

Po Box 101
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Gibson WA 6448

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STUDENT APPLICATION

Note: Lodgement of this form does not ensure enrolment. Enrolment decisions are made by the school Principal on behalf of the CAPS Board and his decision is final. You will be notified of this decision in due course.

STUDENT DETAILS:

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: ___/___/___ AGE: _____ PLACE OF BIRTH: _____

SEX: Male Female ANY OTHER NAME KNOWN BY: _____

HOME ADDRESS: _____

TOWN: _____ POSTCODE: _____

TELEPHONE NUMBER: _____ MOBILE _____

WHERE IS THIS? _____ WHOS IS THIS? _____

PREVIOUS SCHOOL: _____ YEAR LEVEL: _____

RELIGION OF STUDENT: _____

ANY MEDICAL CONDITIONS? _____

ABSTUDY: IS THE STUDENT ALREADY APPROVED FOR ABSTUDY? Y/N IF NOT, 'FORM B'

LIVING AWAY FROM HOME FORM NEEDS TO BE FILLED OUT AND RETURNED TO CENTRELINK.

MEDICARE NUMBER: _____ EXPIRY DATE: _____

TAX FILE NUMBER: _____ HEALTHCARE CARD NUMBER: _____

SMARTRIDER OR ID CARD? Y/N NUMBER: _____

THESE CARDS WILL NEED TO BE BROUGHT WITH THE STUDENT IF THE STUDENT HAS THEM.

WHY DOES THE STUDENT WISH TO ATTEND WONGUTHA? _____

WHAT CAREER/JOB IS THE STUDENT INTERESTED IN? _____

HAVE YOU EVER BEEN INVOLVED WITH THE JUVENILE COURT SYSTEM? _____

SIZE FOR UNIFORM: S, M, L, XL

FAMILY DETAILS:

FATHER/GUARDIAN: _____ MOTHER/GUARDIAN: _____

IF GUARDIANS, WHAT RELATIONSHIP? _____

ADDRESS: _____ ADDRESS: _____

OCCUPATION: _____ OCCUPATION: _____

NAMES OF BROTHERS/SISTERS: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

**ENROLMENT TO THE SCHOOL IS SUBJECT TO THE FOLLOWING
TERMS AND CONDITIONS**

1. That the parent(s) will agree to allow the child to share fully in the life and programme of the School, including the devotional activities, Bible lessons, church services and youth group activities.
2. That the parent(s) agree to the student living in the provided hostel accommodation during the school week.
3. That the parent(s) accept the right of the School to employ such discipline as it deems wise and expedient for the child and agree to uphold in every way possible the School's Authority and right to administer appropriate discipline in accordance with the policies of the School.
4. That parent(s) lodge a Student Application form to Abstudy.
5. That parent(s) co-operate with Abstudy by providing full income details so that correct assessment of students payments can be made.
6. That the parent(s) agree to pay school fees as determined by the School Board or direct Abstudy to pay boarding and tuition allowance money to Wongutha CAPS.
7. That the parent(s) will ensure that the student returns promptly after weekends at home and holidays.
8. That the parent(s) give permission for the authorities at Wongutha CAPS School to supervise the hygiene and health care of their child at School, without liability.
9. That the parent(s) agree that the School may request a urine analysis (from a local doctor) at any time while the student is at Wongutha.
10. That smoking and the consumption of alcohol is not permitted during the duration of the student's enrolment at the school.
11. That Wongutha CAPS does not encourage boy-girl relationships while the students are at the School, and students may not have physical contact with the opposite sex.
12. That students who possess mobile phones (only one per student allowed) will have them turned off during classes and must hand them over to Hostel parents at 'lights out' each night.
13. It is a condition of enrolment that all students eligible for Abstudy payments have these payments directed to Wongutha CAPS for the full duration of the school term. Wongutha CAPS retains unconditional rights to all Abstudy payments once a student has arrived at the school regardless of student departure prior to the end of term.
14. That the School may suspend or terminate enrolment at its discretion for failure by the parent(s) or student(s) to comply with these conditions or other serious breaches of the School's rules and regulations.

I /We accept the conditions of enrolment as set out above and hereby apply to have

_____ enrolled at Wongutha CAPS

SIGNED: _____
Father/Guardian

Mother/Guardian

DATE: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

DATE ENROLLED: _____

PRINCIPAL: _____

S. J. Florisson

PARENTS ADVISED: _____