known	Victorian Student No. (VSN)* if known
Current Year Level	Current Year Level
Commencement Year Level (eg Year 7) _____	Commencement Year Level (eg Year 7) _____
Preferred Year of Entry to MCS (eg 2018) _____	Preferred Year of Entry to MCS eg (2018) _____
<b>PREFERRED SITE</b>	
Please select ✓ Junior School (Doveton) ELC-5 <input type="checkbox"/> Junior School (Officer) ELC-5 <input type="checkbox"/> Middle/Senior School (Endeavour Hills) 6-12 <input type="checkbox"/>	Please select ✓ Junior School (Doveton) ELC-5 <input type="checkbox"/> Junior School (Officer) ELC-5 <input type="checkbox"/> Middle/Senior School (Endeavour Hills) 6-12 <input type="checkbox"/>

***Please advise our Registrar if you require another sheet to complete for additional children or future year's enrolment. Our enrolment policy is family friendly and it is important to enrol younger siblings as early as possible to help ensure their future placement.***

**NOTE: Each Parent/Guardian must initial and date each page on completion. (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Confidential**

**Initials of each Parent/Guardian \_\_\_\_\_**

## STUDENT BACKGROUND INFORMATION

Please complete the following and provide any specialist reports eg. **Speech therapy, cognitive, paediatric, psychological, psychiatric, hearing, vision or occupational therapy**, to assist us in assessing how well-placed we are in providing schooling to your child/children:

Name of Child 1	Name of Child 2
<p><b>Does your child have a known disability?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/>            If Yes, please indicate ✓            intellectual <input type="checkbox"/> physical <input type="checkbox"/> hearing <input type="checkbox"/> vision <input type="checkbox"/>            emotional <input type="checkbox"/>            Other <input type="checkbox"/> Please state _____</p> <p><b>Does your child receive support from others?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate ✓            eg Tutoring <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech therapist <input type="checkbox"/>            Access Assistants <input type="checkbox"/> Scribes <input type="checkbox"/></p> <p>Particular supervision or management <input type="checkbox"/>            Please state _____</p> <p><b>Does your child require?</b> please indicate ✓            glasses <input type="checkbox"/> vision aids <input type="checkbox"/> hearing aids <input type="checkbox"/>            acoustic considerations <input type="checkbox"/></p> <p>Other <input type="checkbox"/>            Please state _____</p> <p><b>Does your child have any serious medical conditions or allergies?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes</b> Please state            _____</p>	<p><b>Does your child have a known disability?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/>            If Yes, please indicate ✓            intellectual <input type="checkbox"/> physical <input type="checkbox"/> hearing <input type="checkbox"/> vision <input type="checkbox"/>            emotional <input type="checkbox"/>            Other <input type="checkbox"/> Please state _____</p> <p><b>Does your child receive support from others?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate ✓            eg Tutoring <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech therapist <input type="checkbox"/>            Access Assistants <input type="checkbox"/> Scribes <input type="checkbox"/></p> <p>Particular supervision or management <input type="checkbox"/>            Please state _____</p> <p><b>Does your child require?</b> please indicate ✓            glasses <input type="checkbox"/> vision aids <input type="checkbox"/> hearing aids <input type="checkbox"/>            acoustic considerations <input type="checkbox"/></p> <p>Other <input type="checkbox"/>            Please state _____</p> <p><b>Does your child have any serious medical conditions or allergies?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes</b> Please state            _____</p>

Please note that up to date specialist reports will be required six months prior to school entry.

**NOTE: Each Parent/Guardian must initial and date each page on completion. (Date) \_\_\_/\_\_\_/\_\_\_**

**Confidential**

Initials of each Parent/Guardian \_\_\_\_\_

## STUDENT BACKGROUND INFORMATION

Please complete the following and provide any specialist reports eg. **Speech therapy, cognitive, paediatric, psychological, psychiatric, hearing, vision or occupational therapy**, to assist us in assessing how well-placed we are in providing schooling to your child/children:

Name of Child 3	Name of Child 4
<p><b>Does your child have a known disability?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/>            If Yes, please indicate ✓            intellectual <input type="checkbox"/> physical <input type="checkbox"/> hearing <input type="checkbox"/> vision <input type="checkbox"/>            emotional <input type="checkbox"/>            Other <input type="checkbox"/>            Please state _____</p> <p><b>Does your child receive support from others?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate ✓            eg Tutoring <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech therapist <input type="checkbox"/>            Access Assistants <input type="checkbox"/> Scribes <input type="checkbox"/></p> <p>Particular supervision or management <input type="checkbox"/>            Please state _____</p> <p><b>Does your child require?</b> please indicate ✓            glasses <input type="checkbox"/> vision aids <input type="checkbox"/> hearing aids <input type="checkbox"/>            acoustic considerations <input type="checkbox"/></p> <p>Other <input type="checkbox"/>            Please state _____</p> <p><b>Does your child have any serious medical conditions or allergies?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If Yes</b> Please state            _____</p>	<p><b>Does your child have a known disability?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/>            If Yes, please indicate ✓            intellectual <input type="checkbox"/> physical <input type="checkbox"/> hearing <input type="checkbox"/> vision <input type="checkbox"/>            emotional <input type="checkbox"/>            Other <input type="checkbox"/>            Please state _____</p> <p><b>Does your child receive support from others?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate ✓            eg Tutoring <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech therapist <input type="checkbox"/>            Access Assistants <input type="checkbox"/> Scribes <input type="checkbox"/></p> <p>Particular supervision or management <input type="checkbox"/>            Please state _____</p> <p><b>Does your child require?</b> please indicate ✓            glasses <input type="checkbox"/> vision aids <input type="checkbox"/> hearing aids <input type="checkbox"/>            acoustic considerations <input type="checkbox"/></p> <p>Other <input type="checkbox"/>            Please state _____</p> <p><b>Does your child have any serious medical conditions or allergies?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If Yes</b> Please state            _____</p>

Please note that up to date specialist reports will be required six months prior to school entry.

