



APPLICATION FOR ENROLMENT



✚ DISCOVER JESUS
♥ DISPLAY LOVE
🎓 DEVELOP SELF

Application Fee

Note: This Application Form **may only be submitted with a \$50 Application Fee**. Please contact the school for Credit Card/Direct Deposit payments. Please send your completed form & attachments to: enrol@cedarcollege.sa.edu.au or The Enrolment Officer, Cedar College, PO Box 271, Greenacres SA 5086.

THIS SECTION FOR OFFICE USE ONLY			
Name of Student	<input type="text"/>	Year Level	<input type="text"/> Year <input type="text"/> Status <input type="text"/>
Interview Appointment		Interview Assessment	
Interviewer	<input type="text"/>	Interviewer	<input type="text"/>
Interview with	<input type="text"/>	Date	<input type="text"/> Time <input type="text"/>
Date	<input type="text"/> Time <input type="text"/>	Finance Appointment	
Approved	<input type="text"/>	Interviewer	<input type="text"/>
		Date	<input type="text"/> Time <input type="text"/>



CONFIDENTIAL APPLICATION FOR ENROLMENT

Cedar College 215 – 233 Fosters Road, Northgate 5085 Ph. (08) 8261 3377 Fax: (08) 7221 3647 www.cedarcollege.sa.edu.au

STUDENT INFORMATION

STUDENT'S PERSONAL INFORMATION

First Name :	Last Name :
Middle Name(s) :	Preferred Name :
Date of Birth (dd/mm/yyyy) : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
Year Level requested:	Commencing in the year : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

STUDENT'S PRIMARY ADDRESS DETAILS

Please complete the details below for the **Student's Primary Address** (ie) the address where the student lives for more than 50% of the time

Student's Primary Residential Address :	
	Suburb :
Phone number :	Post Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Birth : <input type="checkbox"/> Australia <input type="checkbox"/> Other (please state) :	
If NOT an Australian Citizen, provide the student's VISA Class and Number (AND a photocopy) :	
If NOT born in Australia, date of arrival in Australia :	
Does the student speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify :
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander

STUDENT'S CURRENT SCHOOL/KINDERGARTEN/CHILD CARE INFORMATION

Current School/Kindergarten :	School/Kindergarten Contact Number :
Student SACE Number (Senior School students in Year 10-12 only) :	
<input type="checkbox"/> I give permission for Cedar College to contact the Kindergarten/Childcare or Previous School regarding my child's progress	

MEDICAL INFORMATION

Are there any learning needs or disabilities that apply to this student :		<input type="checkbox"/> No <input type="checkbox"/> Yes - please list below
<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Dyslexia	Please describe the learning need or disability regarding this student
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Chronic Medical Condition	<input type="checkbox"/> Other :	Is the student aware of this need/disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the following apply to the student, please tick and attach a copy of the relevant report to this Application Form		
<input type="checkbox"/> Educational Support required (please state) :		
<input type="checkbox"/> Medication Needs (please state) :		
<input type="checkbox"/> Psychiatric Report	<input type="checkbox"/> Counselling Provider (please state) :	
Is this student receiving any extra learning support at their current School or Kindergarten? <input type="checkbox"/> No <input type="checkbox"/> Yes - please provide details		

FAMILY INFORMATION

Please attach any legal documentation or Court Orders regarding family arrangements pertaining to the student.

PARENT / GUARDIAN 1 (The main contact for the student, who will receive email, letters, text messages etc.)	
Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
First Name(s) :	
Last Name :	
Please indicate your relationship to the student	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other :	
Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 1 will automatically receive all Reports/Email/SMS/Letters	
Residential Address:	
Suburb :	Post Code : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postal Address (if different to residential):	
Phone (H) :	Phone (W) :
Mobile :	
Email (REQUIRED):	
Occupation:	
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto	
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO , VISA Class and Number :	
If NO , date of Arrival in Australia :	
If NO , please attach a copy of your VISA to this form	

