LITTLE SHEPHERD PRE-PREP

APPLICATION FOR ENROLMENT

ENROLLING CHILDREN	ENROLLING CHILDREN DETAILS						
Name		Calendar year of entr	y to GSCS	h			
Trame	(e.g. 2017)			Date of Birt			
	Checklist: I	Please include these items wi	th your application)			
 □ Birth Certificate/Extract or Identity documents □ Medicare Australia Immunisation schedule or Medicare Australia Immunisation Exemption Conscientious Objection Form □ Prior school reports and NAPLAN test results (if applicable) □ Medical reports (e.g. Asthma, anaphylaxis management plan (if applicable) □ Custody orders/parenting agreements (if applicable) 							
□ Relevant Citizenship paperwork (Visa/Passport/Australian Citizenship) if you are not born in Australia							
PREFFERED DAYS	PREFFERED DAYS OF ATTENDANCE — 5 DAY FORTNIGHT PROGRAM (PLEASE TICK ONE)						
Monday, Tuesday, Alternate Wednesday							
Alternate Wednesday, Th	ursday, Friday						
OFFICE USE ONLY							
Date Received		Application Fee Received		Enrolment Fee Received			
Latest School Report		Birth Certificate		Immunisation Records			
Benchmark Test Results		Conf. of Enrolment					

GOOD SHEPHERD CHRISTIAN SCHOOL

185 Old Northern Road • Albany Creek Qld 4035 p (07) 3264 2655 • e admin@gscs.qld.edu.au • w www.gscs.qld.edu.au abn 35 611 484 318

STUDENT DETAILS							
Surname Given	n Names		Date of Bir	rth	M/F		urrent Year evel
Does student have sibling/s at GSCS		Yes / No	Church Att	tending			
Birthplace in Australia			Nationality	/ if not born	in Australia		
Date of arrival in Australia			Other lang	guages spoke	en at home		
Is the student of Aboriginal and/or To Strait Islander descent?	orres	Aboriginal Descent	Yes / No	Torres Strait	Yes / No	Both Aboriginal	Yes / No
SCHOOLING HISTORY							
Current and/or previous schools atte	Current and/or previous schools attended						
Current	Ad	dress			Year/s attende	ed	Grade/s
Previous	Ad	dress			Year/s attende	ed	Grade/s
Previous	Ad	dress			Year/s attende	ed	Grade/s
Has the Student ever repeated a yea	r level?	Yes / No	Year level	repeated			
Has the Student ever been suspende school?	d from a	Yes / No	If yes, plea	ise provide r	reason:		
Has the Student ever been expelled f school?	from a	Yes / No	If yes, plea	ise provide r	eason:		

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FATHER / GU	JARDIAN'S DI	ETAILS - Do you li	ve with the Studen	t(s)? '	Yes / No	
Surname			Other Names			
Address					Post Code	
Postal Address					Post Code	
Home Phone			Work Phone			
Mobile			Email			
* Highest level of	f schooling comple	eted				
* Highest level of	f qualification com	npleted other than so	chooling (e.g. Bachel	or degree, Cert	ificate I to IV etc.)	
Occupation						
Place of Work			Country of Bi	rth		
Church Attending	g g		Other Langua	iges Spoken		
Marital Status (M		l, Divorced, Single, R	emarried, De Facto,	Widowed)		
Aboriginal and/or Torres Strait Islander descent	Aboriginal Descent	Yes / No	Torres Strait	Yes / No	Both Aboriginal	Yes / No
MOTHER / G	SUARDIAN'S [DETAILS - Do you	live with the Stude	nt(s)?	Yes / No	
Surname			Other Names	;		
Address					Post Code	
Postal Address					Post Code	
Home Phone			Work Phone			
Mobile			Email			
* Highest level of	f schooling comple	eted				
* Highest level o	f qualification com	npleted other than so	chooling (e.g. Bachel	or degree, Cert	ificate I to IV etc.)	
Occupation						
Place of Work			Country of Bi	rth		
Church Attending	g		Other Langua	ges Spoken		
Marital Status (N	larried, Separated	l, Divorced, Single, R	emarried, De Facto,	Widowed)		
Aboriginal and/or Torres Strait Islander descent?	Aboriginal Descent	Yes / No	Torres Strait	Yes / No	Both Aboriginal	Yes / No