**NOTE: Each Parent/Guardian must initial and date each page on completion. (Date) \_\_\_/\_\_\_/\_\_\_**

**Confidential**

Initials of each Parent/Guardian \_\_\_\_\_

# DATA COLLECTION FORM

Information required for assessment and reporting purposes

*Privacy Statement: This information is being collected to assist the School as an information provider for the National Goal for Schooling in the 21<sup>st</sup> Century Program. Only staff of the School will be authorised to have access to the information you provide on this form. The information will only be disclosed to non-school personnel for the primary purpose of the collection and will only be provided anonymously. We request that the information you provide on this form is accurate, complete and up-to-date. Thank you for your assistance.*

Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, TICK both 'Yes' boxes)

	Student 1	Student 2	Student 3	Student 4
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Aboriginal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Torres Strait Islander.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LANGUAGE

Language other than English Spoken at home (if more than one please indicate the one spoken most often)

Mother/Parent 1/Guardian 1	
Father/Parent2/Guardian 2	
Student 1	
Student 2	
Student 3	
Student 4	

## EDUCATION

What is the highest year of school the parent/guardian has 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/Parent2/Guardian2
Year 12 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
Year 11 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>
Year 10 or equivalent <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>
Year 9 or equivalent <input type="checkbox"/>	Year 9 or equivalent <input type="checkbox"/>
Bachelor degree or above <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Advanced Diploma <input type="checkbox"/>	Advanced Diploma <input type="checkbox"/>
Cert I to IV (including trade cert) <input type="checkbox"/>	Cert I to IV (including trade cert) <input type="checkbox"/>
No non-school qualifications <input type="checkbox"/>	No non-school qualifications <input type="checkbox"/>

## OCCUPATION

Please select the appropriate parental occupation group from the list **on the next page**. If a 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 below.**

Mother/Parent 1/Guardian 1 Occupation <input type="checkbox"/>	Father/Parent 2/Guardian 2 Occupation <input type="checkbox"/>
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**NOTE: Each Parent/Guardian must initial and date each page on completion. (Date) \_\_\_/\_\_\_/\_\_\_**

**Confidential**

Initials of each Parent/Guardian \_\_\_\_\_



## 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]

# PARENT PARTNERSHIP AGREEMENT AND ENROLMENT DECLARATION

Please read carefully. A copy of this Agreement and Declaration will be forwarded to you for your records.

1. I/We *wish to partner* with and so enrol our child/children at Maranatha Christian School.
2. *As Christians*, I/We agree to partner with the Maranatha Christian School Community to actively support and encourage my/our child/children to participate in all aspects of school life in order to inspire them to develop their God given gifts, faith, abilities and character for a life of service to the Lord in contemporary society.
3. I/We *accept and support* the teaching of the School's Christ Centred Curriculum and Educational Creed as set out in the Enrolment Application Information Pages 10 -13.
4. I/We have read the Memorandum and Articles of Association for Christian Education of Dandenong on the School website or as provided as a hardcopy. I/We agree to become members of the Association, to pay such membership fees as may be notified to us in writing by the Association and agree to be bound by the Rules and Memorandum and Articles of the Association.
5. I/We agree to be bound by the policies, conditions and rules as set out in the Parent Information Handbook, particularly those sections relating to School Uniform Policy, Behaviour Management Policy and School Rules.
6. I/We declare that the children listed in this Application are either Australian citizens; have Australian residency status; or, have a Student Visa for entry and stay in Australia that allows education to be provided on the same cost basis as for an Australian citizen.
7. I/We, the undersigned are parents/guardians of the enrolled child/children and declare that the information I/We have provided is to the best of my/our knowledge correct and is a full disclosure of requested information. Failure to provide full and correct disclosure could result in cancellation of enrolment.
8. I/We have been provided with, have read and agree to be bound by the terms and conditions applying to the School's fees and charges. (Refer to separate Application Information provided in the Prospectus)
9. I/We have been provided with, have read and agree to be bound by the requirements of the "Parent Involvement Policy". (Refer to the information provided in the Prospectus)
10. I/We acknowledge that if I/We withdraw a student from the school during the school year we will give the School one term's written notice (addressed to the Principal), or instead pay one term's fees. I/We acknowledge that if I/We withdraw a child effective from the commencement of any subsequent year of enrolment we will give the School written notice (addressed to the Principal) by the commencement of Term 4 of the current year of enrolment and if we fail to do so we agree to pay the School one term's fees instead of notice. I/We acknowledge that the onus is on me/us to inform the School if there is a change of address/telephone number.
11. I/We agree to allow photos and/or material including academic and extra-curricular achievement related to my child/children to be used for School promotion.
12. I/We agree that our child/children may access the services of School specialists such as a School Nurse, Education Support team, Counsellors, Year level Coordinators and Chaplains. I/We give consent to those services being provided to our child/children and for confidentiality between the child and specialist to be maintained without reference to the parents/guardian where the specialist deems that appropriate.
13. I/We note that our child's/children's enrolment in the School is subject to a three month probationary period, commencing from the first day of class attendance.

Where two or more parties have signed this enrolment application, we agree to be bound jointly and severally to the above conditions.

Father's Signature	.....	Date	___/___/___
Mother's Signature	.....	Date	___/___/___
Guardian's Signature	.....	Date	___/___/___ (If applicable)