PARENT / GUARDIAN 2 (Person who will be the secondary contact)	
Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
First Name(s) :	
Last Name :	
Please indicate your relationship to the student	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other :	
Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require <input type="checkbox"/> Student Report <input type="checkbox"/> Email/SMS <input type="checkbox"/> Letters	
Residential Address:	
Suburb:	Post Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postal Address (if different to residential):	
Phone (H) :	Phone (W) :
Mobile :	
Email :	
Occupation:	
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto	
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO , VISA Class and Number :	
If NO , date of Arrival in Australia :	
If NO , please attach a copy of your VISA to this form	

PARENT / GUARDIAN 3 (An additional contact - only if required)	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name(s) :	Last Name :
Please indicate relationship to the student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other :	
Residential Address:	
Suburb :	Post Code : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you require <input type="checkbox"/> Student Report <input type="checkbox"/> Email/SMS <input type="checkbox"/> Letters
Postal Address (if different to residential) :	
Phone (H) :	Phone (W) :
Email:	Mobile :
Occupation:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto	
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , VISA Class and Number:
If NO , date of Arrival in Australia :	If NO , please attach a copy of your VISA to this form

RELIGIOUS, CULTURAL AND CHURCH INFORMATION

Cedar College was formed specifically for the education of students in a **distinctly Christian environment**, where Christian beliefs in the home are supported at school. Cedar College does not preclude people based on their religious background, however the school gives enrolment priority to students from committed Christian families, with a weekly church involvement.

Please indicate the religious belief held by your family

Christianity Hinduism Buddhism Sikhism Islam None Other :

Please indicate your family attendance of the above Weekly Occasional Seldom None

If you regularly attend a Church, please complete your current Church details below

Denomination of Church currently attended :

Name of Church currently attended :

Minister's / Pastor's Name :

GENERAL INFORMATION

REASONS FOR CHOOSING A CHRISTIAN SCHOOL

How did you hear about Cedar College?

Friend/Relative Advertisement Web Search Through another School Noticed the Sign/School
 School Tour Live in the area Past Student Other :

Please tell us why you would like your child to attend Cedar College

Please tell us why you would like a **Christian** education for your child

PAST SCHOOLING INFORMATION

Has your child been suspended or expelled from any previous schools? No Yes

If **Yes**, please explain :

Student SACE Number (for Senior School students only) :

How is your child currently managing at School / Kindergarten

Academically : Very Good Good Average Needs Assistance Unsure
Socially : Very Good Good Average Needs Assistance Unsure

Does your child have any special gifts or talents? (please provide details)

SCHOOL FEE AGREEMENT AND BILLING DETAILS

Please provide details of the Parent(s)/Guardian(s) who will be paying the student's Tuition Fees, and other fees required, as outlined in the Cedar College Fee Schedule.

SCHOOL FEE AGREEMENT

1. If the student is accepted, an Enrolment Fee, as set by the School, is required to secure a place for all new student enrolments.
2. The school fees are set by the School Board and the Fee Schedule published annually.
3. The school fees are paid promptly in accordance with the due date (Week 2 of each Term). Alternatively, a Direct Debit or Fee Instalment Plan can be arranged prior to the due date with the Business Manager. Any payment plan must be strictly adhered to, once approved by the Business Manager.
4. As the school is extending payment options to you, the Business Manager may contact your previous school to determine your capacity to meet the fee requirements.
5. Parents agree to notify the school immediately should there be a change in circumstances which will affect their ability to fulfil their financial obligation to the school.
6. Parents will give at least one School Term's notice of termination of enrolment. Failure to do so will render them liable for one Term's fees.
7. If the account with the school has not been paid by the due date, an overdue statement will be issued and a \$25 fee will be incurred. This fee will be charged on all accounts in arrears unless prior arrangement has been made with the Business Manager.
8. If prior arrangement is not made with the Business Manager or arrangements adhered to, a Debt Collection Agency will be engaged to follow up any outstanding monies.
9. Parents agree to pay all expenses incurred in pursuing recovery of overdue amounts from Cedar College, including (but not limited to) legal fees, location administrative costs and any fees payable to debt recovery consultants. Any default debt may be reported to a credit reporting agency.
10. Lack of commitment on the parent's part towards any accrued late fees will ultimately affect the level of education that Cedar College can offer. Any student of such a family will be suspended until late fees are paid.

