



SCOTS ALL SAINTS  
COLLEGE

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Entry Level \_\_\_\_\_ Year 20 \_\_\_\_\_  
(Pre-K - 12) (Calendar)

# Application for Enrolment

[scotsallsaints.nsw.edu.au](http://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: [enrol@scotsallsaints.nsw.edu.au](mailto:enrol@scotsallsaints.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: _____
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## 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	<input type="checkbox"/> Pre- K <input type="checkbox"/> K <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 <input type="checkbox"/> Yr 6 <input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12 <input type="checkbox"/> Lithgow or <input type="checkbox"/> Bathurst														
Calendar Entry Year	Year 20						<input type="checkbox"/> Day Student <input type="checkbox"/> Boarder <input type="checkbox"/> Weekly Boarder								
Pre-Kindergarten Only All Saints Campus	Pre-Kindergarten Only: Scots and Lithgow Campus Nominate your days <input type="checkbox"/> 2 Day <input type="checkbox"/> 3Day <input type="checkbox"/> 5 Day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday						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												

## 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	<b>School Reports, Correspondence &amp; Emails will be sent to this address</b>			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"/> Father deceased <input type="checkbox"/> Father remarried <input type="checkbox"/> Parents divorced <input type="checkbox"/> Mother deceased <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			
<b>Person 1</b>			
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: _____	
 <b>Signature</b>		Date	
Please send Fees accounts by		<input type="checkbox"/> Email to the above address <input type="checkbox"/> Mail to the above address	

<b>Person 2</b>			
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: _____	
 <b>Signature</b>		Date	
Accounts will be emailed			
Acknowledgement		<ul style="list-style-type: none"> <li>• I/We have received and read the current fee schedule and understand it may be subject to change each year.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
 <b>Signature</b>		Date	





## 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.	<input type="checkbox"/>
2. I/We understand when an Offer of Enrolment is made by the College, the <b>non-refundable Enrolment Fee</b> 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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
4. I/We agree to abide by and support the requirements of the school relating to the Student Behaviour Management Policy.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
7. I/We understand the student uniform requirements of the College and undertake to support and enforce the wearing of the correct school uniform.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
10. I/We understand that <b>a full term's notice in writing must be given to the Head of College</b> before a student is withdrawn from the College, or in default of such written notice, a <b>FULL TERMS FEES</b> (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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

## Enrolment Declaration for: \_\_\_\_\_ (student name) (please tick)

1. I/We declare that the information provided on this form is true and correct.	<input type="checkbox"/>
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.	<input type="checkbox"/>
3. I/We have read and agree to the Enrolment Terms and Conditions listed above.	<input type="checkbox"/>
 <b>Signature</b>	 <b>Signature</b>
Name	Name
Date	Date

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

