



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 use the enclosed payment form in conjunction with this application.

We'd love to meet with you in person!

We encourage you to submit your application form and attachments in person at our school office, along with the application fee. Alternatively, you may also post forms to: The Enrolment Officer, Cedar College, PO Box 271, Greenacres SA 5086.

Access to a fillable pdf version of this form is available by scanning the QR code, and completing with Adobe Reader. The pdf may be emailed to: enrol@cedarcollege.sa.edu.au along with attachments, and Application Fee requirements.



THIS SECTION FOR OFFICE USE ONLY

Name of Student Year Level Year Status

Interview Appointment

Interviewer

Interview with

Date Time

Approved

Interview Assessment

Interviewer

Date Time

Finance Appointment

Interviewer

Date Time



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	

LEARNING NEEDS 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"/> Autism Spectrum Disorder	<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Other :	
<input type="checkbox"/> Chronic Medical Condition		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"/> Regular/Ongoing 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 / CAREGIVER 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	
This person will automatically receive all Reports/Email/SMS/Letters	
Residential Address:	
Suburb : Post Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 / CAREGIVER 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 / CAREGIVER 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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) :	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

RELIGIOUS, CULTURAL AND CHURCH INFORMATION

Cedar College was formed specifically for the education of students in a **distinctly Christian environment**, where Christian beliefs are supported at school, as students are encouraged to discover Jesus, display love, and develop self. 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

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 ☐ Alumni/Old Scholar ☐ Through my Church ☐ 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

Please tell us a little more about your child's **interests** and **personality**

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

PREVIOUS SCHOOLING INFORMATION - IF APPLICABLE

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

If **Yes**, please explain :

How would you describe your child's current progress at School/Kindergarten

Academically : ☐ Very Good ☐ Good ☐ Average ☐ Not Good ☐ Needs Assistance ☐ Unsure
Socially : ☐ Very Good ☐ Good ☐ Average ☐ Not Good ☐ Needs Assistance ☐ Unsure

SCHOOL FEE AGREEMENT AND BILLING DETAILS

Please provide details of the parents/caregivers 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/Caregivers 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/Caregivers will give at least one School Term's notice of termination of enrolment. Failure to do so will result in the School seeking to recoup reasonable costs incurred.
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/Caregivers 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 parents/caregivers 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 parents/caregivers 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 parents/caregivers accept the right of the school to employ such behaviour management as it deems wise, timely and practical 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 parents/caregivers 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 parents/caregivers 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 parents/caregivers.
5. Parents/Caregivers 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/caregivers.
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.
8. Before and After School Care is operated on the Cedar College campus by an external provider, Paradise Out of School Hours Care, however placements are limited and therefore cannot be guaranteed. It is the responsibility of the parent/caregiver to establish any out of school hours care arrangements, if applicable.

LIMITATION OF LIABILITY

1. The school will not be liable to the parents/caregivers for any loss or damage to personal property of the parents/caregivers 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, due to any breach of school policy, including the parent/caregiver Code of Conduct. In such instances, payment of the current Term's fees will not be refunded.
2. Should parents/caregivers wish to cancel a student's enrolment, they must give the school one Term's notice in writing. In default of such notice, the School will seek to recoup reasonable costs incurred. Any cancellation of enrolment requires written acknowledgement from all signatories listed in this document under "Enrolment Agreement". In the instance of a dispute between signatories, a new enrolment and billing agreement must be submitted.

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. Our Privacy Policy is available on our 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/policies

CHECKLIST

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

- ☐ Payment details for \$50 Application Fee. Please use the enclosed form, to enable us to receipt your payment.
- ☐ 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 and Visa

Where possible, we like to meet applicants face-to-face.

It is important to note that submitting this Application Form does not in any way guarantee placement. Once received, our Enrolment Officer will acknowledge receipt of your form and application fee, and may then contact you regarding a follow-up face-to-face meeting.

Completed Application Forms & attachments may be submitted in person to our Front Office, via email: enrol@cedarcollege.sa.edu.au, or post to: The Enrolment Officer, Cedar College, PO Box 271, Greenacres SA 5086.

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, as outlined in our Prospectus and "A Christian School" booklet.
- ☐ I/We will support the School Policies and Statements on uniforms, student conduct, behaviour management and curriculum.
- ☐ I/We have read and accept the parents/caregivers Code of Conduct and will endeavour to be a supportive part of the school community.

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 understand that by accepting an enrolment contract with Cedar College, all signatories shown below on this application are jointly and severally liable for all school fees and charges.
- ☐ 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.

SIBLING ENROLMENTS

It is the responsibility of parents/caregivers to **submit a separate Sibling Enrolment Form for each sibling**. Forms must be submitted **3 years prior to each sibling's commencement**. Should you not submit a sibling enrolment form, we cannot guarantee placement at the school. All sibling placements are subject to a position being available in the relevant year level.

- ☐ I/We understand that it is our responsibility to submit a Sibling Enrolment Form, if applicable, within the time frame specified above.

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

PARENT / CAREGIVER 1

Signature:

Name (print) :

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

PARENT / CAREGIVER 2

Signature:

Name (print) :

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

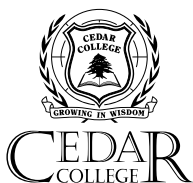


A Reception to Year 12 Christian School, dedicated to academic excellence and Biblical Christianity.

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 :	<input type="text"/>	System Updates :	<input type="text"/>	<input type="checkbox"/> Uniform
Application Fee \$50 :	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	Accepted:	<input type="text"/>	<input type="checkbox"/> Information Pack
Fee received by :	<input type="text"/>	Enrolment Fee :	<input type="text"/>	<input type="checkbox"/> Transition Day



Cedar College

Application Fee Payment Form

EA

FP P

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 application 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, 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**

Please be aware that this payment will not be deducted from your 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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