

**Child Details:**

Child's Surname: \_\_\_\_\_ Child's Given Name/s: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Current Yr Level \_\_\_\_\_ No. years at current school: \_\_\_\_\_

Proposed Entry Yr Level to MECS: \_\_\_\_\_ in 20\_\_\_\_ Current School/Pre School \_\_\_\_\_

Principal's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Please advise us of the reasons that this child is leaving their current school: \_\_\_\_\_

\_\_\_\_\_

Does this child have any social, emotional, physical or educational needs which require additional support? If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

**Has your child has experienced any of the following?**

- Separation Anxiety
- Self-esteem issues
- Bullying
- Literacy/numeracy concerns
- Issues requiring counselling
- Depression
- Social Concerns
- Long-term medication: Type of medication \_\_\_\_\_ Purpose \_\_\_\_\_

Please elaborate on any of the items ticked above, or any other information pertinent to this child: \_\_\_\_\_

\_\_\_\_\_

**Have any of the following services been recommended for your child?**

Professional Support \_\_\_\_\_

\_\_\_\_\_

Integration Support (Please include specific needs for funding and aide time in hours per week.) \_\_\_\_\_

\_\_\_\_\_

Psychological Testing \_\_\_\_\_

\_\_\_\_\_

Specific/Diagnostic, Educational Testing (such as WISC, Auditory, Visual etc.) \_\_\_\_\_

\_\_\_\_\_

Has this child been suspended or expelled from their previous school or has he/she been under discipline there during their schooling years? Yes / No (please circle) If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SIBLING ENROLMENT INFORMATION FORM

Thank you for completing this *Sibling Enrolment form* for your child. This form is the commencement of the enrolment process at Mount Evelyn Christian School, but does not guarantee a placement at the school.

We would like to get to know your child and ask that you return this form along with a copy of your child's recent school reports and return to the school office as soon as possible. Please note that the enrolment cannot proceed until we have received your child/ren's latest reports.

If you are applying for a Prep placement, please note that as part of the enrolment process an Early Years Conversation (EYC) will be organised by our Early Years Department (EYD). This conversation is an informal "chat" and observation time for you and your child with one of our EYD, to help prepare your child for when they attend school. For further information ask our Community Relations Officers about EYC.

We believe that to form an effective partnership with you it is essential that we fully assess any educational support needs that your child may have. This includes behavioural, social, physical, emotional or academic special needs. We seek your full disclosure of any such needs. If this applies to you then information and supporting documentation such as medical, psychological or academic assessment reports must be included with this form. You should also include reports from pre-school teachers (if applicable), current and past teachers. *All information contained in these documents will be kept in the strictest of confidence.*

If you feel that you would like to speak to the Principal about your child's enrolment or any of the above issues, please indicate this below. You will be contacted to make an appropriate time for a conversation with the Principal.

Yes, I would like to speak to the Principal regarding my child/ren.

### YOUR DOCUMENT CHECKLIST

- Completed Sibling Form
- School Reports (if applicable)
- NAPLAN reports (if applicable)
- Pre-school Reports (if available)
- Other documents related to Educational Needs (if applicable)

**Please complete the details below ONLY if they need updating on the school's database:**

Marital Status:  Married  Separated  Divorced  Single  Remarried  Widow/er

**Mother's Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ Mrs  Ms  Dr  Other \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Daytime or Business No: \_\_\_\_\_ Residential Telephone No: \_\_\_\_\_

Mother's Residential/Postal Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father's Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ Mr  Dr  Other \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Daytime or Business No: \_\_\_\_\_ Residential Telephone No: \_\_\_\_\_

Mother's Residential/Postal Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address (if different): \_\_\_\_\_

**Which of the following best captures your faith statement:** (please circle one statement) **Mother** **Father**

a. I am a practising Christian who has a living faith in Jesus Christ. Yes/No Yes/No

b. I see myself as a Christian but I do not attend church regularly. Yes/No Yes/No

c. I am sympathetic to Christian values but do not hold to any specific faith expression. Yes/No Yes/No

d. I do not view myself as a Christian but I am happy to send my child to a Christian school. Yes/No Yes/No

e. Other, please explain your faith statement: \_\_\_\_\_

**Are you members of a church community?** If so, which one and how regularly do you attend? If not, just state "NO".

**What are the most important beliefs and values you teach your children?** \_\_\_\_\_

**Please tell us why you wish this additional child to attend Mount Evelyn Christian School:**

**What do you understand Christian Education to mean?** \_\_\_\_\_

**How do you see yourselves supporting the ethos of the school, as expressed in the school's key documents, which can be found on the school website [www.mecs.vic.edu.au](http://www.mecs.vic.edu.au)? Do you require a hard copy of these documents? Yes  No**

**If applicable, Non-Custodial Parent's Details:**

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Salutation** \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Daytime or Business No: \_\_\_\_\_ Residential Telephone No: \_\_\_\_\_

Residential/Postal Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

As custodial parent, do you require that student reports & newsletters be forwarded to the Non-Custodial parent? Yes  No

**Child Details:**

**Child's Surname:** \_\_\_\_\_ **Child's Given Name/s:** \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Current Yr Level \_\_\_\_\_ No. years at current school: \_\_\_\_\_

Proposed Entry Yr Level to MECS: \_\_\_\_\_ in 20\_\_\_\_ Current School/Pre School \_\_\_\_\_

Principal's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Please advise us of the reasons that this child is leaving their current school:** \_\_\_\_\_

**Does this child have any social, emotional, physical or educational needs which require additional support? If yes, please specify:** \_\_\_\_\_

**Has your child has experienced any of the following?**

Bullying

Separation Anxiety  Self-esteem issues  Depression

Literacy/numeracy concerns  Issues requiring counselling  Social Concerns

Long-term medication: Type of medication \_\_\_\_\_ Purpose \_\_\_\_\_

**Please elaborate on any of the items ticked above, or any other information pertinent to this child:** \_\_\_\_\_

**Have any of the following services been recommended for your child?**

Professional Support \_\_\_\_\_

Integration Support (Please include specific needs for funding and aide time in hours per week.) \_\_\_\_\_

Psychological Testing \_\_\_\_\_

Specific/Diagnostic, Educational Testing (such as WISC, Auditory, Visual etc.) \_\_\_\_\_

**Has this child been suspended or expelled from their previous school or has he/she been under discipline there during their schooling years? Yes / No (please circle) If yes, please elaborate:** \_\_\_\_\_