BILLING DETAILS PERSON 1

Title: Mr Mrs Miss Ms Dr

First Name(s) :

Last Name :

Please indicate your relationship to the student

Father Mother Stepfather Stepmother

Other :

Billing Address :

Suburb :

Post Code :

Phone (H) :

Mobile :

Percentage of Fees to be paid by Person 1

100% of School Fees (OR) % of School Fees

I have read and accept the School Fee Agreement above

Signature :

Date signed (dd/mm/yyyy) : / /

BILLING DETAILS PERSON 2

Title: Mr Mrs Miss Ms Dr

First Name(s) :

Last Name :

Please indicate your relationship to the student

Father Mother Stepfather Stepmother

Other :

Billing Address :

Suburb :

Post Code :

Phone (H) :

Mobile :

Percentage of Fees to be paid by Person 2 (If Person 1 NOT 100%)

% of School Fees (Total to equal 100%)

I have read and accept the School Fee Agreement above

Signature :

Date signed (dd/mm/yyyy) : / /

Do either of the parties listed above have any outstanding debts from a previous school? No Yes

I/We request that Cedar College bill the Tuition Fees and Capital Levy for the student named in this Application Form as outlined above

GENERAL

1. The parent(s) will support and encourage the student to take pride in the School Uniform and to ensure that the student is always sent to school neatly and modestly dressed.
2. The parent(s) accept the right of the school to employ such behaviour management as it deems wise and expedient for the student, and agree to uphold in every way possible the school's authority and right to administer appropriate behaviour management in accordance with the policies of the school.
3. The parent(s) will support extra-curricular activities such as camps, excursions, sports carnivals, music lessons, etc. If a student is unable to participate for medical reasons, a written letter must be sent to the school excusing the child from the activity.
4. The parent(s) will support the school, in the event of a student suffering from sickness or injury, to take such action as it deems fit to obtain medical and/or hospital care and attention. All costs incurred will be the responsibility of the parent.
5. Parent(s) are financially responsible for any damage a student incurs to buildings, furniture and equipment, caused through a deliberate act, carelessness or neglect.
6. Students may not leave the school property without the permission of appropriate school authorities or written permission from parents.
7. Cedar College is not required to automatically accept an enrolment application. Should your child not be accepted, it is the policy of Cedar College not to disclose the basis for the decision made. All information will remain confidential to all parties.

LIMITATION OF LIABILITY

1. The school will not be liable to the parent(s) for any loss or damage to personal property of the parent(s) or student.

CANCELLATION OF ENROLMENT

1. At the discretion of the Principal and School Board, the school reserves the right to suspend a student temporarily or permanently for behaviour management purposes, for any breach of school policy. Payment of the current Term's fees will not be refunded.
2. The parent(s) may cancel the enrolment of a student, but must give the school one Term's notice in writing. In default of such notice a full Term's fees will be charged.

PRIVACY & DATA COLLECTION

1. Cedar College is bound by the Australian Privacy Principles to ensure proper management of personal information provided or collected by the school for educational purposes. The Privacy Policy is available on the website or from the Front Office.
2. For a description of how your data is stored/used, please see our standard data collection notice at: www.cedarcollege.sa.edu.au/school-life

CHECKLIST

BEFORE returning this Application Form to Cedar College, please ensure that you have completed and enclosed the following:

- Paid \$50 Application Fee (please contact the school for Credit Card/Direct Deposit payments, or pay in person at the School Office)
- Filled in all relevant information and signed this Application Form
- Enclosed Pre-school or detailed School Semester Reports (interim reports not accepted)
- Enclosed any relevant Medical Reports, Psychological Reports or Educational Assessments
- Attached a photocopy of your child's Birth Certificate
- (If not an Australian resident)** Attached a photocopy of your child's Passport

Please send your completed Application Form & attachments to: The Enrolment Officer, Cedar College, PO Box 271, Greenacres SA 5086.

Note: Should you accept our offer of placement in a class or on a waiting list, you will need to pay a non-refundable fee of \$100 to Cedar College **within 14 days** in order to secure the placement. If this enrolment fee has not been received within 14 days the enrolment/waiting list offer will be withdrawn. This fee applies only to the first child enrolled in each family.

