



Enrolment Application

This form is all about your child and your family. Collecting this information will help us to get to know your child so we can individualise learning and care, whilst supporting your family routines and practices where possible. Once accepted, enrolments are ongoing through the School.

- A minimum of one term's notice is required to be given to the School for any withdrawal of enrolment.

Please use the enrolment checklist over the page to ensure you have everything we need to process your application as incomplete applications cannot be accepted. For kinder enrolments, current immunisation records must be provided, and vaccinations must be up to date before enrolments can be accepted.

If you have any questions in relation to this application, contact the office on (03) 5153 0079 or email admin@bccs.vic.edu.au

Please return the completed application, along with any requested attachments:

School Office	Email	Post
101 Bairnsdale-Dargo Rd Bairnsdale, VIC 3875	admin@bccs.vic.edu.au	PO BOX 1139 Bairnsdale, VIC 3875

Privacy Statement

We consider the information you provide in this Application for Enrolment about yourself and your child(ren) to be valuable and we will take all reasonable precautions to prevent unauthorised access to that information. We need this information to assist us in making decisions about how we can best meet the needs of your child(ren). It is also for this reason that we request a copy of your child's (children's) most recent school reports and certain medical information. Please help us to keep the information about you and your child(ren) accurate, complete, and up to date. With some exceptions, you have the right to access the personal information the School will hold on you and your child(ren).

OFFICE USE ONLY

Family Surname/s			
Date application received:	Year of entry:	Start date:	
Entry Level: <input type="checkbox"/> K3 <input type="checkbox"/> K4 <input type="checkbox"/> Prep <input type="checkbox"/> Y1 <input type="checkbox"/> Y2 <input type="checkbox"/> Y3 <input type="checkbox"/> Y4 <input type="checkbox"/> Y5 <input type="checkbox"/> Y6 <input type="checkbox"/> Y6+			
Date of School Tour:			

Enrolment Requirements Checklist

- Copy of evidence of your child's date of birth (birth certificate, or, if they were not born in Australia, a passport or travel document such as a visa).

- Copy of current Immunisation Status Certificate from Medicare
- Signed Statement of Faith
- Signed Enrolment Agreement
- Signed Community Code of Conduct Agreement
- Copy of any reports relating to educational, medical, communication, behavioural issues or special support required (including but not limited to: Asthma, Allergies, Anaphylaxis information).
- Copy of any relevant documents regarding legal/custody conditions or court/parenting orders/plans

Additional Primary Requirements

- Copies of last 2 school reports &/or NAPLAN results

Additional Kindergarten Requirements

- Copies of signed Maternal Health Checks from Baby Book or Maternal Health Service
- Completed Section 4

Please list all the children in your family:

Full name:	DOB:	<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past student <input type="checkbox"/> Neither
		<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past student <input type="checkbox"/> Neither
		<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past student <input type="checkbox"/> Neither
		<input type="checkbox"/> Enrolling <input type="checkbox"/> Current/Past student <input type="checkbox"/> Neither

Section 1 – Student Details

Given Name:	Middle Name:
Surname:	Preferred Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:	Cultural Background:
Cultural Requirements:	Language/s spoken at home:
Is the child identifying of an Australian Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes – Australian Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Prefer not to say <input type="checkbox"/> No	
Previous School:	Entry Year (of proposed enrolment):
Victorian Student Number (VSN):	Entry year age at 1 January: years months
Entry Level: <input type="checkbox"/> K3 <input type="checkbox"/> K4 <input type="checkbox"/> P <input type="checkbox"/> Y1 <input type="checkbox"/> Y2 <input type="checkbox"/> Y3 <input type="checkbox"/> Y4 <input type="checkbox"/> Y5 <input type="checkbox"/> Y6 <input type="checkbox"/> Y6+	

Primary Residential Address:		
City:	State:	Postcode:

Secondary Residential Address:		
City:	State:	Postcode:

Postal Address:		
City:	State:	Postcode:

Court/Parenting Orders/Plans

Are there any court/parenting orders/plans relating to the powers, duties, responsibilities, or authorities of any person in relation to your child or contact with them? Yes – please provide copies No

Correspondence

Correspondence relating to this child should be sent to:

Mother/Guardian 1 Father/Guardian 2 Both

Student Medical Information

Student Medical Information is used to assist the School in the case of any medical emergency with your child while they are in attendance at School or on excursions/camps. All information is held in confidence. Medical information must be current when excursions/camps are held so parents must advise the School immediately of changes, and updates will be sought regularly.

