

ENROLMENT EXPRESSION OF INTEREST



STUDENT DETAILS

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|---------------------------------------------------------------|----------------------|----------------------------------------------------------|
| First Name: | | Surname: | | | |
| Middle Name/s: | | Preferred Name: | | | |
| Address: | | | | | |
| Date of Birth: | | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Current/previous school: | | Proposed entry date: | dd/mm/yyyy | Year level of entry: | |
| Is Bayside Christian College your first preference as a school of choice? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Custody Arrangement: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student have any learning, behavioural and/or physical disabilities the College should be aware of upon time of enrolment? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Important: If yes, please summarise below. If space is insufficient, please supply separately. Full information of any known learning, behavioural and/or physical disabilities and relevant assessments and/or reports must be provided to the College along with this submission of the Enrolment Expression of Interest form.

PARENT/CARER 1

| | | | | | |
|-------------------------------------------------------------|--|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| Title: | | First Name: | | Surname: | |
| Residential Address: | | | | | |
| Email Address: | | | | | |
| Home Phone: | | Mobile: | | | |
| Relationship to student: | | Living with student: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Custody <input type="checkbox"/> Shared Custody | | |
| Occupation: | | Religious Affiliation: | | | |
| Do you have a current or past association with the College? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Student/Alumni <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Other | | |

PARENT/CARER 2

| | | | | | |
|-------------------------------------------------------------|--|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| Title: | | First Name: | | Surname: | |
| Residential Address: | | | | | |
| Email Address: | | | | | |
| Home Phone: | | Mobile: | | | |
| Relationship to student: | | Living with student: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Custody <input type="checkbox"/> Shared Custody | | |
| Occupation: | | Religious Affiliation: | | | |
| Do you have a current or past association with the College? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Student/Alumni <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Other | | |

SIBLINGS

| | | | | | | | |
|-------|--|----------------|--|---------------------|----------------------------------------------------------|-------|--|
| Name: | | Date of Birth: | | Intention to Apply: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year: | |
| Name: | | Date of Birth: | | Intention to Apply: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year: | |
| Name: | | Date of Birth: | | Intention to Apply: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year: | |

PARENT/CARER DECLARATION

In applying for a place at the College for the student listed, we/I agree:

1. We/I declare that the information supplied in this application is to the best of our/my knowledge true and accurate at the time of signing, and that all pertinent information relating to the education/enrolment of the student/s has been disclosed.
2. We/I understand that failure to disclose information or providing misleading or false information during the enrolment process may result in the College withdrawing an offer or terminating an enrolment.
3. We/I agree to inform the College of any change in circumstances during the enrolment process.
4. We/I give our/my consent for the College to contact the student's previous school/s for information pertaining to their education, care and treatment, including professional assessments and school reports where applicable.

BAYSIDE CHRISTIAN COLLEGE FAITH STATEMENT

1. The Divine Inspiration and supreme authority of the Scriptures of the Old and New Testaments.
2. The existence of One God in Three Positions - the Father, the Son and the Holy Spirit.
3. The Deity and Incarnation of the Lord Jesus Christ, who is the Son of God, the second Person in the Holy Trinity.
4. The fallen, sinful and lost state of all mankind.
5. The salvation of men from the penal consequences and the power of sin, through the perfect obedience of the Lord Jesus Christ, His atoning death, His resurrection from the dead, His ascension to the right hand of the Father, and His unchanging Priesthood.
6. The immediate work of the Holy Spirit in the regeneration of men, in their sanctification, and in their preservation to the Heavenly Kingdom of the Lord Jesus Christ.
7. The necessity, for salvation, of repentance towards God, and of faith in the Lord Jesus Christ.
8. The Resurrection of the dead and the final judgement of all men by the Lord Jesus Christ.

We/I accept that our/my child will receive a Biblical, Christ-centred education in accordance with the above Faith Statement.

PARENT/CARER 1

| | |
|-----------------|--|
| Parent/Carer 1: | |
| Signature: | |
| Date: | |

Please tick only one statement which best captures the Faith Commitment of Parent/Carer 1:

- ☐ I am a practising Christian and I am a part of a church community.
- ☐ I see myself as a Christian but do not attend church regularly.
- ☐ I am sympathetic to Christian values but do not hold any specific faith.
- ☐ I do not view myself as a Christian but am happy to send my child/ren to Bayside Christian College.

PARENT/CARER 2

| | |
|-----------------|--|
| Parent/Carer 2: | |
| Signature: | |
| Date: | |

Please tick only one statement which best captures the Faith Commitment of Parent/Carer 2:

- ☐ I am a practising Christian and I am a part of a church community.
- ☐ I see myself as a Christian but do not attend church regularly.
- ☐ I am sympathetic to Christian values but do not hold any specific faith.
- ☐ I do not view myself as a Christian but am happy to send my child/ren to Bayside Christian College.

PASTORAL REFERENCE

| | |
|----------------|--|
| Church Name: | |
| Denomination: | |
| Pastor's Name: | |
| Phone: | |

DOCUMENTATION CHECKLIST

- ☐ Recent School Report
- ☐ NAPLAN Results
- ☐ Birth Certificate
- ☐ Immunisation Records
- ☐ Learning Support Documentation
- ☐ Medical Records
- ☐ Custody/Court Orders
- ☐ Health Care Card
- ☐ Professional Assessments

Please **attach** all information on any known learning, behavioural, physical disabilities and relevant assessments and reports. Failure to disclose information may result in any offer of place being withdrawn.

PRIVACY DISCLAIMER

All information is collected and stored in accordance with the College's Privacy Collection Statement and Privacy Policy available on our website.

ENROLMENT PROCESS

1. Submitting the Enrolment Expression of Interest form with all of the required documentation, places your child onto our waiting list and does not guarantee an interview or offer of enrolment.
2. Enrolment is subject to availability, a satisfactory interview, capacity to provide an adequate program for the proposed student and acceptance of the College's Enrolment Policy and Terms of Enrolment available at: (baysidecc.vic.edu.au/info/bccpolicies)
3. A non-refundable \$100 Administration Fee payable **per student** is to be paid upon submission of the Expression of Interest form. Payment can be made via direct deposit or credit card by contacting the College.
4. All expressions of interest received by the Registrar are waitlisted and processed in accordance with enrolment availability. Interviews will not be scheduled if:
 - ▶ the College does not receive all required documentation and/or Administration Fee as outlined in this Expression of Interest Form;
 - ▶ further documentation is not provided as requested by the College.

INTERNAL USE ONLY

| | | |
|------------------|------------------------------------------------------------------------------------------------------------------------------|-------|
| Application fee: | <input type="checkbox"/> Received <input type="checkbox"/> Pending | Date: |
| Proceed/Status: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Wait List | |
| Approved by: | | |
| Date: | | |
| Signature: | | |

Notes: