

APPLICATION FOR STUDENT ADMISSION

(Complete a separate copy of this page for each child)



Family Code _____

STUDENT INFORMATION:

SURNAME: _____

Male / Female: _____

Given Names: _____

Preferred Name: _____

Date of Birth: _____

Country of Birth: _____

Does the Student have a Victorian Student Number (VSN)

Application Type:

Yes – Please specify _____

New Family

Yes – but the VSN is unknown

Current College Family

No- the student has never been issued a VSN

Arrowsmith Program

Exchange/Visiting Student

Residential Address: _____

Telephone Number: _____

Post Code: _____

Is the nominated student an Australian Citizen? YES NO or Status of Residency: _____

Is the nominated student an Aboriginal or Torres Strait Islander? YES NO

Admission sought from: Term: _____ at year level: _____ in the year: _____

Intended length of enrolment (years): _____

Current pre-school / school enrolment: _____

Current pre-school/school contact person: _____ Telephone Number: _____

Student resides with: both parents / mother / father / guardian; or independently:

Names of siblings for whom later admission is proposed:

School Year Level:

In the Year:

Is there anything about the student seeking admission that should be brought to the attention of the College? (For example: particular talents, achievements, memberships, disabilities, medical conditions, English as a second language, support programs, social skills, referrals, court access orders for either parent, etc)

Please list any special consideration or attention Plenty Valley Christian College needs to provide for this student.



FAMILY INFORMATION (for exchange or visiting students complete host family details here)

FATHER / MALE GUARDIAN

Surname: _____

Given Name: _____

Marital Status: _____

Residential Address: _____

Telephone: _____ Fax: _____

Postal Address: _____

Occupation: _____

Employer: _____

Telephone (BH): _____ Fax: _____

Email Address: _____

Mobile Phone: _____

MOTHER / FEMALE GUARDIAN

Surname: _____

Given Name: _____

Marital Status: _____

Residential Address: _____

Telephone: _____ Fax: _____

Postal Address: _____

Occupation: _____

Employer: _____

Telephone (BH): _____ Fax: _____

Email Address: _____

Mobile Phone: _____

A MEMO OF UNDERSTANDING

1. Christian values and principles have given guidance and meaning to generations of people, and this College originated in the desire of the Christian community to provide a formal education in a Christian context. In asking for admission to this College, you are seeking to enter a community that holds the Christian faith as preeminent.

Plenty Valley Christian College operates as a company with a Constitution and Statement of Christian Faith. Copies are available upon request.

In view of the above it would be helpful if you are able to provide the College with the name of a referee who, if asked, is able to comment on your commitment to the Christian faith. Otherwise, the name of a person able to comment on your family's relationships and character, and on your work in your local community, would be of assistance.

REFEREE:

Full Name and title: _____

Pastoral or Professional role: _____

Telephone Number: _____

2. We have read the College enrolment policy. (a copy of this is available on the College website)
3. We have read the relevant fee schedule of the College and are able to meet its requirements.
4. Students new to the College enter under an enrolment review period of a College term

SIGNATURES:

I / We have read and understand fully the College enrolment policy, a copy of which is available on the College website. In the event of enrolment of my / our child, I / we agree to abide by these conditions, regulations and protocols, and those further published by the College representatives during my / our child's enrolment. I / We warrant that the information provided is true and correct.

I/We understand that students new to the College enter under an enrolment review period of a College term.

Both parents' / guardians' signatures are required unless one parent / guardian is sole custodian.

Father / Male Guardian: _____

Date: _____

Mother / Female Guardian: _____

Date: _____

Student (if 18 years or over): _____

Date: _____

Please return the completed application:

The Registrar, Plenty Valley Christian College, 840 Yan Yean Road, DOREEN 3754.



APPLICATION FOR STUDENT ADMISSION ENROLMENT SURVEY



FROM YOUR FAMILY'S PERSPECTIVE:

How did you come to know about Plenty Valley Christian College?

Would you understand yourselves to have an active commitment to the Christian faith, and if so, in what ways?

Are you committed to a Christian church through regular attendance? If so, which church?

Are your children involved in activities organised by the church? If so, what activities?

Are you interested in membership of the Company PVCE Ltd?

What are your main reasons for seeking admission to Plenty Valley Christian College?

What are your biggest expectations of an education at Plenty Valley Christian College?

What expertise could you offer the College through its Parent Participation Program?