Are your child's immunisations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies, including anaphylaxis? <input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No
Does your child have any Special Dietary requirements (eg. gluten free, lactose free)? <input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No
Please tell us of any other medical conditions your child experiences. (Such as asthma, anaphylaxis, diabetes, bedwetting, epilepsy etc)
Is your child taking any continuous medication? <input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No All medications required to be kept or administered at the School, or under school supervision (such as camps), must be accompanied by a Medication Authority Form. This form includes your child's name, the dose to be taken, and when it should be taken. If it is necessary or appropriate for your child to carry his or her own medication (eg. asthma puffers or insulin for diabetes) it must be with the knowledge of both the teacher-in-charge and yourself.
Does your child require: <input type="checkbox"/> Glasses <input type="checkbox"/> Vision Aids <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
Does your child have a known disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate: <input type="checkbox"/> Intellectual <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Other
Does your child receive support from others? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate: <input type="checkbox"/> Aide <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other

Consent to Medical Attention

Where it is impossible or impractical to communicate with me, I authorise the School, or teacher in charge of an excursion/camp, to consent to my child receiving such first aid, medical or surgical treatment as may be deemed necessary.

Parent/Guardian 1

Parent/Guardian 2

Date

Section 2 - Family Details

Mother/Guardian 1 Details	Father/Guardian 2 Details
Living with Child/ren? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with Child/ren? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title:	Title:
Given Names:	Given Names:
Surname:	Surname:
Country of Birth:	Country of Birth:
Cultural Background:	Cultural Background:
Language:	Language:
Religion/Faith:	Religion/Faith:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:
<i>Is this email address checked regularly?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Is this email address checked regularly?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address: <input type="checkbox"/> Tick if same as child/ren	Home Address: <input type="checkbox"/> Tick if same as child/ren
Postcode	Postcode
Mailing Address: <input type="checkbox"/> Tick if same as child/ren	Mailing Address: <input type="checkbox"/> Tick if same as child/ren
Postcode	Postcode

Family Details

Mother/Guardian 1	Father/Guardian 2
Employer Details	Employer Details
Name:	Name:
Occupation/Position:	Occupation/Position:
Business Phone:	Business Phone:
Education Details	Education Details
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Qualification Details	Qualification Details
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Cert I to IV (inc. trade certificate) <input type="checkbox"/> No non-school qualifications	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Cert I to IV (inc. trade certificate) <input type="checkbox"/> No non-school qualifications
OFFICE USE ONLY - Occupation Group:	OFFICE USE ONLY - Occupation Group:

PRIVACY STATEMENT: *This information is being collected to satisfy the School's legal obligations. Certain laws governing or relating to the operation of schools require that certain information is collected. Only staff of the School will be authorised to have access to the information you provide on this form. The information will only be disclosed to non-school personnel for the primary purpose of the collection and will only be provided anonymously. We request that the information you provide on this form is accurate, complete, and up to date. Thank you for your assistance.*

Section 3 – Authorised Emergency Contact Details

Please list below the details of those people who you authorise to collect your child/ren on your behalf or make decisions in your absence. This list may be amended at any time and should be updated if any details change. In the event that the parents/guardians cannot be contacted, the persons authorised on the list below could be contacted regarding:

- collecting your child/ren;
- consent to medical treatment;
- consent to the administration of medication;
- consent to the approved provider, nominated supervisor or an educator seeking ambulance transport for your child/ren

Emergency Contact 1		
Name:	Relationship to child/ren:	
Address:		
Phone Numbers: (H)	(M)	(W)
<i>Please tick appropriate boxes:</i> <input type="checkbox"/> Authorised to collect (Authorised Nominee) or nominate another person to collect your child/ren <input type="checkbox"/> Authorised to consent to medical treatment for your child/ren <input type="checkbox"/> Authorised to consent to the administration of medication to your child/ren <input type="checkbox"/> Authorised to consent to the approved provider, nominated supervisor or an educator seeking ambulance transport for your child/ren		

Emergency Contact 2		
Name:	Relationship to child/ren:	
Address:		
Phone Numbers: (H)	(M)	(W)
<i>Please tick appropriate boxes:</i> <input type="checkbox"/> Authorised to collect (Authorised Nominee) or nominate another person to collect your child/ren <input type="checkbox"/> Authorised to consent to medical treatment for your child/ren <input type="checkbox"/> Authorised to consent to the administration of medication to your child/ren <input type="checkbox"/> Authorised to consent to the approved provider, nominated supervisor or an educator seeking ambulance transport for your child/ren		

Health Care Card: If you have a valid health care card, please provide a photocopy attached to your application.	
Medicare Number:	Ambulance Subscription Number:

Section 4 – Kindergarten

Declarations / Authorisations (required for Kindergarten students only)

Please answer all questions by ticking the appropriate boxes and signing below.