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EMERGENCY CONTACT/S AND AUTHORISED COLLECTORS OTHER THAN PARENTS Persons,

over the age of 18 years, permitted to collect your child (other than parents/guardians mentioned above)

Please list people whom staff may contact if you cannot be contacted in an emergency. Please ensure these emergency contact people are willing and able to collect your child in the case of an emergency. Please advise your nominees that they will be required to present photographic ID (e.g. a Driver's Licence) upon pick up.

apon pion api			
EMERGENCY CONTAC	T 1		
Title	Surname	Given Name/s	
Address		Post Code	
Home Phone	Work Phone	Mobile	
Email		Relationship to child	
Occupation		Workplace	
Driver's licence number		Authorised to collect: Yes / No	
Authorised to consent to r	medical treatment: Yes / No	Authorised to consent to administration of medication:	
EMERGENCY CONTAC	Т2	V	
Title	Surname	Given Name/s	
Address		Post Code	
Home Phone	Work Phone	Mobile	
Email		Relationship to child	
Occupation		Workplace	
Driver's licence number		Authorised to collect: Yes / No	
Authorised to consent to r	medical treatment: Yes / No	Authorised to consent to administration of medication:	
EMERGENCY CONTAC	Т3	V	
Title	Surname	Given Name/s	
Address		Post Code	
Home Phone	Work Phone	Mobile	
Email		Relationship to child	
Occupation		Workplace	
Driver's licence number		Authorised to collect: Yes / No	
Authorised to consent to r	medical treatment: Yes / No	Authorised to consent to administration of medication:	
EMERGENCY CONTAC	T 4		
Title	Surname	Given Name/s	
Address		Post Code	
Home Phone	Work Phone	Mobile	
Email		Relationship to child	
Occupation		Workplace	
Driver's licence number		Authorised to collect: Yes / No	
Authorised to consent to r	medical treatment: Yes / No	Authorised to consent to administration of medication:	
		V / 1	



MEDICAL INFORMATION				
Child Doctor/Clinic Name			Phone	
Doctor's Address				
Your child Medicare number(s)		Ref Number		Expiry Date
Preferred hospital in case of an emergency				
Private Health Fund		Policy Number		
Child Dentist/Clinic Name			Phone	
Dentist's Address				
IMMUNISATION				
Is your child fully immunised?	Yes / No	If yes, please attach a copy of your child(ren) Medicare Australia Immunisation History Statement. Please continue to update Good Shepherd Christian School with further immunisations.		
If no, please attach a completed Me	dicare Australia	Immunisation Ex	emption Conscien	tious Objection Form.

ADDITIONAL INFORMATION

Our enrolment support policy requires that we identify special need and gifted students to provide the appropriate support. Therefore, please answer the following information.

Yes	No	Has your child been assessed or supported by any following specialist services?	of the	
Vac	No	Guidance Officer or Consultant	Yes	No
Yes	INO	Occupational Therapist	Yes	No
Yes	No -	Child Guidance Centre	Yes	No
163		Speech Therapist	Yes	No
	No	Physiotherapist	Yes	No
Yes		Psychologist/Psychiatrist/Counsellor/Mental Health	Yes	No
Yes	No	Specialist Clinic (Hospital/Private)	Yes	No
		Audiology Clinic	Yes	No
		Family Services	Yes	No
	Yes Yes Yes	Yes No Yes No Yes No	Yes No Guidance Officer or Consultant Occupational Therapist Child Guidance Centre Speech Therapist Physiotherapist Physiotherapist Psychologist/Psychiatrist/Counsellor/Mental Health Specialist Clinic (Hospital/Private) Yes No Audiology Clinic	Yes No following specialist services? Yes Suidance Officer or Consultant Yes Yes Occupational Therapist Yes Yes Child Guidance Centre Yes Speech Therapist Yes Yes Physiotherapist Yes Psychologist/Psychiatrist/Counsellor/Mental Health Yes Yes Specialist Clinic (Hospital/Private) Yes Yes No Audiology Clinic Yes