Parent/Guardian name and signature:

Date:



APPLICATION FOR STUDENT ADMISSION DOCUMENT CHECKLIST



Checklist for Documentation submitted (Complete a separate copy of this page for each child)

STUDENT INFORMATION:

SURNAME: _____ Given Names: _____

Date of Birth: _____ Year Level for Admission: _____

Office Use

I/we the undersigned have checked and agree that the following documents have been submitted with our enrolment application form (*tick or complete the appropriate section*);

- PVCC Enrolment Policy (Schedule1) Initial Application for student Admission (3 pages)
- PVCC Enrolment Survey (Schedule 1) Initial Application for Student Admission (1 page)
- PVCC Application for Student Admission Supplementary Information – Student Profile (2 pages)
- Copies of last two school reports dated:
 - 1) _____
 - 2) _____
- If entering at Year 7, copy of Year 5 NAPLAN results
- A passport sized photo of your child
- Arrowsmith Application (if Applicable)
 - Educational Psychologist Assessment (EG: WISC IV)
 - Relevant Individual Learning Plan
 - Arrowsmith Program Cognitive Profile Questionnaire printout

Optional and / or requested paperwork / forms

- Written reference/s
- Addition documentation provided:
 - 1) _____
 - 2) _____
 - 3) _____

Father / Male Guardian: _____ Date: _____

Mother / Female Guardian: _____ Date: _____

Student (if 18 years or over): _____ Date: _____

Please return this form with your completed application

APPLICATION FOR STUDENT ADMISSION SUPPLEMENTARY INFORMATION



Primary School Student Profile (Please complete one form for each child.)

Full Name of Student: _____ Date of Birth: ___/___/___
School or Pre-school currently attending: _____
Class or Group Teacher: _____ Phone No. _____
Current Year Level: _____ Proposed Year of Entry: _____ at Year: _____

Educational History

Please comment on the following aspects of your child's learning and behaviour.

1. General Attitude

Does your child enjoy school/pre-school? _____

Have there been issues of refusing or reluctance to attend school/pre-school? _____

_____ Is this current? _____

2. Literacy: Please comment on your child's skills and application:

Speech: _____

Reading: _____

Hand writing / coordination: _____

Written work: _____

3. Numeracy: Please indicate interest and skills:

Counting and Tables (if appropriate) _____

Speed and Accuracy: _____

General attitude to mathematics activities: _____

4. General Knowledge: Indicate interest and awareness:



5. Comment briefly on interest and skills in the following areas:

Art/Craft: _____

Dance: _____

Music: _____

Sport: _____

Computers: _____

6. Does your child have any identified learning difficulties? Yes / No

(If 'Yes', was the difficulty identified by: parents? at school? specialist? Please circle)

Briefly describe the difficulty, and steps that have been taken to address it.

Please include copies of any testing or assessment reports that have been conducted.

7. Does your child have any physical difficulties or problems that may affect either academic or social aspects of school life?

Yes / No If so, please comment:

8. Has your child experienced bullying at school? Yes / No

9. Has your child experienced significant isolation or teasing at school? Yes / No

10. Please comment on your child's general standard of behaviour, and any disciplinary episodes at previous school(s).

11. In transition to Plenty Valley Christian College, what is your expectation of the College in relation to your child's development and achievements?

Please attach a passport sized photo of your child and include *copies* of the last two school reports with your application.

PVCC collects personal information from families for the purposes of the conduct of its business and providing education for students enrolled at the College. PVCC may from time to time disclose personal information to other agencies and venues in order that the staff at those agencies and venues are able to care for students using their facilities. Such disclosures will only be in relation to the primary purpose of collection. If PVCC does not receive the information referred to above, it may not be able to provide the relevant services for your student.

Any questions relating to the collection, use and disclosure and retention of personal information collected by PVCC can be directed to the PVCC Privacy Officer at the College.

APPLICATION FOR STUDENT ADMISSION SUPPLEMENTARY INFORMATION



Secondary School Student Profile

Profiles for students over 15 years should be completed with or by the students themselves.
(Please complete one form for each child.)

Full Name of Student: _____

Date of Birth: __/__/____

School or Pre-school currently attending: _____

Class or Group Teacher: _____ Phone No. _____

Current Year Level: _____ Proposed Year of Entry: _____ at Year: _____

Educational History

Please comment on the following aspects of your child's learning and behaviour.

Please indicate the subject or activities the student prefers at school:

Please comment on student's skill and application in language skills - Reading, written and oral work etc:

Please comment on student's skill and application in Mathematics:

Has your child ever been referred for specialist assistance? Yes / No
If so, to whom and when?



Please describe any activities or hobbies undertaken by the student outside of school, i.e. sporting, music, church activities etc:

General History

Past School Behaviours: Please comment on student’s general standard of behaviour and any disciplinary episodes at previous schools.

Has your child experienced bullying at school? Yes / No
Has your child experienced significant isolation at school? Yes / No

Does your child have any physical difficulties or problems that may affect schooling in either academic or social aspects?
Yes / No If so, please describe.

In transition to Plenty Valley Christian College what is your expectation of the College in relation to your child’s achievements?

Local transfer (Year 8 - 12 only). What do you hope will be achieved at Plenty Valley Christian College that could not be achieved at your child’s current school?