ENROLMENT AGREEMENT

Enrolment at Cedar College is subject to the following terms and conditions:

STATEMENTS OF ACCEPTANCE

By signing this application form you are agreeing to the following statements, should the student be enrolled at Cedar College.

(Please tick each box below to indicate your acceptance)

- I/We accept that all children will be presented with the Gospel message of Jesus Christ.
- I/We accept that devotional times are incorporated into the daily routine and are compulsory for all students.
- I/We will support Cedar College's Christian Ethos.
- I/We will support the Aims of the School.
- I/We will support the School Policies and Statements on uniforms, student conduct, behaviour management and curriculum.
- I/We have read and accept the Parent Code of Conduct.

AGREEMENT CONFIRMATION

By signing this Enrolment Application Form, I/We confirm the following:

(Please tick each box below to indicate your acceptance)

- I/We have read and fully understand and accept the Enrolment Agreement of Cedar College, and have received and understand the Schedule of School Fees.
- I/We hereby declare that the information and record(s) submitted with and contained within this document are true and correct to the best of my/our knowledge. Should any information be found to be incorrect or false I/we understand that this application may be revoked.

Please read, and acknowledge your acceptance by ticking the above statements and agreements before signing below.

PARENT 1 / GUARDIAN 1

Signature:

Name (print) :

Date signed (dd/mm/yyyy) : / /

PARENT 2 / GUARDIAN 2

Signature:

Name (print) :

Date signed (dd/mm/yyyy) : / /



A Reception to Year 12 Christian School, dedicated to academic excellence and Biblical Christianity.

215 - 233 Fosters Rd Northgate SA 5085 **Ph: (08) 8261 3377** Fax: (08) 7221 3647 Website: www.cedarcollege.sa.edu.au

THIS SECTION FOR OFFICE USE ONLY

Date Received :

System Updates :

Uniform

Application Fee \$50 : Credit Card Cash

Accepted:

Information Pack

Fee received by :

Enrolment Fee :

Transition Day



Cedar College



APPLICATION FEE
PAYMENT FORM

Application Fee Payment Form

THIS PAYMENT FORM, AUTHORISING A \$50 APPLICATION FEE DEBIT **MUST ACCOMPANY YOUR APPLICATION FOR ENROLMENT FORM.**

Please note the following:

1. This form authorises Cedar College to debit a non-refundable enrolment fee of \$50, in order to process your Application for Enrolment.
2. Payment of this Application Fee does NOT, in any way, guarantee placement at Cedar College.
3. If choosing to pay by Credit Card, this form must be presented at the same time as your Application for Enrolment form.
4. For your security, we do not recommend emailing this payment form. Please fill in your details, print this form and return it to Cedar College along with your Application for Enrolment form, either via post, or in person.
5. Alternatively, you may choose to pay this Application Fee by Cheque, or via Credit Card over the phone, in which case you are not required to use this form.
6. This document will be handled in accordance with the Australian Privacy Principles.

A CUSTOMER'S AUTHORITY

I, (Name of customer paying the Application Fee) :

Authorise you, **CEDAR COLLEGE**, to debit the amount shown below, being for: **Application Fee Payment** using the credit card details listed below.

Application Fee : \$50 only

Please enter the **last 4 digits only** here:

The full number should be entered under **Section B** "Credit Card Details"

Customer Signature:

Date: / /

Once processed, the section below this line must be securely disposed of, in accordance with Australian Privacy Principles.

B CREDIT CARD DETAILS *(All details below must be supplied)*

Card Type : VISA MasterCard

Card Number :

Expires: /

Amount : **\$ 50.00**

CCV:

(3-digit number on the back of your card)

Please be aware that this payment will not be deducted from you account until your Application for Enrolment form is received and processed by our Management System. Once processed, the amount of \$50 will be debited from your account and appear on your credit card statement as a debit to "Cedar College Inc.". Please note that (1) this non-refundable fee will be credited back to the first term's school fees, should the student commence schooling at Cedar College, and (2) receipt of this Application Fee does NOT, in any way, guarantee placement at Cedar College.

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