HEALTH INFORMATION CONTINUED					
Is your child toilet trained?	Yes / No				
Is your child receiving regular medication?	Yes / No				
If yes, please give details					
Does the medication have any side effects of which Little Shepherd needs to be aware?	Yes / No				
If yes, please give details					
Does your child have asthma?	Yes / No				
If yes, please give details and attach a copy of your child's A Shepherd Christian School must be notified in writing immed	sthma Management Plan. Any time this plan is changed, Good diately.				
Does your child have any allergies? e.g. food, sunscreens, antiseptics etc.	Yes / No				
If yes, please give details					
If yes to the above question, is your child's reaction likely to result in anaphylaxis?	Yes / No				
If yes, please give details and provide a copy of your child's time this plan is changed, Good Shepherd Christian School n	Anaphylaxis Management Plan as well as a current Epipen. Any nust be notified in writing immediately.				
Does your child have epilepsy?	Yes / No				
If yes, please give details and provide a copy of your child's leads to the sheet of the sheet o	Epilepsy Management Plan. Any time this plan is changed, Good diately.				
Are there any special dietary restrictions?	Yes / No				
If yes, please give details					
Is there any other health-related information we need to know?	Yes / No				
If yes, please give details					
Does your child have any additional needs? If yes, please provide details and a copy of any referral or assessment/s by an appropriate					
professional. Any time this plan is changed, Good Shepherd Christian S	School must be notified in writing immediately.				

If a yes response is made, please attach any relevant information to this application, including copies of relevant reports/assessments etc.

HEALTH CARE CARD DETAILS	
Families with a Health Care Card may be able to claim a rebate for the 3-day pro	gram
Do you the primary contact, the other parent/guardian, or your child have a Health Care Card, Veterans Affairs Card or Australian Government Pension Concession card with automatic Health Care Card entitlements?	Yes/No
If yes, please complete the section below and ensure you bring the original card(s) for information you may be entitled to a concession on your Pre-Prep fees.	sighting and copying. By providing this
Type of card:	Card number:
Name/s on card:	Expiry date on card://



PERMISSIONS		
Administration of Paracetamol: I agree that if my child has a temperatur experiencing discomfort or pain whilst attending Little Shepherd Kinder dose of Paracetamol to my child(ren).		Yes / No
If no, please specify action		
Parent signature 1	Parent signature 2	
Application of Sunscreen: I agree to allow the staff at Little Shepherd Kir sunscreen if deemed necessary.	ndergarten to instruct my child to apply	Yes / No
If no, please specify action		
Parent signature 1	Parent signature 2	
Application of Insect Repellent: I agree to allow the staff at Little Shephe insect repellent if deemed necessary. If no, please specify action	erd Kindergarten to instruct my child to apply	Yes / No
Parent signature 1	Parent signature 2	
Emergency Medical Assistance and First Aid – your child's application for that if my child has been injured or becomes ill whilst at the school or or deemed necessary that the following may be sought/applied: 1. A staff member with current first aid may administer first aid for 2. I give consent for transportation of my child by an ambulance see 3. I give consent to the carrying out of appropriate treatment from ambulance service	therwise in the care of Little Shepherd Kindergar minor injury or illness rvice	ten staff and if
Parent signature 1	Parent signature 2	
Emergency Medical Assistance and First Aid Costs: I agree, that in the even Shepherd Christian School consider it impossible or impractical to common Shepherd Christian School will take all reasonable care of my child but wattention or treatment administered to my child in such an event.	nunicate with the undersigned parent/guardian,	then Good
Parent signature 1	Parent signature 2	

PERMISSIONS CONTINUED

Photos: Parents of children at Little Shepherd Kindergarten should accept that staff, parents and professional photographers will take photographs at the school e.g. classroom photos, class activities, individual portfolio photos, observational photos and special events. These images may appear in "in-house" publications throughout Good Shepherd Christian School (newsletters or noticeboards).

These photos may also be appropriate for use in "direct" marketing publications that Little Shepherd Kindergarten produces (those publications that are used specifically to advertise Good Shepherd Christian School):

- Little Shepherd Kindergarten (images only no names included)
- Little Shepherd Kindergarten and Good Shepherd Christian School website (images only no name included)
- At school expos, PowerPoint presentations, posters etc. (no names included)

Permission Granted for images/photos to be used for "in-house" and "direct marketing" purposes:

I/We understand on occasion staff, parents and professional photographers will take photographs at Little Shepherd Kindergarten and that these images may appear in publications that are circulated inside the Good Shepherd community.