Please attach a passport sized photo of your child and include copies of the last two school reports and a copy of the Year 5 NAPLAN test (if entering at Year Seven) with your application.

PVCC collects personal information from families for the purposes of the conduct of its business and providing education for students enrolled at the College. PVCC may from time to time disclose personal information to other agencies and venues in order that the staff at those agencies and venues are able to care for students using their facilities. Such disclosures will only be in relation to the primary purpose of collection. If PVCC does not receive the information referred to above, it may not be able to provide the relevant services for your student. Any questions relating to the collection, use and disclosure and retention of personal information collected by PVCC can be directed to the PVCC Privacy Officer at the College.

APPLICATION FOR STUDENT ADMISSION ARROWSMITH PROGRAM ENROLMENT FORM



(Complete a separate copy of this page for each child

Family Code _____

Your enrolment in the Arrowsmith Program at PVCC requires additional information, including an assessment and interview process to determine whether your child will benefit from participation in the Arrowsmith Program.

Please indicate which of the following assessments your child has had in the past and for which you can **provide documentation** where possible:

- Educational Psychologist Assessment
- Current WISC IV (within the past 5 years)
- Hearing and Eye sight testing (conducted within the past 2 years)

Please note that a WISC or Educational Psychologist Assessment is required to complete the enrolment application. Applications may be submitted prior to an assessment being completed with the understanding that to progress in the enrolment process a WISC must be completed.

Are you in the process of undertaking a WISC assessment? YES / NO Expected date of report: _____

Is your child's current learning program being modified to accommodate their needs as a learner? YES* / NO

*Please provide any relevant reports or Individual Learning Plans from your child's current teacher/s, Head of Department or Principal to indicate how their learning program is being modified to accommodate their specific learning needs and attach it to this application.

Please indicate below if your child is participating in any hearing, vision, neurofeedback or sensory therapy programs currently and identify which program they are participating in:

Please indicate below if your child has participated in any other form of neurological cognitive training program in the past including Fast Forward, Cogmed or Luminosity.

Please indicate your child's strengths:

The Arrowsmith program is designed to address very specific cognitive dysfunctions. Please complete the **Arrowsmith Program® Cognitive Profile Questionnaire** found on the Arrowsmith website (<https://www.brainex.net/protoQuest/User.html>) and attach the report print out.

By signing below you acknowledge that you have read and understand the Arrowsmith Program at Plenty Valley Christian College schedule of School Fees; have visited the Arrowsmith.org website and read the detailed descriptions of the 19 Learning Dysfunctions identified by Barbara Arrowsmith-Young and answered all questions in the Cognitive Profile Questionnaire truthfully and to the best of your knowledge; you have also read and understand the application and enrolment process as outlined in the Arrowsmith Program at Plenty Valley Christian College Prospectus and acknowledge that enrolment of any student in the program is at the discretion of the Arrowsmith Program teaching staff and Principal at PVCC.

Signature of Mother/Guardian _____ Date _____

Signature of Father/Guardian _____ Date _____

CONFIDENTIAL

Arrowsmith Program Application Appendix A: Advice from current school

Please ask a current teacher, HOD or Principal at your child's school to complete this page on behalf of your family. The information shared in this document is intended to provide a snapshot of your child's current learning experiences, and responses given are a small part of the data collected by Arrowsmith Staff at Plenty Valley Christian College to help inform the enrolment application process.

Student's Name: _____ Current year level: _____

Please rate this student against the criteria below, where 0 is 'Needs attention', 3 is 'Satisfactory' and 5 is 'Excellent'.

General Classroom behaviour	Needs attention	0	1	2	3	4	5	Excellent
Works collaboratively with peers	Needs attention	0	1	2	3	4	5	Excellent
Respect for peers learning	Needs attention	0	1	2	3	4	5	Excellent
Motivation to learn autonomously	Needs attention	0	1	2	3	4	5	Excellent
Organisation of school materials	Needs attention	0	1	2	3	4	5	Excellent
Completion of homework tasks	Needs attention	0	1	2	3	4	5	Excellent
Attendance at school	Needs attention	0	1	2	3	4	5	Excellent
Punctuality to school	Needs attention	0	1	2	3	4	5	Excellent
Respect for school rules	Needs attention	0	1	2	3	4	5	Excellent

Does this child demonstrate difficulties with the current school curriculum? If so, how?

Does this student have any learning difficulties, disabilities or dysfunctions currently known to the school? If so, please list them below.

Is the student's current learning program modified to accommodate their specific learning needs? If so please provide a brief description of what these accommodations are (attach relevant documentation if applicable).

Name of person/s completing this form: _____ Position at School: _____

Signature: _____ Date: ____/____/____

I acknowledge that the information offered in this document is accurate to the best of my understanding and records.

**Please return via scanning
and emailing directly to:**
julia.walker@pvcc.vic.edu.au