



SCOTS ALL SAINTS
COLLEGE

Surname _____

First Name _____

Entry Level _____ Year 20 ____
(K - 12) (Calendar)

Application for Enrolment

www.scotsallsaints.nsw.edu.au

OFFICE USE ONLY	
Date of Receipt of Application Form	

Thank you for applying for enrolment at Scots All Saints College Bathurst. Please ensure that you have completed all sections of the application and that you have attached copies of the documents requested below.

Application for Enrolment Checklist:

- Application for Enrolment – completed and signed by both parents/guardians and the person responsible for paying the accounts (if different) – All students
- Certified copy of Full Birth Certificate – All students
- Copy of latest school report (if of school age)
- Test results relevant to age (eg NAPLAN results)
- Copy of any relevant documentation and assessments of any diagnosed disabilities or specific learning needs
- Copy of residency/citizenship papers if child or both parents were born overseas
- Copy of current Visa (non-Australian citizens only)
- Copy of any relevant orders of the Court

What happens next?

1. We will confirm in writing our receipt of your completed application.
2. If your chosen Year Group is fully subscribed your application will be placed on a waitlist and treated in strict order of receipt and you will be advised accordingly.
3. An interview with the Head of College will be arranged close to the chosen date of entry.
4. After a successful interview an Offer of Enrolment will be made by the College.
5. A non-refundable \$400 (Pre-Kindergarten), \$800 (K-12) Enrolment Fee will be due to the College when the Offer of Enrolment is made.
6. Copies of immunisation records must be provided to the College and medical and other forms must also be completed.

- **Please advise the Registrar’s Office of any change of details after you have submitted Application for Enrolment.**
- **Please ensure that parents/guardians have signed all sections of this application.**

Please return all documents to:
The Registrar,
Scots All Saints College,
Locked Bag 9
BATHURST, NSW 2795
Email: Registrar@saints.nsw.edu.au
Ph 02 6331 3911

CRICOS No’s: Yrs 7 – 10 063097J
Yrs 11 – 12 063098G
Provider No: 00381D
A.B.N. 43 418 897 717
Child Care No: 555017661V

OFFICE USE ONLY					
Student No		Starting Date		Enrolment Fee	\$
Family No		Entry Year		Receipt No	
House		Scholarship/Bursary		Acceptance Letter Returned	

Important Information

How did you find out about Scots All Saints College?	<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Family member attended the College <input type="checkbox"/> Advertising, please specify: _____ <input type="checkbox"/> Other, please specify: _____
--	---

Student Details

Surname																				
Given Names									Known As											
Date of Birth	Day	Day	Mth	Mth	Yr	Yr	Yr	Yr	Sex	<input type="checkbox"/> Male			<input type="checkbox"/> Female							
Student's Residential Address																				
To Commence Year Level Please circle	Pre-K	K	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12						
Calendar Entry Year	Year 20								<input type="checkbox"/> Day Student				<input type="checkbox"/> Boarder				<input type="checkbox"/> Weekly Boarder			
Pre-Kindergarten Only	<input type="checkbox"/> 2 Day <input type="checkbox"/> 3Day <input type="checkbox"/> 5 Day								Requires a place in Kindergarten in the following year? <input type="checkbox"/> Yes or <input type="checkbox"/> No or <input type="checkbox"/> Unsure											
Student's BOSTES Number	Yrs 10,11,12 only (your current school can provide this)																			
Country of Birth									Nationality											
Is the Student an <input type="checkbox"/> Australian Citizen or <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Neither									Visa Category, (if Student is not an Australian Citizen)											
Is the Student of <input type="checkbox"/> Aboriginal or <input type="checkbox"/> Torres Strait Islander Origin?									Year of arrival if not born in Australia											
Current School									Current Academic Year											
Past schools attended and years attended																				

Student Profile

Student's Cultural Interests and Achievements (eg music, co-curricular)														
Sporting Interests & Achievements														
Preferred Day House (Senior students only)	<input type="checkbox"/> Bean				<input type="checkbox"/> Barton				<input type="checkbox"/> Long					