I/We have read the above and agree to the policy as described herein

Parent signature 1

Parent signature 2

Permission Declined:

I/We DO NOT give permission to use images/photos of our child in any direct marketing and promotional materials. I/We understand that our child will still be included in in-house publications.

ONLY SIGN HERE IF YOU DO NOT WANT YOUR CHILD'S PHOTOS USED IN DIRECT MARKETING

Parent signature 1

Parent signature 2

Privacy: I give permission for my child to be observed by staff for the purposes of assessment and maintaining developmental records. I understand that sometimes students on work experience and volunteers working Little Shepherd Kindergarten may also be a part of this process. From time to time, information pertaining to my child's enrolment, ongoing development and education will be shared with other staff.

Parent signature 1

Parent signature 2

GOOD SHEPHERD BAPTIST CHURCH, GOOD SHEPHERD CHRISTIAN SCHOOL AND LITTLE SHEPHERD KINDERGARTEN

STATEMENT OF FAITH

We believe in one God who eternally exists in three persons, the Father, the Son and the Holy Spirit, each being co-equal in power and glory. The three are one God though separate in personality and work.

We believe in the deity, virgin birth, and bodily resurrection of Jesus Christ. Being one personality in the Godhead, we therefore believe He is God.

We believe that salvation is found only in Jesus Christ. Salvation is by grace alone. This salvation must be received personally, by faith, and those that believe have, according to the Scriptures, received the new birth.

We believe in the personal, visible, bodily, imminent, pre-millennial return of Jesus Christ. We believe in the rapture of the saints when Jesus will come in the air to receive all those who have been born again. We believe this "catching up" or rapture, precedes the tribulation period and takes place about seven years before Christ's visible coming in power and great glory. We believe in a literal thousand-year millennial reign by Christ on earth during which time Satan will be bound. We believe this millennial reign takes place after the seven-year tribulation period.

We believe the Holy Spirit is the third personality of the Godhead. We believe He convicts men of sin, righteousness and judgment, that He is the necessary and supernatural agent in regeneration, baptizing all believers into the body of Christ, and indwelling and sealing them unto the Day of Redemption. We do not believe the evidence of the baptism of the Holy Spirit is speaking in tongues.

Church, Good Shepherd Christian School and Little Shepherd Kindergarten and I/we agree will not promote anything in contradiction to these beliefs.

Parent/Guardian Signature

Date

Parent/Guardian Signature

I/We acknowledge the tenets of faith as stipulated above as being held by Good Shepherd Baptist

Date

LITTLE SHEPHERD KINDERGARTEN AND GOOD SHEPHERD CHRISTIAN SCHOOL PRIVACY STATEMENT

- 1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School within the terms of the National Privacy Principles under the Privacy Act. The primary purpose of collecting this information is:
 - to enable the School to provide schooling for your son/daughter.
 - to discharge its duty of care.
 - to comply with certain laws governing or relating to the operation of schools.
 - to provide medical reports about pupils.
 - to provide information to other schools, government departments, medical practitioners, and people or organisations providing services to the School, including specialists, visiting teachers, coaches and volunteers.
 - to provide information (including video clip or photo form) in School Newsletters, other media, on our website and to parents or guardians, regarding academic and sporting achievements, pupil activities and other news.
 - to assist the School in fundraising activities (no information will be disclosed to third parties for their own marketing purposes without your consent).
- 2. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about themselves. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
- 3. We may include your contact details in a class list and School directory. If you do not agree to this, you must advise us in writing.
- **4.** If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing the information to the School and why, that they can access the information if they wish, and that the School does not usually disclose the information to third parties.

CREDIT POLICY - FEE COLLECTION

The Strategic Plan for Good Shepherd Christian School identifies that the School is to conduct its relationships, programs and business dealings in a way that will demonstrate Christian values and ethics. Parents are likewise accountable to the School for prompt and full payment of fees in recognition of their acceptance of these terms at the time of enrolment of their students into the School.

