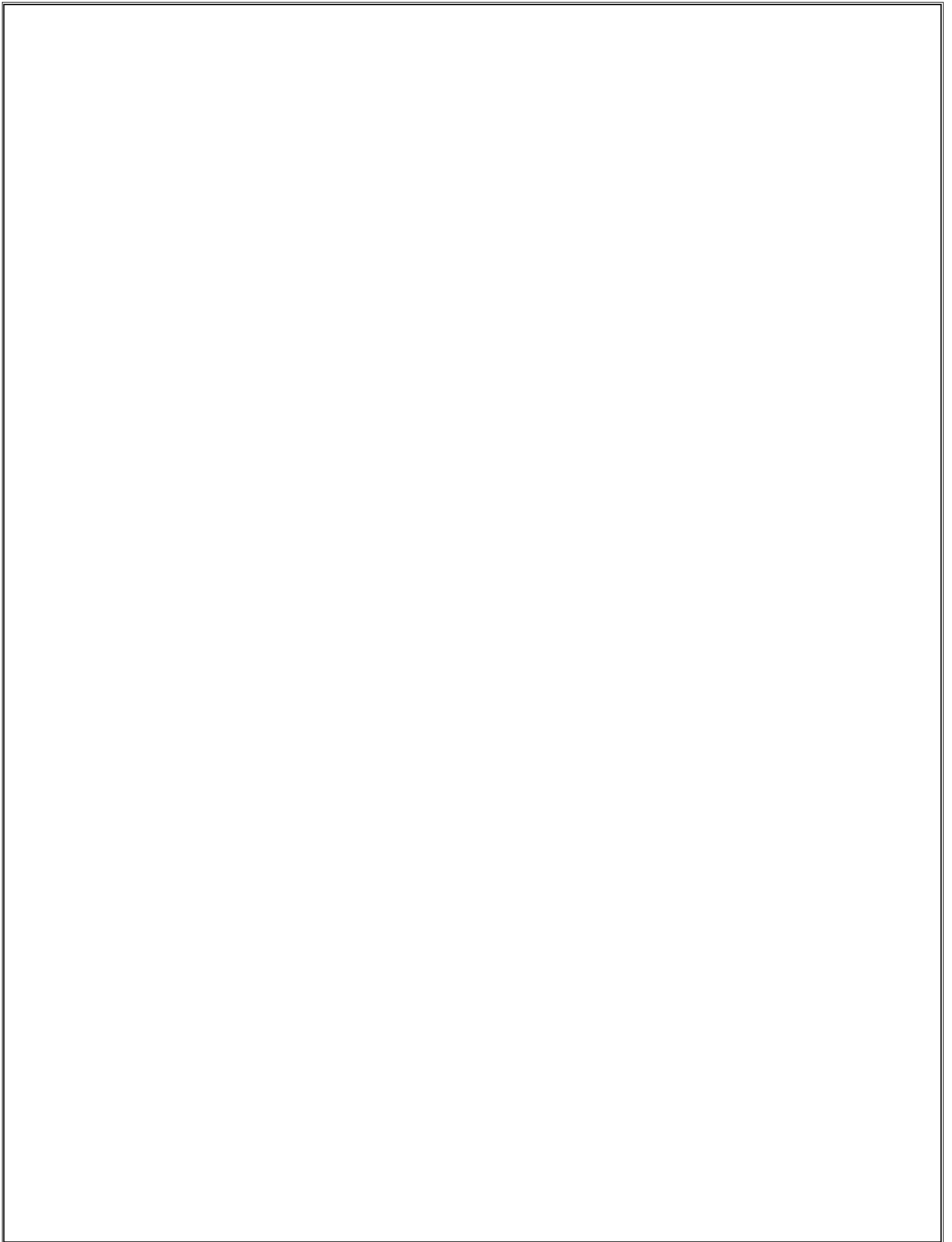




# ST MARK'S COPTIC ORTHODOX COLLEGE

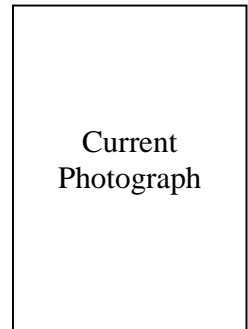


APPLICATION FOR ENROLMENT



# APPLICATION FOR ENROLMENT

## ❖ STUDENT INFORMATION



SURNAME: .....

FIRST NAMES: .....

DATE OF BIRTH: ..... / ..... / ..... GENDER: .....

COUNTRY OF BIRTH: ..... CITY/TOWN: .....

DATE OF STUDENT ARRIVAL IN AUSTRALIA (IF APPLICABLE): ..... / ..... / .....

YEAR OF ENTRY: ..... TERM: ..... GRADE: .....

LANGUAGE USUALLY SPOKEN AT HOME: .....

LAST SCHOOL ATTENDED (IF ANY): .....

HAS ENTRY TO ANOTHER SCHOOL EVER BEEN REFUSED? YES/NO

HOW IS YOUR CHILD COPING AT SCHOOL?

ACADEMICALLY: VERY GOOD GOOD AVERAGE POORLY VERY POORLY

SOCIALLY: VERY GOOD GOOD AVERAGE POORLY VERY POORLY

### OFFICE USE ONLY

DATE RECEIVED: ..... / ..... / .....

ENROLMENT FEE: \$ 165.00 — REC. NO. : .....

DEPOSIT: \$ ..... — REC. NO.: .....

STARTING DATE: ..... / ..... / .....

YEAR: ..... CLASS: ..... HOUSE: ..... ROLL GROUP: .....

STUDENT KEY: ..... FAMILY KEY: .....

TAG: ..... STATUS: .....



**OTHER CHILDREN IN FAMILY**

<b>NAME</b>	<b>AGE/YEAR</b>	<b>ATTENDING THE COLLEGE (YES/NO)</b>
1.....	.....	.....
2.....	.....	.....
3.....	.....	.....
4.....	.....	.....
5.....	.....	.....

**❖ FAMILY INFORMATION**

FAMILY NAME: .....

HOME MAILING ADDRESS: .....

POST CODE: ..... HOME PHONE: ..... FAX: .....

PERSON/S TO WHOM FEES SENT: .....

MAILING ADDRESS: .....

RELIGION: ..... CHRISTIAN DENOMINATION: .....

CHURCH ATTENDING: ..... LOCATION: .....

FAMILY DOCTOR: ..... DOCTOR'S PHONE NO.: .....

EMERGENCY CONTACT (IF UNABLE TO CONTACT PARENTS):

NAME: .....

HOME PHONE: ..... WORK PHONE: .....

RELATIONSHIP TO CHILD  
(UNCLE, AUNT, FAMILY FRIEND, NEIGHBOUR, ETC.): .....

ANY LEGAL ARRANGEMENTS SCHOOL SHOULD KNOW ABOUT:

.....  
.....  
.....

**PARENT DETAILS**

**PARENT DETAILS**

**MOTHER**

MRS MS DR

**FATHER**

MR REV DR

SURNAME: .....

SURNAME: .....

FIRST NAME: .....

FIRST NAME: .....

OCCUPATION: .....

OCCUPATION: .....

EMPLOYER: .....

EMPLOYER: .....

COUNTRY OF BIRTH: .....

COUNTRY OF BIRTH: .....

NATIONALITY: .....

NATIONALITY: .....

ARRIVAL IN AUSTRALIA: ...../...../.....

ARRIVAL IN AUSTRALIA: ...../...../.....

WORK PHONE: .....

WORK PHONE: .....

MOBILE: .....

MOBILE: .....

FAX: .....

FAX: .....

EMAIL: .....

EMAIL: .....

**MARITAL STATUS:**  
MARRIED, SEPARATED, DIVORCED, WIDOWED, SINGLE

**MARITAL STATUS:**  
MARRIED, SEPARATED, DIVORCED WIDOWED, SINGLE

**DO YOU WANT TO RECEIVE THE SCHOOL NEWSLETTER BY E-MAIL? YES / NO**

*THANK YOU FOR YOUR TIME.*

*THANK YOU FOR YOUR TIME.*

**SIGNED: .....**  
**MOTHER/GUARDIAN**

**SIGNED: .....**  
**FATHER/GUARDIAN**

**DATE: ..... / ..... / .....**

**DATE: ..... / ..... / .....**



**I AM AWARE THAT THE \$ 165 ENROLMENT FEE THAT MUST BE PAID IS REFUNDABLE ONLY IF THE CHILD IS NOT ACCEPTED BY THE SCHOOL.**

- ❖ **IF A PLACE IS OFFERED TO ME FOR MY CHILD/REN, I AGREE TO PAY THE FIRST TERM FEE WITHIN TWENTY ONE DAYS OF ACCEPTANCE OF THE PLACE. I UNDERSTAND THAT THE FEE IS NOT REFUNDABLE.**
- ❖ **I UNDERSTAND THAT I MUST GIVE AT LEAST ONE TERM'S WRITTEN NOTICE TO THE PRINCIPAL OF THE INTENTION FOR MY CHILD TO LEAVE SCHOOL, OTHERWISE ONE TERM'S FEES WILL BE PAYABLE IN LIEU OF NOTICE.**
- ❖ **I UNDERSTAND THAT ACCEPTANCE OF MY CHILD/REN WILL DEPEND ON THE OUTCOME OF AN INTERVIEW AND AVAILABILITY OF PLACES IN THE SCHOOL. I ALSO ACKNOWLEDGE THAT THIS APPLICATION FORM DOES NOT ENSURE ENROLMENT AND THE SCHOOL'S DECISION IS FINAL.**
- ❖ **I UNDERSTAND THAT I GIVE PERMISSION FOR PUBLICATION OF PHOTOGRAPHS OR WRITTEN MATERIAL PROMOTING ACTIVITIES OR EVENTS THAT INVOLVES ST MARK'S COLLEGE. THIS MATERIAL WILL BE PUBLISHED AS PROMOTIONAL MATERIAL IN PRINT AND/OR ELECTRONIC FORM. NO MATERIAL WILL BE REPRODUCED WITHOUT PERMISSION.**
- ❖ **I UNDERSTAND THAT I GIVE MY FORMAL AUTHORITY FOR THE COLLEGE TO RELEASE PERSONAL INFORMATION TO DEPARTMENT OF EDUCATION AND TRAINING FOR THE PURPOSE OF THE CHEQUE PAYMENT OF THE BACK-TO-SCHOOL ALLOWANCE. THIS INFORMATION WOULD INCLUDE THE NAME, DATE OF BIRTH, SEX AND YEAR OF SCHOOLING OF MY CHILD/CHILDREN, ALONG WITH MY NAME AND POSTAL ADDRESS DETAILS.**
- ❖ **I UNDERSTAND THAT BEFORE MY CHILD IS GRANTED ACCESS TO USING THE COMPUTER RESOURCES IN THE SCHOOL HE MUST READ AND AGREE WITH THE FOLLOWING REQUIREMENTS.**
  - 1. MUST RESPECT THE COPTIC ORTHODOX VALUES OF SCHOOL.**
  - 2. MUST ONLY KNOWINGLY VIEW AND USE WHAT THE COMMUNITY CONSIDERS TO BE APPROPRIATE AND ACCEPTABLE MATERIAL.**
  - 3. ACCEPT THE LIMITS THE SCHOOL PLACES ON THE TYPE OF INTERNET SITES THAT CAN BE ACCESSED.**
  - 4. MUST FOLLOW ALL LEGAL AND COPYRIGHT REGULATIONS RELATING TO SOFTWARE AND INTELLECTUAL PROPERTY RIGHT.**
  - 5. MUST NOT PROVIDE ANY PERSONAL INFORMATION OVER THE INTERNET/E-MAIL.**

- ❖ I GIVE PERMISSION FOR MY CHILD TO BE ATTENDED BY DOCTOR OR TAKEN TO A HOSPITAL/MEDICAL CENTER IN THE CASE OF AN EMERGENCY, KNOWING THAT EVERY POSSIBLE ATTEMPT WILL BE MADE TO INFORM US, AS PARENTS, PRIOR TO ANY ACTION BEING TAKEN.

SIGNED: .....

- ❖ I GIVE PERMISSION FOR MY CHILD BEING TESTED FOR SIGHT AND HEARING BY VISITING PRACTITIONERS AS IS CUSTOMARY IN AUSTRALIAN SCHOOLS FROM TIME TO TIME.

SIGNED: .....

- ❖ I GIVE PERMISSION FOR MY CHILD'S TEETH BEING CHECKED BY THE COLLEGE'S VISITING DENTIST. PROVIDED BY THE GOVERNMENT, KNOWING A LETTER WOULD INFORM ME OF ANY TREATMENT CONSIDERED NECESSARY AND GIVING ME THE OPTION OF WHERE, AND BY WHOM, THIS TREATMENT WILL BE CARRIED OUT.

SIGNED: .....

- ❖ I GIVE PERMISSION FOR MY CHILD TO BE TESTED IF LEARNING DIFFICULTIES ARE EVIDENT AT MY EXPENSE.

SIGNED: .....

- ❖ I GIVE PERMISSION FOR MY CHILD TO LEAVE THE COLLEGE GROUNDS. ACCOMPANIED BY APPROPRIATE SUPERVISION, ON SHORT EXPEDITIONS ARRANGED BY COLLEGE, AND FOR ALL ATHLETICS CARNIVALS, SWIMMING CARNIVALS AND LITURGIES ORGANISED BY THE COLLEGE.

SIGNED: .....

SIGNED: .....  
FATHER/GUARDIAN

SIGNED: .....  
MOTHER/GUARDIAN

DATE: ..... / ..... / .....

DATE: ..... / ..... / .....

**DATE OF INTERVIEW:** ..... / ..... / .....

**ACCEPTED:** .....

**NOT ACCEPTED:** .....

**STARTING DATE:** ..... / ..... / .....

**COMMENT:**.....

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**HEAD OF COLLEGE**