



Tyndale Christian School

CRICOS 02273C

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

58 Douglas Road, (Locked Bag 35) Blacktown NSW 2148

P 02 8811 7800 F 02 8811 7883 E office@tyndale.edu.au W www.tyndale.edu.au

HOSPITALITY (VET) COURSE APPLICATION

A. STUDENT DETAILS

To be completed by parents/guardians.

Please complete all information.

Surname

Gender Male Female

First name

Country of birth

Second name

Date of birth

Preferred name

(Please attach evidence of date of birth)

Home school

Grade

Years attended

*BOS Number

Previous school

*Board of Studies Student ID Number

Attach Student Photo here

Desired calendar year of entry

2____

B. HOME SCHOOL DETAILS

Street Address

Mailing Address

Address

Suburb

State

Postcode

Home School Supervisor

Title (Mr, Mrs)

First name

Surname

Phone

Mobile

Email

Fax

Position

C. FAMILY DETAILS

| | Mother/Guardian | Father/Guardian |
|---|----------------------|----------------------|
| First name | <input type="text"/> | <input type="text"/> |
| Second name | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Title (Mr, Mrs) | <input type="text"/> | <input type="text"/> |
| Mobile phone | <input type="text"/> | <input type="text"/> |
| Email | <input type="text"/> | <input type="text"/> |
| Occupation | <input type="text"/> | <input type="text"/> |
| Religion (if Christian please name denomination) | <input type="text"/> | <input type="text"/> |

Married Separated Divorced Other _____

Home address

A post office box is not acceptable as a home address.

Provide one address only if addresses are the same.

| | Mother/Guardian | Father/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"/> |
| Fax | <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

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/Guardian | Father/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 | 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"/> |

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

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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? _____

9. Student's Residency Status _____

If born overseas, date arrived in Australia _____

10. How did you learn about Tyndale Christian School? Friends Agent Family Advertising

School Website Other Website, if so, which website _____

We heard about Tyndale Christian School from _____

D. 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?

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Please provide any other details that may be helpful. 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.)

Privacy and use of photographs

We acknowledge that the School will use the personal information it holds about our child/ren and our family for any lawful activity and in keeping with the School's Privacy Policy as up-dated from time to time.

In keeping with the School's Privacy Policy we consent to our child/ren's photo appearing in school related publications such as the school newsletter, brochures, magazine and website.

Print Name

Signature

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Father's
Signature

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Date

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Mother's
Signature

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Date

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