Good Shepherd Christian School requires all fees to be paid in a timely manner to assist with budgeting and operational aspects of the School. The School is a non-profit organisation and therefore payment of fees on time is critical to the effective provision of educational services.

Regardless of the selected payment method, each family will receive a full account for the year in advance. All accounts will be sent out electronically.

It is our general policy that children should not be prevented from having a Christian education due to financial difficulties or changes. Should parents experience difficulty with these fees, they must make an appointment with the Principal and Business Manager to discuss a payment plan.

Alternatively, parents may apply for means-tested Fee Relief. Each application will be handled with confidentiality. Any hardship concessions are only available for that given school year. Therefore, any applications for a hardship concession are to be re-submitted each school year as applicable.

Fee Payment Options

- Pay annually by the first Friday in February of each school year to receive a \$150 discount per fee-paying student (pro-rata discounts for students commencing after Term 1)
- Pay each term in full by first Friday of each term (part-payments will not be accepted). No discounts are available for this payment option
- Payment by Direct Debit or Centrepay
 - O This is to be paid via 40 weekly payments, 20 fortnightly payments or 10 monthly payments over the course of the school year

Joint and Several Liability for School Fees

All parents/guardians, including step-parents, who have signed a Confirmation of Enrolment, are jointly and severally liable for the payment of all fees and other charges related to the education of their student/s at GSCS, irrespective of any Court Orders or Child Support Assessments.

Unpaid Fees

Consistently unpaid fees will put the enrolment of your child/ren at GSCS in jeopardy. No student will be permitted to return to GSCS while any payments are in arrears. If an enrolment is discontinued, unpaid fees will still be a debt due and owing to GSCS.

No credit or refund, either in part or in whole, will be provided if the student is absent due to any reason such as illness, leave, enrolment suspension or termination.

If any unpaid account remains outstanding without an approved arrangement with our Business Manager, we then reserve the right to require such families to enter into a contract of payment as a condition of continuing enrolment. In the event of any account balance being outstanding at the end of the calendar year, GSCS reserves the right to apply a 10% service charge of the outstanding balance of the account.

Failure to come to a suitable payment arrangement may result in the matter being referred to a Debt Collection Agency or Solicitor. Costs and commissions associated with the collection will be added to the outstanding balance.

Withdrawal from GSCS

GSCS must receive a full term's written notice for the withdrawal of a student, otherwise a full term's fees will be charged in lieu of notice.

Please see the Good Shepherd Christian School Fee Schedule for full information regarding school fees.

Additional contributions will be required for such items as the following:

Building Levy

Compulsory Building Levy (non-tax-deductible)

\$250 per family

Nurturing Firm Foundations

TERMS AND CONDITIONS OF ENROLMENT AGREEMENT

In consideration of the enrolment of my child in Little Shepherd Kindergarten, I/We, the undersigned, do hereby agree that:

- i. I/We have visited the Centre and discussed with the director the enrolment of my/our child. I/We understand the importance of family cooperation and agree to participate where possible in the activates of the centre.
- ii. I/We have received and understand the contents of the Centre's sun care policy (see parent handbook) and agree to abide by all the parent/guardian responsibilities as outlined in this policy. I/We agree to keep my/our child at home while they are suffering from any infectious or contagious illness. I/We agree to collect my/our child from the Centre if she/he becomes suddenly ill. I/We understand that my/our child needs to be kept at home until they are well enough to return and participate in the activities and routines. I/We understand that we may be required to produce a doctor's certificate stating that my/our child is no longer unwell
- iii. I/We agree to notify the director promptly of any absence and the reasons for such absence.
- iv. I/We will ensure that my/our child is brought to/collected from the Centre by an authorized responsible person and these events are acknowledged by appropriate staff persons. I/We will ensure that my/our child is signed in/out of the Centre as per legislative requirements.
- **v.** I/We understand that if my/our child is enrolled in a Kindergarten program at this service, and is of target age group, it is my/our responsibility to inform the service if my/our child is enrolled in any other early childhood education/kindergarten facility.

