



Cnr Macclesfield Road & Jindabyne Court

Monbulk VIC 3782

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Application for Enrolment

Thank you for your interest in a Mountain District Christian School (MDCS) education. Before filling in the attached forms and submitting your application, please read the following information.

Enrolment Process:

1. If you have not visited already, please contact the MDCS Office to make a time for your tour of the school.
2. Complete the application forms and return them to the MDCS Office. Our administration staff would be pleased to assist you with copying originals of documents.
3. While your application is being considered, we may request more information from you.
4. You will be invited to attend a two-part interview with our Principal and Business Manager.
5. After the interview, you will be notified, in writing, of the school's decision regarding your application.

Important Information:

- MDCS reserves the right to accept or reject applications, or to cancel an enrolment, in accordance with the Enrolment Policy.
- In order to accept the offer of a place (following interview process), you will be asked to pay:
 - i. An Enrolment Administration Fee of \$100 per child (max. of \$200 per family)
 - ii. A \$500 deposit. Upon your family's commencement at MDCS, this deposit will be transferred to your family investment, which is refundable on your last child's departure from MDCS with the required notice given.

Privacy Information:

MDCS collects personal information from its students and families when it is deemed appropriate. The primary purpose of collecting this information is to enable MDCS to carry out its duty of care for your child. This information is solely for the purpose for which it is obtained and will be disclosed to Staff at MDCS. Any questions in relation to the collection, use, disclosure, and retention of health or personal information collected by MDCS can be directed to the MDCS Privacy Officer.

Family Details

Please use the boxes below to enter details of all people who have official care of the child/ren for whom enrolment is sought, indicating for each person the nature of the relationship.

In a situation where custody is shared:

Are both natural parents supportive of this application for enrolment? Yes No

Who will be responsible for payment of school fees? Name/s: _____

Are court orders in place regarding the custody or care arrangements of children? Yes No

(If yes, please provide a copy of legal documents with your application.)

Parent / Guardian 1	
Relationship to Child/ren: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	Home Address:
Title: Given Name: Surname:	Postal Address (if same write 'as above'):
Home Telephone: Silent: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobile Telephone: Work Telephone:	Previous Student at MDCS: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year did you leave MDCS?
Email Address:	Occupation: Employer:
Nationality:	

Parent / Guardian 2	
Relationship to Child/ren: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	Home Address:
Title: Given Name: Surname:	Postal Address (if same write 'as above'):
Home Telephone: Silent: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobile Telephone: Work Telephone:	Previous Student at MDCS: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year did you leave MDCS?
Email Address:	Occupation: Employer:
Nationality:	

Parent / Guardian 3	
Relationship to Child/ren: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	Home Address:
Title: Given Name: Surname:	Postal Address (if same write 'as above'):
Home Telephone: Silent: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobile Telephone: Work Telephone:	Previous Student at MDCS: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year did you leave MDCS?
Email Address:	Occupation: Employer:
Nationality:	

Parent / Guardian 4	
Relationship to Child/ren: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	Home Address:
Title: Given Name: Surname:	Postal Address (if same write 'as above'):
Home Telephone: Silent: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobile Telephone: Work Telephone:	Previous Student at MDCS: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year did you leave MDCS?
Email Address:	Occupation: Employer:
Nationality:	

Names and Ages of Children

Please give details of all children in your family, and indicate whether you are seeking enrolment at MDCS for each.

Name: _____ Date of Birth: _____ Application: Yes No

Name: _____ Date of Birth: _____ Application: Yes No

Name: _____ Date of Birth: _____ Application: Yes No

Name: _____ Date of Birth: _____ Application: Yes No



Application for Enrolment

Referral Details

How did you find out about MDCS?

- Current MDCS Family Current MDCS Staff Member I'm a Past Student
 Website/Internet Search Other School or Pre-School My Church
 Driving Past Local Media (Newspaper/Magazine) SCAMPS
 Other _____

If you were referred by a current MDCS family, please state family name: _____

Christian Faith and Church Attendance

Parent / Guardian 1	Parent / Guardian 2
Name of Church Attended: Denomination:	Name of Church Attended: Denomination:
How would you describe your church attendance? <input type="checkbox"/> Regular <input type="checkbox"/> Nominal	How would you describe your church attendance? <input type="checkbox"/> Regular <input type="checkbox"/> Nominal
Pastor / Minister's Name: Telephone Number: Church Address:	Pastor / Minister's Name: Telephone Number: Church Address:
Do you describe yourself as a Christian? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you describe yourself as a Christian? <input type="checkbox"/> YES <input type="checkbox"/> NO
Why do you want your child/ren educated at a Christian school?	Why do you want your child/ren educated at a Christian school?
What are your goals for your child/ren's education?	What are your goals for your child/ren's education?

