

Association for Christian Education of Frankston Inc.

120-128 Robinsons Road, Langwarrin South VIC 3911
PO Box 21, Baxter VIC 3911

Phone: (03) 5971 6700

ABN 28 633 090 475

Fax: (03) 5971 3810

APPLICATION FOR MEMBERSHIP

I/we _____ and _____

of _____ Postcode: _____

Home Ph: _____ Mobile: _____

Work Ph : _____ Mobile: _____

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: ___/___/202__

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: ____ / ____ / 202__

Approved by: _____ and _____

(Application to be approved by 2 current board members)