



**CHRISTIAN  
COLLEGE**  
G E E L O N G

## STUDENT ENROLMENT APPLICATION

Name

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Year of Entry

Year Level

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Campus

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This Student Enrolment Application Form is to be completed by parents/guardians prior to enrolling a student at Christian College. Please forward the completed form to the appropriate Head of Campus prior to the enrolment interview. A separate Student Enrolment Application Form is required for each student. A \$250 fee is required at the time of lodgement. A further \$100 Application fee is payable for each additional child enrolled for 2015 and beyond.

In February of the year prior to enrolment, a Confirmation Fee of \$750 will be required to secure your child's placement. This amount will be credited to your Fee Account upon commencement.

Please notify the College of any change of address or other developments which may affect your child's enrolment at Christian College. A copy of the College Privacy Policy is available upon request.

**SEEK YE FIRST THE KINGDOM OF GOD**

[www.christiancollege.vic.edu.au](http://www.christiancollege.vic.edu.au)



**Junior School, Belmont**  
39 Broughton Drive,  
P.O. Box 146, Belmont, 3216  
Tel. (03) 5241 1565  
junior@ccg.vic.edu.au



**Middle School, Highton**  
18 Burdekin Road,  
P.O. Box 146, Belmont, 3216  
Tel. (03) 5241 1899  
enquire@ccg.vic.edu.au



**Senior School, Waurin Ponds**  
135 Pigdons Road,  
P.O. Box 146, Belmont, Vic, 3216  
Tel. (03) 5241 1577  
senior@ccg.vic.edu.au



**Bellarine Campus, Drysdale**  
40 Collins Street  
P.O. Box 483, Drysdale Vic 3222  
Tel. (03) 5253 2998  
bellarine@ccg.vic.edu.au



## Student Details - Student name supplied must match birth certificate

### Name and Address:

Surname \_\_\_\_\_

Given Christian Name 1 \_\_\_\_\_

Given Christian Name 2 \_\_\_\_\_

### Residential Address of Student:

House number/Street \_\_\_\_\_

Town/Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Religion \_\_\_\_\_

### Gender and Birth:

Gender  Male  Female

Date of Birth \_\_\_\_\_

Town of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

#### If not born in Australia and not an Australian citizen:

Type of Resident:  Permanent  Temporary

Visa Sub Class Number (if applicable) \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander descent?  Yes  No

### Proposed Entry to Christian College:

Calendar Year of Entry \_\_\_\_\_

Year Level of Entry \_\_\_\_\_

Campus \_\_\_\_\_

### Documents required to be submitted with this Application:

Birth Certificate  Completed Immunisation Certificate  Latest Reports from current school

## Current School Details

Current School \_\_\_\_\_

Year Level \_\_\_\_\_

Any other previous school: \_\_\_\_\_

or pre-school: \_\_\_\_\_

Address: \_\_\_\_\_

Is the student currently participating in a gifted student program?  Yes  No

Yes  No

Has the student ever been excluded from another school?  Yes  No

Yes  No

Has the student ever received remedial assistance?  Yes  No

Yes  No

Does the student have any need for integration assistance?  Yes  No

Yes  No

Has the student repeated a year at school?  Yes  No

Yes  No

If yes, which Year/Level? \_\_\_\_\_

Christian College may need to contact the current school to clarify the student's educational progress. The current school may require written permission before releasing information. Do you give permission for a signed copy of this Student Enrolment Application Form to be used to provide such authorisation?  Yes  No

Contact Name at current school \_\_\_\_\_

Position \_\_\_\_\_

## Student Medical Information

Does this student have any known medical conditions or ongoing illness?  Yes  No

Vision  Hearing  Head Injuries  Convulsions  Asthma  Epilepsy  Diabetes  Other

If other please specify \_\_\_\_\_

Does this student have any known allergies?  Yes  No

Food  Insect Bites  Animals  Dust (pollen)  Medicines (incl. antibiotics)  Other

Does a reaction to the allergy result in Anaphylaxis?  Yes  No

Does a reaction to the allergy result in Asthma?  Yes  No

If other please specify \_\_\_\_\_

Does this student have any known learning difficulties?

ADD  ADHD  Dyslexia  Aspergers  Autism  ASD  Other

If other please specify \_\_\_\_\_

Does this student currently receive any integration support?  Yes  No

Has this student ever received special assessment in the following areas?

Audiology  Psychology  Occupational Therapy  Child Guidance

Speech  Psychiatry  Professional Counselling  Learning difficulties

Other \_\_\_\_\_

If 'yes', please produce a copy of report to the school \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

**Primary Family**  
where the student  
currently resides

**Parent/Guardian 1 (Mother)**

**Parent/Guardian 2 (Father)**

Title \_\_\_\_\_

Title \_\_\_\_\_

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Christian Name \_\_\_\_\_

Christian Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Preferred name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

*Home Address*

Street \_\_\_\_\_

Suburb \_\_\_\_\_

P/Code \_\_\_\_\_

*Postal Address*

Street/PO Box \_\_\_\_\_

Suburb \_\_\_\_\_

P/Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Family**  
other parent or  
guardian in a split  
relationship

Title \_\_\_\_\_

Title \_\_\_\_\_

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Christian Name \_\_\_\_\_

Christian Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Preferred name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

*Home Address*

Street \_\_\_\_\_

Suburb \_\_\_\_\_

P/Code \_\_\_\_\_

*Postal Address*

Street/PO Box \_\_\_\_\_

Suburb \_\_\_\_\_

P/Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## Family Details

Has this student any siblings who currently attend, may be enrolled in the future, or are former students of the College?

Yes  No

Current student(s) Name(s)

Year Level

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Former Student(s) Name(s)

Calendar Years attended Christian College

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Future Student(s) Name(s)

Calendar Year Entry

Year Level Entry

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Is either parent a former student of Christian College  Yes  No Final year of enrolment \_\_\_\_\_

## College Information

### Responsibility for paying Fees

Both parents equal responsibility  Father only  Mother only  Third party  
 Custody Access Restrictions

### College Publications

Christian College will send you information from time to time on key events and other matters which will keep you informed on activities within the life of the College.

Do you wish to receive such information?  Yes  No

## Indicative Fee Structure

For your information the following scale of tuition fees is applicable for 2015.

In addition to the amounts shown at right, the following annual charges apply

### Capital Works Levy

\$950 for one student, \$1,250 for two students, \$1,450 for three or more students

**Year 9 Residential Rural Experience \$2,332**

**Sibling discounts** apply to second and subsequent students as follows:

2nd student \$1,300 pa, 3rd student \$1,964pa

4th student \$2,816pa, 5th student \$3,752pa

For current total fee information go to the College website

[www.christiancollege.vic.edu.au](http://www.christiancollege.vic.edu.au)

Prep	\$4,000
1	\$4,944
2	\$5,896
3	\$6,848
4	\$7,784
5	\$8,820
6	\$9,840
7	\$10,868
8	\$11,316
9	\$11,436
10	\$11,960
11	\$12,524
12	\$13,080

## Signatures

Parent/Guardian 1 Signature

Printed Name

Date

Parent/Guardian 2 Signature

Printed Name

Date

### OFFICE USE ONLY

Interview Date		Initials
Application Received		
Computer Entry		
SSP Applicant		