Student Details

(please complete one per child)

<p>Surname:</p> <p>Given Name:</p> <p>Second Name:</p> <p>Preferred Name:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Date of Birth:</p> <p>Place of Birth:</p> <p>Country of Birth:</p> <p>Nationality:</p> <p>Main Language spoken at Home:</p>
<p>Home Address (if different from parents’):</p>	<p>Home Telephone (if different from parents’):</p> <p>Mobile Telephone (if applicable):</p>
<p>Aboriginal / Torres Strait Islander descent?</p> <p><input type="checkbox"/> Neither</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander</p>	<p>Enrolment Details:</p> <p>Current Year Level:</p> <p>Enrolment sought at MDSC for Year Level:</p> <p>In Calendar Year:</p> <p>Office Use Only</p> <p>Class Group:</p>
<p>Please list previous Schools / Preschools:</p> <p>1. Year Levels:</p> <p>2. Year Levels:</p> <p>3. Year Levels:</p>	<p>Custody / Guardianship:</p> <p>Student resides permanently with:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p>Student resides occasionally with:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p>
<p>Are there any current Court Orders or Restraining Orders that relate to this child?</p> <p><input type="checkbox"/> Yes (please supply copies of these documents)</p> <p><input type="checkbox"/> No</p>	

Student Background Information

The following background information is requested for the purpose of best evaluating how MDCS can meet the educational, learning, and physical needs of your child.

Has your child been diagnosed with, or do they experience, any of the following conditions?

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavioural Issues |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Speech Disorder or Delay | |

Has your child been assessed by any of the following professionals within the past 2 years: Psychologist, Speech Pathologist, Audiologist, Psychiatrist, Occupational Therapist, Counsellor?

- Yes No

If yes, please provide copies of these reports with your application where possible.

Does your child currently receive, or are they entitled to receive, any integration or learning support? Please give details.

Please tell us about your child's perceived strengths, interests, and aptitudes. Include information about extension work they may currently be receiving.

Has your child been diagnosed with any of the following medical conditions?

- Asthma (Please list known 'triggers' _____)
- Allergies (Please list known allergens _____)
- Anaphylaxis (If yes, do they have an 'Epipen'? _____)
- Visual Impairment
- Hearing Impairment
- Diabetes
- Epilepsy
- Long Term Medication (Give details _____)
- Other Conditions (Give details _____)

Is there anything else you regard as important for MDCS to know about your child that impacts on their learning, care, or participation in physical activities?

Student Details

<p>Surname:</p> <p>Given Name:</p> <p>Second Name:</p> <p>Preferred Name:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Date of Birth:</p> <p>Place of Birth:</p> <p>Country of Birth:</p> <p>Nationality:</p> <p>Main Language spoken at Home:</p>
<p>Home Address (if different from parents’):</p>	<p>Home Telephone (if different from parents’):</p> <p>Mobile Telephone (if applicable):</p>
<p>Aboriginal / Torres Strait Islander descent?</p> <p><input type="checkbox"/> Neither</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander</p>	<p>Enrolment Details:</p> <p>Current Year Level:</p> <p>Enrolment Sought at MDCS for Year Level:</p> <p>In Calendar Year:</p> <p>Office Use Only</p> <p>Class Group:</p>
<p>Please list previous Schools / Preschools:</p> <p>1. Year Levels:</p> <p>2. Year Levels:</p> <p>3. Year Levels:</p>	<p>Custody / Guardianship:</p> <p>Student resides permanently with:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p>Student resides occasionally with:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p>
<p>Are there any current Court Orders or Restraining Orders that relate to this child?</p> <p><input type="checkbox"/> Yes (please supply copies of these documents)</p> <p><input type="checkbox"/> No</p>	

Student Background Information

The following background information is requested for the purpose of best evaluating how MDCS can meet the educational, learning, and physical needs of your child.

Has your child been diagnosed with, or do they experience, any of the following conditions?

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavioural Problems |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Speech Disorder or Delay | |

Has your child been assessed by any of the following professionals within the past 2 years: Psychologist, Speech Pathologist, Audiologist, Psychiatrist, Occupational Therapist, Counsellor?

- Yes No

If yes, please provide copies of these reports with your application where possible.

Does your child currently receive any integration or learning support? Please give details.

Please tell us about your child's perceived strengths, interests, and aptitudes. Include information about extension work they may currently be receiving.

Has your child been diagnosed with any of the following medical conditions?

