APPLICATION FOR MEMBERSHIP

I/we ___________________________________________ and ________________________
of ___________________________________________________________ Postcode: _________

Home Ph: ___________________________ Mobile: ___________________________

Work Ph: ___________________________ Mobile: ___________________________

I wish to join the Association for Christian Education of Frankston.

DECLARATION:
"Having read the Educational Creed,

- I/we SUBSCRIBE to it as a statement of my/our own understanding of the Biblical Principles governing the education of our children, namely:
  - The Supremacy of God as Creator/Father, Redeemer/Son, and Sanctifier/Holy Spirit, according to His Revelation in the Bible.
  - The Adequacy of the Scriptures for our knowledge of God, and our proper understanding of all that is created.
  - The Place and task of Man in a Fallen World - the need for Redemption and Re-Creation, and for the uncompromising acknowledgement and service of the One True God in ALL of life.
  - The Responsibility of parents "to determine the religious character and direction of the education of their children in every aspect of their learning."
  - The Role of the School, as agents for the parents. - but always responsible to, and dependant on GOD alone -, is "to advance the reign of Christ on earth .... " and thus "to lead the child to discern the meaning and structure of Creation ... and to equip the child to serve CHRIST with his/her gifts and talents."

- I/we ACCEPT what the Association and the school stand for (as expressed in the Memorandum and Articles of Association and the College Policy) and PROMISE to uphold the Constitution and the Aims of the Association and the School as officially accepted by the Association.

- I/we am/are prepared to pay the membership fees as set by the Annual General meeting of the Association each year.

Signed ______________________________ and ______________________________ Date: ___/___/201__

Witnessed and Nominated by ______________________________ and ______________________________

(Application to be witnessed and nominated by 2 current association members)
Further Details and points of interest:

Church Affiliation: ______________________________________________

Ministers Name: ____________________________________________ Church’s Ph Number: ____________________

(Please note: written Pastoral Reference required)

Occupations: ___________________________ and ___________________________

Are there any special qualifications and/or experience which you have, and which you are willing to share with the school?

____________________________________________________________________________________

Have you been a member of any other Christian School Association? YES / NO

Name of School: ______________________________________________

How long for and where any functions/roles held? _____________________________

Do you have children who:

Have been at a Christian School? YES / NO Name of School _____________________________

Are currently enrolled at Bayside Christian College?

Name: ___________________________ Year: __________

______________________________ Year: __________

______________________________ Year: __________

______________________________ Year: __________

Are prospective pupils for Bayside Christian College?

Name: ___________________________ age: __________ Likely starting date: ________

______________________________ age: __________ Likely starting date: ________

______________________________ age: __________ Likely starting date: ________

Application Approved: YES / NO Date: ____/____/201__

Approved by: ___________________________ and ___________________________

(Application to be approved by 2 current board members)