



# Tyndale Christian School

The Association for Christian Education of Blacktown Ltd ABN 51 000 391 186  
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CRICOS 02273C

## APPLICATION TO ENROL

### A. STUDENT DETAILS

To be completed by parents/legal guardians. Please complete all information.

Surname	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name	<input type="text"/>	Country of birth	<input type="text"/>
Second name	<input type="text"/>	*Date of birth	<input type="text"/>
Preferred name	<input type="text"/>	<i>*Please attach evidence of Date of Birth</i>	
*Present school	<input type="text"/>	Grade	<input type="text"/>
Years attended	<input type="text"/>	*NESA Number	<input type="text"/>
Child's CRN	<input type="text"/>	<i>*NSW Education Standards Authority Student ID Number</i>	

**\* Please attach latest school report with your application. Attach more information if necessary.**

Grade applying for at Tyndale?

Desired calendar year of entry

If applying for Early Learning Centre please nominate the days you would prefer your child to attend (subject to availability)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	

### B. FAMILY DETAILS

#### 1. Parents/Legal Guardians (cross out whichever does not apply)

	Mother/Legal Guardian	Father/Legal Guardian
First name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs)	<input type="text"/> *DOB / /	<input type="text"/> *DOB / /
Mobile phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
*CRN - Family	<input type="text"/>	<input type="text"/>
Nominate which parent CRN you use at Centrelink	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
Religion (if Christian please name denomination)	<input type="text"/>	<input type="text"/>

Married     Separated     Divorced     Widowed     Other \_\_\_\_\_

**Home address**

A post office box is not acceptable as a home address

**Provide one address only if addresses are the same**

	Mother/Legal Guardian	Father/Legal Guardian
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

The student lives at this address:

- All the time   
  Part of the time   
  All the time   
  Part of the time

*\*Required if you wish to claim the Child Care Rebate. Please Note you must nominate which parent CRN you use at Centrelink (page 1)*

**Mailing address**

Provide a mailing address if it is different from the home address; otherwise, write "As above" in the first line below.

Provide one address only if addresses are the same, or if you only require correspondence mailed to one address.

	Mother/Legal Guardian	Father/Legal Guardian
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

**2. Siblings**

Name	DOB	Age	Current school (if applicable)	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Family members educated at this School (other than siblings)**

Name	Relationship to the applying student	Year of leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

We are interested in the Tyndale bus service? (subject to availability). Please note: children enrolled in the Early Learning Centre are unable to access this service

- Yes   
  No

We are interested in Before and After School/Vacation Care (subject to availability). Please note: only available to children from Kindergarten to Year 8

- Yes   
  No

Please refer to our Privacy Policy, available from the School Office, for details as to how personal information collected on this form will be used.

**4. Special family circumstances**

Please advise us of any special circumstances such as illnesses, divorce or family separation (include copies of any Court Orders)

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**5. Church**

Are you involved in church activities?  Yes  No

If yes, please give details: Church attending, Minister's name, contact number, your involvement

Church.....Minister..... Phone .....

Please detail your involvement.....  
.....

Please provide a description of your relationship with the Lord Jesus Christ.

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**6. Reasons for enrolment**

Why are you applying for enrolment at Tyndale Christian School?

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If applicable, why are you withdrawing your child/ren from their current school?

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**7. What language do you normally use in your home?** \_\_\_\_\_

**8. Has your child's schooling been in the English language?**  Yes  No If yes, what percentage? \_\_\_\_\_

If no, what language have they been taught with? \_\_\_\_\_

**C. EDUCATIONAL AND MEDICAL INFORMATION**

**1. Please indicate if your child suffers from any of the following:**

- Allergy     
  Asthma     
  Diabetes     
  Epilepsy     
  Eye defects  
 Hearing disorder     
  Migraine     
  Other:

**2. Does your child take medication for any of the above?**       Yes       No

If yes, please list the medication.

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**3. Does this condition prevent or restrict your child from participating in any activity?**       Yes       No

If yes, please describe the circumstances.

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**4. Has your child ever encountered learning difficulties?**       Yes       No

If yes, please describe the circumstances.

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**5. Has your child ever had any academic/psychological assessment?**       Yes       No

If yes, please provide a copy of all reports.

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**6. Is there any further information about your child which we should know? You may wish to emphasise particular interests, character traits, achievements or other issues you believe are relevant to the application. (Please attach extra information if necessary)**

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**How did you learn about Tyndale Christian School?**

- School Family     
  Family     
  Friends     
  Agent     
  Advertising     
  Radio     
  School Website  
 Other Website, if so, which website \_\_\_\_\_

Father's Signature       Date

Mother's Signature       Date

Legal Guardian's Signature       Date