- Asthma (Please list known 'triggers' _____)
- Allergies (Please list allergens _____)
- Anaphylaxis (If yes, do they have an 'Anaphylaxis Management Plan'? _____)
- Visual Impairment
- Hearing Impairment
- Diabetes
- Epilepsy
- Other Condition (Give details _____)

Is there anything else you regard as important for MDCS to know about your child that impacts on their learning, care, or participation in physical activities?

Declaration

We/I acknowledge that all of the information supplied in this application is true and correct at the time of signing.

Father / Parent / Guardian 1 Name: _____

Father / Parent / Guardian 1 Signature: _____ Date: _____

Mother / Parent / Guardian 2 Name: _____

Father / Parent / Guardian 2 Signature: _____ Date: _____

In addition to the information contained in these forms, copies of Birth Certificates, School Reports, Immunisation History and Details of Court Orders also form part of your application. Please use the checklist below to ensure that a complete application is submitted. MDCS administrative staff will be pleased to assist with copying of original documents.

Checklist (for each student):

- All Forms Filled Out and Signed
- Copy of Birth Certificate
- Copy of Immunisation Record or Conscientious Objection
- Copy of 2 Most Recent School Reports & NAPLAN (if available)
- Copy of Court Orders relating to Custody (if applicable)

Core Values

Please read and sign the declaration below. If there is any part that you wish to clarify or discuss, you may wish to delay signing until your meeting with the Principal.

The Mountain District Christian School Community values:

- Bible** We recognise that “the Scripture of the Old and New Testaments is indispensable and determinative for our knowledge of God, of ourselves, and of the rest of creation, and for the whole educational task” (from MDCS Educational Creed).
- Christ Centred Education** We recognise the centrality of Jesus Christ in all of life, including education (Colossians 1). This involves prayerfully and appropriately challenging and equipping children for a life of service in God’s world.
- Partnership** We foster the partnership between parents, teachers, staff and students to develop mutual respect within the context of Christian community.
- Christian Teachers** We seek out committed Christian teachers who regard their teaching as a vocation and also model Christian servanthood. We resource and encourage them as they employ their giftedness in the development and delivery of a creative Christian curriculum in which our children are truly ‘known’ and their gifts recognised and developed for service in an ‘Education for Life’.
- Involvement** We call on school families, and Christian families in particular, to be involved in prayerfully exercising their various gifts in the service of the community. We plan for Christian learning opportunities that will challenge and develop a Christian worldview.
- Support** We require all families to support the philosophy and values of the school.
- Christian Community** The community will maintain a significant representation of Christian families committed to our Vision and Mission and nurturing our communal life.
- Environment** We continue to enjoy and celebrate the intimacy of a small to medium sized school, our rural setting, and our significant facilities and resources.
- Celebrating God’s Blessings** We thankfully recognise the Lord God as the giver of all good things. We are blessed with Government support and funding. We have a Christian heritage and a faithful and loving God leading us into the future.
-

Father / Parent / Guardian 1:

- As a parent, I endorse these values AND / OR
 I accept that my children will be taught from a perspective which values the above.

Signed: _____ Print Name: _____ Date: _____

Mother / Parent / Guardian 2:

- As a parent, I endorse these values AND / OR
 I accept that my children will be taught from a perspective which values the above.

Signed: _____ Print Name: _____ Date: _____

Parent Agreement

Please read the following Parent Agreement. If you are unsure of any part of the agreement, you may wish to delay signing until your meeting with the Principal.

As parents of a student/s enrolled Mountain District Christian School I/we agree with the following:

I/We give permission for our child/ren to participate in all appropriate school excursions and visits as approved by the Principal.

I/We undertake to pay the scheduled school fees:

- a. by a regular direct debit agreement , or
- b. in full by the specified date in December of the year previous, with the applicable discount for advance payment, or
- c. as negotiated with the Business Manager.

I/We commit to work off 16 Community Levy Units (12 for single parent families) throughout each year in practical work around the School or pay an annual sum in lieu thereof.

I/We agree that the Family Investment of \$500 may be held by MDCS until our youngest child leaves MDCS.

I/We will work to support, both in word and deed, the policies and procedures of the School in general and our child/ren's teacher/s in particular.

I/We agree to ensure my/our child/ren are appropriately dressed according to the School Dress Code at all times.

I/We will give one term's notice of our intention to withdraw our child/ren from the School, or pay a term's fees in lieu of due notice.

I/We will attend Parent Information Meetings and Parent/Teacher Interviews to the best of our ability.

Father / Parent / Guardian 1:

As the parent of a student/s to be enrolled at Mountain District Christian School, I am now aware of my obligations to the School.

Signed: _____ Print Name: _____ Date: _____

Mother / Parent / Guardian 2:

As the parent of a student/s to be enrolled at Mountain District Christian School, I am now aware of my obligations to the School.

Signed: _____ Print Name: _____ Date: _____