



EMANUEL SCHOOL

REGISTRATION FORM

IMPORTANT INFORMATION

1. Application to attend Emanuel School is a two-part process:
 - Registration – completion and return of the Registration Form, accompanied by copies of required documents and payment of the \$150.00 application fee ensures a student's name is included on the waiting list.
 - Enrolment – to proceed with enrolment, when the time comes, parents will be required to complete and return an Enrolment Form providing comprehensive information to finalise enrolment of the student in the School.
2. Before completing the Registration Form, please read the attached Enrolment Policy, Guidelines and Conditions document.
3. The Registration Form will not be processed unless signed by both parents (if applicable)
4. Children for The Kornmehl Centre Emanuel Pre-school must turn three years old by 30 April of the year of entry. It is also a requirement for pre-school that children be toilet trained. Applicants for Kindergarten (Year K) must turn five years old by 30 April of the year of entry.
5. Full disclosure of disabilities, special needs, diagnoses of illnesses, a disorder etc. is required with this form.
6. Tuition Fees are revised annually and the School applies a firm credit policy. Advance payment of a full year's fees attracts a discount.
7. After lodging your completed Registration Form, you will receive acknowledgement of our receipt of the documentation. Your child's name will be placed on the grade-appropriate waiting list.
8. If a place becomes available, your child will be invited to an interview with the Principal, Head of Primary or Director of Pre-school (as appropriate). Following the interview, it is likely you will receive a Letter of Offer for enrolment. Once the completed acceptance and payment forms are returned to the enrolment office, along with payment of the non-refundable commitment fee (equivalent to approximately a term's fees), your child's enrolment will be confirmed.
9. Commitment Fee - all but \$1,000 of this fee will be deducted from the first term's school fees. The \$1,000 portion is retained and will be refunded on the completion of Year 12 or with provision of adequate notice of withdrawal to the Principal at other year levels.

All information contained in this document will be treated as strictly confidential.

STUDENT DETAILS

Surname	<input type="text"/>	Date of Birth	<input type="text"/>
First Name	<input type="text"/>	Country of Birth	<input type="text"/>
Preferred Name	<input type="text"/>	Religion	<input type="text"/>
Hebrew Name	<input type="text"/>	Congregation	<input type="text"/>

Gender

M	<input type="checkbox"/>	Other	<input type="checkbox"/>
F	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Please indicate if your child is an Australian Citizen

Permanent resident

What is your child's current school and grade?

Please circle desired entry grade for your child (below)

Pre-school / Kindergarten / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 Proposed year of entry

STUDENT'S CONNECTIONS WITH THE SCHOOL

Brother or sister currently attending Emanuel School

Name
<input type="text"/>

Other relatives with past/present connection to Emanuel School (e.g. if a parent is an alumnus)

Name	Relationship to student	Years of attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

STUDENT'S SPECIAL NEEDS / DISABILITIES / ILLNESS

Has your child had any support/extension in their learning to date? No Yes

Please specify any conditions by placing a tick in the appropriate box below.

<input type="checkbox"/> ADHD	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Motor Issues
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Significant Surgery
<input type="checkbox"/> ASD or Aspergers	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Speech/Language issues
<input type="checkbox"/> Behavioural Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Chromosomal Disorder	<input type="checkbox"/> Major Illness	<input type="checkbox"/> Other
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental illness	

PARENT / GUARDIAN CONTACT DETAILS

	Parent / Guardian 1	Parent / Guardian 2
Title (Mr, Mrs, Dr etc)	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Home Street Address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State and Post Code	<input type="text"/>	<input type="text"/>

The student lives at this address

All the time / Part-time

All the time / Part-time

GENERAL CONSENT

This is a declaration by parents/guardian responsible for fees.

Will enrolment be dependent on receipt of financial assistance?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

We:

- 1 Apply to have the named student considered for admission to Emanuel School.
- 2 Agree to provide information about the student's learning and medical history as part of the enrolment process (**prior to interview**).
- 3 Enclose with this form a non-refundable registration fee of \$150.00 (which includes 10% GST). This does not guarantee enrolment.
- 4 Have read all the information in and agree to abide by the School's Enrolment Policy, Guidelines and Conditions of Enrolment.
- 5 Jointly and severally accept responsibility for the payment of all fees.

Parent / Guardian 1

Parent / Guardian 2

Date

Date

PAYMENT

Please find payment of **\$150.00** enclosed by way of :

Credit Card
(1% surcharge)

Cheque
Payable to Emanuel School

Name on Card

Card Number

Signature

Expiry Date

CHECKLIST

- All sections of this form have been completed and both parents have signed it.
- Registration Fee payment.
- A copy of the student's birth certificate is enclosed with this form (**this must be certified by a JP for pre-school registration**).
- A copy of the student's current immunisation record is enclosed with this form.
- If the student is not an Australian citizen, or if both parents are born outside of Australia**, copies of the following are required to accompany this form:
 - Photograph and visa page of the student's passport
 - Photograph and visa page of both parents' passports

Please email the completed Registration Form with payment of the Registration Fee (\$150.00) and supporting documents to:

enrolments@emanuelschool.nsw.edu.au

or mail to

Enrolments Manager, Emanuel School, PO Box 202, RANDWICK NSW 2031

This Registration will only be processed once all supporting documents have been received.

Waiting lists are prioritised according to date of application. When a grade has reached optimum size, the child will remain on the waiting list until parents advise deferment grades for their child's registration. If a place is offered, parents will be notified and acceptance of the place must be made within two weeks of the offer. If the place is not accepted within the time period, the offer will lapse. **An offer may not be held over to a later grade and year of entry.**