YES	NO	
		I give permission for my child/ren to receive medication/first aid assistance from Kindergarten or BCCS staff, should they require it.
		I give permission for my child/ren to receive medical treatment from a registered medical practitioner, hospital, or ambulance service, should they require it.
		In case of injury/illness being sustained by my child/ren, I give permission for the Approved Provider, Nominated Supervisor, or an educator to seek ambulance transport for my child/ren.
		I acknowledge that I am wholly responsible for any costs resulting from the transportation of my child/ren by ambulance service.
		I give permission to Kindergarten staff to take my child/ren outside of Kindergarten, for the purpose of regular outings within the BCCS grounds (incursions).
		I give permission for staff to apply sunscreen to my child/ren for outside play.
		I give permission for staff to apply insect repellent to my child/ren for outside play (as required).
		I give permission for staff to observe and photograph my child/ren to assist in developing an appropriate educational program.
		I understand that I must inform School staff if my child/ren has/have been unwell or has/have taken any medication within the 24 hours before arriving at the service.
		I understand that the service will seek my written consent for my child/ren to participate in any off-site excursions where required.



Educa

Educa is a secure web-based portfolio system specifically designed for early childhood education services and parents. Online e-portfolios allow you to see your child's activities at any time. Teachers share photos, videos, stories, and reflections in real time. Parents can read and respond to posts, upload their own photos, and stay updated on announcements. They can also share with other family members and/or specialist as they choose. You can access Educa by computer or via the Educa Touch Apple or Android phone app.

To begin using Educa we need to have your permission to upload photos, videos, learning stories, and artwork involving your child into the Educa system.

As the parent, guardian, or responsible adult, I consent to BCCS Kindergarten to collect, use, and display my child's information on the Educa application in accordance with the Privacy policy set out in the Educa website:

[Privacy Policy By Educa Early Childhood Software \(geteduca.com\)](http://geteduca.com)

Parent/Guardian 1

Parent/Guardian 2

Date

Section 5 - Photographing, Filming and Recording Opt-Out Form and Collection Notice

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate a student's participation and achievement, showcase particular learning programs, document a student's learning journey, at camps, excursions and sports events etc., to communicate with our parents and school community.

This notice applies to photographs, video or recordings of students that are collected, used, and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming, or recording students at school events e.g., Concerts, assemblies, and sports events etc., do so in a respectful and safe manner, and that any photos, video, or recordings (i.e., "images" of students) are not publicly posted (e.g., to a social media account) without the permission of the relevant parent/carer and without identifying the child by name.

If you do not understand any aspect of this notice, would like to read the full policy or you would like to talk about any concerns you have, please contact our school on 5153 0079.

1. Use or disclosure within the school community.

We do not need permission for photo displays in order to identify students at risk of anaphylaxis, allergy, epilepsy or other health conditions that may need emergency treatment or urgent action.

Unless you tell us otherwise, images of your child may be used by our school within the school community, as described below.

- in the school's communication, learning and teaching tools e.g., emails, Compass.
- for display in school classrooms, on noticeboards or on the foyer TV etc.
- for education purposes e.g., to review performances

2. Use or disclosure in publications/locations that are publicly accessible.

Unless you tell us otherwise, photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

- on the school's website including documentation which is publicly available on the website
- on the school's social media accounts

Your child may be identified by first name only in these images (or not named at all).

We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes.

3. Privacy

Any images of your child taken by the school will comply with School's Privacy Policy.

4. Ownership and Reproduction

Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging, or compensating you or your child.

5. Opt Out

Bairnsdale Christian Community School understands that parents and carers have the right to withhold permission for our school to use photographs, video, or recordings of your child (apart from circumstances where the school is not required to seek consent – see our Photographing, Filming and Recording Students Policy).

If you have read this notice and are comfortable with the school using photos, video or recordings of your child as described above, you do not need to take any further action.

However, if you have decided that you **do not** want images of your child to be collected or used by our school, **please complete the form below** and return it to the administration office at BCCS.

Photographing, Filming and Recording – Opt Out Form

I have read this notice and I **do not consent** to Bairnsdale Christian Community School using photos, video, or recordings of my child (named below) to appear in the following ways:

- Use within the school community (e.g., in the school’s learning and teaching tools, on display around the school or at private school events)

- Use in publications/locations that are publicly accessible (e.g., on the school’s newsletter, school website, on the school’s social media accounts or in promotional material for the school).
 - Newsletter, yearbook
 - Digital publication/locations (e.g., school website, school’s social media)
 - ISV/CSA or third party

*Note that you may choose to opt out of both or only one type of use.

Name of student:			
Name of parent/guardian:			
Signature:		Date:	

Section 6 – Cybersafety & Digital Technology

Year 2 – Year 6+ Enrolments

I have read and discussed the School's Cybersafety and Digital Technology Policy, including the Social Media Code of Conduct and Cybersafety Guidelines as found on the BCCS website, with my child and understand the role that I play in developing my child's knowledge with respect to cybersafety.

I agree to partner with the School in relation to this and am aware of the School's initiatives to maintain the care, use and management of Digital Devices in a cybersafe learning environment.