STATEMENT OF SUPPORT BY PARENT/GUARDIAN

- **vi.** Make application for enrolment of my/our child(ren).
- vii. Grant permission to access information from previous school/preschool/specialist service provider.
- **viii.** Acknowledge that acceptance of a place for a child signifies agreement to support the Statement of Faith, and to be involved in the Christian devotional and other Christian activities of the school.
- ix. Commit to uphold and support Little Shepherd Kindergarten and Good Shepherd Christian School's ethos and reputation, in all social and digital media communication.
- **x.** To commit to all school Policies and Guidelines including matters of discipline, attendance, completion of prescribed homework and assessment items and the correct wearing of school uniforms as detailed in the **Parent Handbook**. These may be altered or added to at any time by announcement at School Assembly and publication in the School's Newsletter.
- **xi.** Understands Little Shepherd Kindergarten and Good Shepherd Christian School reserves the right to refuse any application for enrolment without providing any reason.
- **xii.** Understands that all enrolments are subject to a 10-week probation period.
- **xiii.** Understands Little Shepherd Kindergarten and Good Shepherd Christian School reserves the right to cancel the proposed enrolment of a student should we determine that we are not able the meet the specific needs of the student.
- **xiv.** Understand that teachers at Little Shepherd Kindergarten and Good Shepherd Christian School will act in 'loco parentis' towards my children. Accordingly, I/We give consent to the staff to carry out this responsibility according to Biblical principles of love, care, teaching, training and correction. Discipline will be firm, but fair, and administered in a spirit of love.
- xv. Commit to full and prompt payment of invoiced fees and levies in accordance with the Credit Policy Fee Collection Policy.
- **xvi.** Accept responsibility for payment for all avoidable breakages by a student, damage to student property and resources, school property and school property resources. (e.g. library books, musical instruments, textbooks).
- **xvii.** Will give one term's written notice of termination of enrolment. Failure to do so may render the parent liable for one term's fees.
- **xviii.** Declare that the details supplied in this form are complete and accurate.

Signed		Signed		
	Father / Legal Guardian	Mother / Legal Guardian		
Date		Date		

Where both parents or legal guardians are taking responsibility for the enrolment of the child(ren), both signatures must appear above.

ENROLMENT PROCESS

Please note that the submission of an Application of Enrolment does not guarantee placement into Little Shepherd
Kindergarten and Good Shepherd Christian School

ENROLMENT PRIORITY

Enrolment priority is given to:

- 1. Siblings of current Good Shepherd Christian School students
- 2. Students from families who desire a Christian education for their student and support the ethos of the School
- 3. Special circumstances at the Principal's or School Board's discretion
- 4. Dates of received applications for enrolment

Placements can only be made if there are vacancies in the required year level

ENROLMENT CHECKLIST

Comple	ted and signed - Student Application for Enrolment & Parent Information forms				
Proof o	f Date of Birth – Birth Certificate, extract from Birth Certificate, Passport, Acknowledgement of Birth				
Registra	tion				
Previous School Reports – (as applicable)					
0	Each School Year				
0	NAPLAN 3/5/7/9 Literacy and Numeracy Report				
0	Learning Support Documentation and Individual Education Plans (IEP)				

- ☐ Relevant Documentation that may be relevant to the students' needs e.g. medical, educational, behavioral, specialist reports
- ☐ Application fee \$60.00 per student (max \$120 per family)
- ☐ Submit Application in person or mail to:

Enrolments Good Shepherd Christian School 185 Old Northern Road ALBANY CREEK QLD 4035

Please note that until all documents are received we cannot proceed with the application for enrolment process.

WHAT WILL HAPPEN NEXT?

- 1. Your application will be acknowledged by letter.
- 2. Once all documents have been provided, an enrolment interview will be scheduled with the Principal. Interviews for future years, are conducted from April/May of the year prior. An interview does not guarantee a place at Good Shepherd Christian School.
- **3.** A Letter of Offer is sent to applicant OR a letter advising application is unsuccessful. All offers are at the discretion of the Principal and made in writing.
- 4. Confirmation of a place will be forwarded as soon after the interview as practicable.
- 5. Acceptance of the offer is required in writing within 10 days and payment of the enrolment fee of \$150 per application (limited to \$300.00 per family)
- 6. Closer to the date of your child(ren) commencement, you will be contacted regarding a uniform fitting. Our Accounts Department will also send you information regarding tuition fees and payment options for the upcoming year.