



SUVA CHRISTIAN COMMUNITY HIGH SCHOOL

ENROLMENT FORM

P.O.Box 11024, Laucala Beach Estate, Lot 2 Maqbool Rd, Nadera, Suva, Fiji Islands
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ANTICIPATED STARTING DATE: _____ GRADE APPLIED FOR: _____

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS. THIS FORM MUST BE ACCOMPANIED BY:

1. The most recent school report IF attended any other school before.
2. A photocopy of the first page of passport and visa (Non-Fiji Citizen) and/or birth certificate (Fiji Citizen);
3. 1 passport-sized photography.
4. Release letter from previous school.
5. Financial Agreement Form

Student Details

Student's full name:

Date of birth: Gender: Male Female

Nationality on birth certificate:

Nationality on passport:

Passport Number:

First Language:

Other language (s) spoken:

Language spoken at home:

Usual transport to/from school:

Scholastic History

Last school attended: (Please state the name of school, length there and level reached).

Preschool:

Name of school	Length	Level

Has the student ever been expelled, dismissed, suspended or refused admission into another school? If yes, explain:

Religious Information

Religion:

Church Student Attends:

Pastor: Church Contact:

Father's Religion: Mother's Religion:

Has the student made a profession of faith in Christ? Yes No

Educational and Social Factors

Learning difficulties:

Special abilities:

Others:

School that your child will attend next year:

Medical Information

Please indicate any problems that your child has (allergies, asthma, diabetes, epilepsy, heart condition, speech, hearing, vision defects etc.)

Any restricted food: _____

Family Doctor:

Telephone:

Mobile:

Family Information

Father's name:

Mother's name:

Father's occupation:

Mother's occupation:

Father's work number:

Mother's work number:

Father's mobile:

Mother's mobile:

Guardian's name:

Relationship to student:

Phone:

Mobile:

Who does student live with:

Home Address

Street:

Suburb:

Town:

Home Phone:

Fax:

Postal address:

Email:

Siblings

Please list in order the details for all children in the family (include this student)

	Name	Date of Birth	Age	School	Class/Level
1		DD/MM/YY			
2					
3					
4					
5					

Emergency Contact

Name:

Relationship to student:

Phone:

Restriction Access/ Custody

Please list here any restrictions in access to your child. If you have custody agreements or court orders please make a note and send them to the school or as an attachment to our email address.

Please list anyone who has your permission to collect your child from school.

	Name	Contact
1		
2		
3		
4		
5		

Please notify the school if you make alternative arrangements on a particular day

I give the school permission to give out my telephone number to other parents if requested: Yes No

I wish to enrol my child at Suva Christian Community High School and agree to abide by it's policies and procedures including:

- The payment of all fees as levied by the due date
- Ensuring that my child attends school regularly, punctually and correctly dresses in school uniform and obey school rules.
- Securing of medical attention in the event of any emergency.
- I consent to him/ her participating in supervised activities and excursions approved by the principal.

Father's Signature:

(or Guardian 1) _____

DATE:

Mother's Signature

(or Guardian 2) _____

DATE:

Principal 's Signature _____

DATE

For Office use only

Class level: Student ID: _____

Proposed date of entry: _____ Fee Type: _____

Enrolment Paid: \$ _____ Receipt number: _____

Principal: _____ Date: _____

Supervisor: _____ Date: _____

Comments: _____

Office use only

Student Information

Surname	First Name	Year	Male Female	Date of Birth / /
Language Spoken at Home	Nationality	Country of Birth		Religion
Postal Address				
Residential Address				
Father/Guardian Surname		Home Phone	Mobile No.	
Occupation	Employer		Work Phone	Fax
Mother/Guardian Surname:		Home Phone	Mobile No.	
Occupation	Employer		Work Phone	Fax:
Who does the student live with?				
Alternate emergency contacts	1.		Day Phone/Mobile No.	
	2.		Day Phone/Mobile No.	