I further understand that breaches of the School's Cybersafety and Digital Technology Policy could result in:

- a. A discussion with my child.
- b. Being informed of the incident.
- c. Loss or suspension of my child's access to the School Digital Technology, resources, or facilities.
- d. Disciplinary action being taken.
- e. Recovery of any incurred costs.
- f. Removal/deletion of objectionable/illegal/suspect content from my child's Digital Device or the restoring of my child's device to its original settings.
- g. Removal and confiscation of a Digital Device/Digital Technology from my child's possession.
- h. If illegal material or activities are involved, it may be necessary for the School to inform Victoria Police.

I understand that any cost to the School incurred as a result of loss, damage or system cleaning arising while in our care, will be an extra cost added to our school fees invoice.

Parent/Guardian Full Name:

Parent/Guardian Signature:

Date:

Section 7 - Confession of Faith

We believe in the Divine inspiration and the infallibility and the entirety of the Bible and that the Holy Spirit so moved the writers that what they wrote are authentic statements of truth.

We believe there is one God in whom there are three equal Divine persons revealed as the Father, the Son, and the Holy Spirit and who of His own sovereign Will created the heavens and the earth and all that is contained within the universe.

We believe the Lord Jesus Christ is the eternally existing only begotten son of the Father conceived of the Holy Spirit and born of the Virgin Mary. As God He became flesh and dwelt among us; as man He was God.

We believe all men are in a fallen, sinful, and lost condition through the rebellion of Adam and Eve who were created without sin and in this state of depravity are helpless to save themselves and are under the condemnation of God to eternal punishment of Hell.

We believe that salvation from the penalty and consequences of sin is found only through the substitutionary atoning death and resurrection of the Lord Jesus Christ.

We believe it is the Spirit alone who convicts men of sin, leads them to repentance, creates faith within them and regenerates and fills those who believe in the Lord Jesus Christ as Lord. It is the indwelling Spirit who bestows the Gifts of the Spirit and manifests the Fruit of the Spirit in the believer.

We believe Christ died for our sins, was buried and on the third day rose from the dead; that He appeared to men who touched Him and knew His bodily presence and that He ascended to His Father.

We believe the Lord Jesus Christ will return in person with His saints and that the full consummation of the Kingdom of God awaits His return.

We believe those who have been regenerated by the Holy Spirit will receive a resurrection body at the return of Jesus Christ and be forever with the Lord while those who have not believed will be resurrected to stand at the judgment seat of God to receive His judgment and eternal condemnation to Hell.

We believe in the actual existence of Satan who is the father of all evil and opposed to God although ultimately subject to the purposes of God and destined to be confined forever to Hell.

We believe the Church is the Body of Christ composed of all believers in the Lord Jesus Christ which finds its visible manifestation in the local community of believers and ministers through the co-operative exercise of God-given gifts by the entire membership. Each local/community of believers is competent under Christ as Head of the Church to order its life without interference from any civil authority.

Please sign appropriately:

I/We wholly agree and support the School's Confession of Faith as outlined above.

Parent/Guardian 1

Parent/Guardian 2

Date

OR

I/We acknowledge that my/our child/ren will be taught according to the School's Confession of Faith as outlined above.

Parent/Guardian 1

Parent/Guardian 2

Date

Section 8 – Parent Enrolment Agreement

As parents wishing our child/ren to attend the Bairnsdale Christian Community School, we agree to support the values of love, wisdom, and integrity and to abide by the following statements:

I/We will, in every possible way, support the School in its aims, particularly as they apply to our child/ren as set out in the Vision and Mission Statements.

I/We will do all we can to see that our child/ren complies with the School rules, and we will support the Behaviour Management Policy of the School.

I/We will positively support the effective teaching of our child/ren in accordance with the educational creed and School policies.

I/We agree jointly and individually to pay the School such fees and other charges as may be notified to me/us from time to time from the School, including any costs incurred as a result of ambulance transport. It is important that you read the School's Fees and Charges Policy.

I/We agree to become involved in at least one form of activity which will directly benefit the School.

I/We agree to undertake to provide my child/ren with the correct uniform as approved by the School, and to ensure that my child/ren travel to and from School in the required uniform.

I/We agree to give one term's notice of termination of enrolment and failure to do so will render me/us liable for one term's fees unless there are mitigating circumstances acceptable to the Board.

I/We understand the School Board may suspend or terminate enrolment at its discretion for failure to comply with these conditions or any other serious breaches of the School rules and regulations.

I/We agree to inform the School, as soon as reasonably practicable, of any changes to the enrolment details provided.

We agree to support the following activities:

- School Meet & Greet Night- at the start of Term 1
- School Celebration Night – at the end of Term 4

Parent/Guardian 1

Parent/Guardian 2

Date