

# APPLICATION FOR STUDENT ADMISSION

(Complete a separate copy of this page for each child)



OFFICE USE: FAMKEY \_\_\_\_\_

## STUDENT INFORMATION:

SURNAME: \_\_\_\_\_

Male / Female: \_\_\_\_\_

Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Does the Student have a Victorian Student Number (VSN)?

Application Type:

Yes - Please specify \_\_\_\_\_

New Family

Yes - but the VSN is unknown

Current College Family

No - the student has never been issued a VSN

Arrowsmith Program

Residential Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Admission sought from: Term: \_\_\_\_\_ at year level: \_\_\_\_\_ in the year: \_\_\_\_\_

Is the nominated student an Australian Citizen? YES NO

or does the nominated student hold a VISA? YES NO If YES, please specify subclass no. \_\_\_\_\_ and attach a copy of their VISA and Passport

Is the nominated student an Aboriginal or Torres Strait Islander? YES NO

Is there a court order in relation to this student? YES NO If YES, please attach a copy

Does the nominated student have Medical Needs (Allergies, Anaphylaxis, Asthma, Diabetes, etc)? YES NO  
If YES, please give details:

Does the nominated student have particular Educational Needs? YES NO

If YES, please attach any relevant professional reports

English needs  Maths needs  Behavioural support  Other (eg. Dyslexia, etc) \_\_\_\_\_

Current pre-school/school enrolment: \_\_\_\_\_

Current pre-school/school contact person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Please attach a passport sized photo of your child and include copies of the last two school reports with your application.**

Nominated student resides with BOTH FATHER MOTHER GUARDIAN

Names of siblings for whom later admission is proposed:	School Year Level:	In the Year:	DOB:
_____	_____	_____	_____
_____	_____	_____	_____

**FAMILY INFORMATION:**

**FATHER / GUARDIAN 1**

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**MOTHER / GUARDIAN 2**

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**REFEREE:**

Christian values and principles have given guidance and meaning to generations of people, and this College originated in the desire of the Christian community to provide a formal education in a Christian context. In asking for admission to this College, you are seeking to enter a community that holds the Christian faith as foundational.

Plenty Valley Christian College operates as a company with a Constitution and Statement of Christian Faith. Copies are available upon request.

In view of the above it would be helpful if you are able to provide the College with the name of a referee who, if asked, is able to comment on your commitment to the Christian faith. Otherwise, the name of a person able to comment on your family's relationships and character, and on your work in your local community, would be of assistance.

Full Name and Relationship to Family: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**SIGNATURES:**

I / We have read and understand fully the College enrolment policy, a copy of which is available on the College website. In the event of enrolment of my / our child, I / we agree to abide by these conditions, regulations and protocols, and those further published by the College representatives during my / our child's enrolment. I / We warrant that the information provided is true and correct.

Both parents' / guardians' signatures are required unless one parent / guardian is sole custodian.

Father / Male Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother / Female Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student (if 18 years or over): \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR STUDENT ADMISSION ENROLMENT SURVEY



## FROM YOUR FAMILY'S PERSPECTIVE:

How did you come to hear about Plenty Valley Christian College?

Would you understand yourselves to have an active commitment to the Christian faith, and if so, in what ways?

Are you committed to a Christian church through regular attendance? If so, which church?

Are your children involved in activities organised by the church? If so, what activities?

What are your reasons for seeking a Christian education environment?

What are your greatest priorities of an education for your child at Plenty Valley Christian College?

Please return the completed application:

**Post: The Registrar, Plenty Valley Christian College, 840 Yan Yean Road, DOREEN 3754**

OR

**Email: [office@pvcc.vic.edu.au](mailto:office@pvcc.vic.edu.au)**