Past Links to Scots All Saints College

Relative's Name (maiden name)	Relationship to Student	Years Attended (eg 1985-1990)	House

Current Students at Scots All Saints College

Relative's Name	Relationship to Student	Academic Year	House

Possible Future Students at Scots All Saints College

Student's Name	Current School	Academic & Entry Yr (eg Yr 7, 2020)	Date of Birth

Parent/Guardian Details

Parent/Guardian 1 (Primary Contact Address, Email, Phone)				Parent/Guardian 2			
Surname		Title		Surname		Title	
Given Names				Given Names			
Relationship to Student				Relationship to Student			
Residential Address				Residential Address			
Suburb		Postcode		Suburb		Postcode	
Mailing Address	<input type="checkbox"/> or as above			Mailing Address	<input type="checkbox"/> or as above		
Suburb		Postcode		Suburb		Postcode	
Home Phone				Home Phone			
Work Phone				Work Phone			
Mobile				Mobile			
Email				Email			
Occupation				Occupation			
Employer or Company				Employer or Company			
Please note	School Reports, Correspondence & Emails will be sent to this address			Additional copy requested of	<input type="checkbox"/> School Report <input type="checkbox"/> Correspondence <input type="checkbox"/> Email Correspondence		


Further Information



The student resides with	<input type="checkbox"/> Both Parents Together <input type="checkbox"/> Both Parents Alternately <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Carer <input type="checkbox"/> Other please specify:		
If parents are not living together please complete the following to help avoid confusion and embarrassment. Please tick whichever apply:			
<input type="checkbox"/> Parents separated <input type="checkbox"/> Parents divorced		<input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased	
		<input type="checkbox"/> Father remarried <input type="checkbox"/> Mother remarried	
Please list any special circumstances (i.e. court orders) of which the School should be aware. Copies of relevant custody orders should be attached. At any time when there are changes please notify the school immediately.			

Emergency Contact Details This section must detail a person **other than the parents**.


The name & details of a friend or relative who may be contacted if the parents/guardians are unable to be reached.			
Name		Relationship to Student	
Home Phone		Work Phone	
Mobile		Email	

Account Details This section should be completed by the person/s responsible for payment of school fees.

Name and Address of the person/s responsible for payment of the account			
Person 1			
Name			
Address			
Email		Work Phone Number	
Mobile		Driver's Licence Number	
I take responsibility for payment of the following		<input type="checkbox"/> % of tuition _____ % <input type="checkbox"/> % of boarding _____ % <input type="checkbox"/> Other, please specify: _____	
 Signature		Date	
Please send Fees accounts by		<input type="checkbox"/> Email to the above address <input type="checkbox"/> Mail to the above address	

Person 2			
Name			
Address			
Email		Work Phone Number	
Mobile		Driver's Licence Number	
I take responsibility for payment of the following		<input type="checkbox"/> % of tuition _____ % <input type="checkbox"/> % of boarding _____ % <input type="checkbox"/> Other, please specify: _____	
 Signature		Date	
Please send Fees accounts by		<input type="checkbox"/> Email to the above address <input type="checkbox"/> Mail to the above address	
Acknowledgement		<ul style="list-style-type: none"> • I/We have received and read the current fee schedule and understand it may be subject to change each year. • I/We the undersigned apply to have this student enrolled at Scots All Saints College and agree to accept responsibility for the payment of all the fees and charges by the due date and to be liable for them. • I/We authorise the college, in addition to fees, to incur expenditure for educational and co-curricular activities as may be required during each term. • I/We understand that the College may refuse entry to, or terminate the enrolment of a student whose fees are in arrears and that accounts in arrears will jeopardise any scholarship or concession arrangements. 	
 Signature		Date	

Diagnosed Disabilities, Specific Learning Needs, Learning Difficulties or Gifted and Talented status:

Does the student have any diagnosed physical, social, emotional or intellectual difficulties or special medical or learning needs? NB These must be disclosed to ensure that the College is better able to meet the student's educational needs. The College endeavours to meet the special educational needs of all students and does not regard disclosure of any special needs as a criterion for admission.		<input type="checkbox"/> YES or <input type="checkbox"/> NO
Do any of these apply to the student?	<input type="checkbox"/> ADD (hyperactive ADHD) <input type="checkbox"/> ADD (non-hyperactive) <input type="checkbox"/> Other behaviour disorder <input type="checkbox"/> Serious or Chronic Medical Conditions <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Intellectually disabled <input type="checkbox"/> Speech and language disorder <input type="checkbox"/> ASD (Autism Spectrum) <input type="checkbox"/> Learning Difficulty (including Dyslexia, Dyspraxia, Processing Disorders etc) <input type="checkbox"/> Other (please specify):	
Has this student been assessed as Gifted/Talented?		<input type="checkbox"/> YES or <input type="checkbox"/> NO
Does this student have any special dietary requirements?		<input type="checkbox"/> YES or <input type="checkbox"/> NO
Are there any behavioural or family circumstances that should be brought to the attention of the College?		<input type="checkbox"/> YES or <input type="checkbox"/> NO
If YES to any of the above all relevant documentation must be attached		
Please supply any other relevant details here:		
Special Learning Needs		
NB: Please attach copies of any relevant medical/special education tests and reports.		
I give permission for the information disclosed above to be shared with other educational/health staff of the College as appropriate. I give Scots All Saints College permission to include the above on the College Student Support Database. I understand that this information may only be accessed by academic and pastoral staff.		
 Signature		



Enrolment Terms and Conditions

(please tick)

1. I/We understand that all prospective students will be required to attend an interview at the College prior to issue of an Offer of Enrolment.
2. I/We understand when an Offer of Enrolment is made by the College, the **non-refundable Enrolment Fee** of \$500 is remitted to confirm the acceptance of the Offer of Enrolment. If the Enrolment Fee is not paid by the due date the students' place may be forfeited.
3. I/We understand that students are bound by and must adhere to College rules and regulations as contained in the College Student Handbooks. Non-compliance with these rules and regulations may result in the student being asked to leave the College.
4. I/We agree to abide by and support the requirements of the school relating to the Student Behaviour Management Policy.
5. I/We understand that students are expected to participate in the College program of core and co-curricular activities including compulsory sport and attendance at whole school events.
6. I/We understand that the students are responsible for their personal belongings and the College will not be liable for any loss or damage to these belongings.
7. I/We understand the student uniform requirements of the College and undertake to support and enforce the wearing of the correct school uniform.
8. I/We understand that Scots All Saints College is a work of the Presbyterian Church of Australia in NSW and it follows the traditions of Presbyterian Education. Students will undertake a Christian Studies subject each year and attendance at the designated Chapel worship is mandatory. Boarding students will also attend a regular Sunday Church Service during the College term. Acceptance of the Offer of Enrolment indicates agreement to your child's participating in the College's worship and religious education programs.
9. I/We agree, as parents/guardians, to behave in such a manner that the image of the College is not brought into disrepute and to at all times treat the College's employees, representatives, parents and students with respect and consideration.
10. I/We understand that **a full term's notice in writing must be given to the Head of College** before a student is withdrawn from the College, or in default of such written notice, a **FULL TERMS FEES** (tuition and boarding if applicable) will be payable. A change from boarding to day status requires a full term's notice or boarding fees will be charged in lieu.
11. I/We understand that the deposit or credit balance of my/our account will be refunded 3 months after the students leaves the College.

Enrolment Declaration for: _____ (student name) (please tick)

1. I/We declare that the information provided on this form is true and correct.
2. I/We acknowledge that I/We have fully disclosed any special needs of the student. Where any disclosed special needs change or where any special needs arise we agree to notify the College.
3. I/We have read and agree to the Enrolment Terms and Conditions listed above.

 Signature		 Signature	
Name		Name	
Date		Date	

Please note an enrolment is only confirmed after an Offer of Enrolment has been made by the College.

