



## Highlands Christian Grammar

Kumba Street  
P O Box 1582, Mt. Hagen,  
WHP Papua New Guinea  
Phone +675 7630 2494

Email: [office@highlandsgrammar.com](mailto:office@highlandsgrammar.com)  
Website: [www.highlandsgrammar.com](http://www.highlandsgrammar.com)

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## Enrolment Process

### Step 1

- Inquiry at office

### Step 2

- Pay application fee (K200)
- Parents complete enrolment form. Bursar to explain terms and conditions.

### Step 3

- Parent interview with Principal
- Bring report cards

### Step 4

- **Prospective students below Grade 3** : Assessment with Principal
- **Prospective students above Grade 3**: Placement Assessment

### Step 5

- Principal offers placement or rejects application; may include another interview with the parents and principal to discuss placement and extra supports that may be required.

### Step 6

- Payment of school fees.

### Step 7

- Child starts class.



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## Application for Family Membership & Student Enrolment

**Father (if other, indicate relationship: \_ Guardian, \_ Step-Father, \_ Uncle, \_ Grandfather, \_ Other)**

**Title:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

Nationality: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Biological parent:  Yes  No

Primary language you speak at home: \_\_\_\_\_ Pastor/Personal reference included: \_\_\_\_\_

Highest educational qualification: \_\_\_\_\_ Denomination: \_\_\_\_\_

**Email for school correspondence:** \_\_\_\_\_ **Mobile number:** \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address (if different) \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Employer email: \_\_\_\_\_ Business telephone: \_\_\_\_\_

**Mother (if other, indicate relationship: \_ Guardian, \_ Step-Mother, \_ Aunt, \_ Grandmother, \_ Other)**

**Title:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

Nationality: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Biological parent:  Yes  No

Primary language you speak at home: \_\_\_\_\_ Pastor/Personal reference included: \_\_\_\_\_

Highest educational qualification: \_\_\_\_\_ Denomination: \_\_\_\_\_

**Email for school correspondence:** \_\_\_\_\_ **Mobile number:** \_\_\_\_\_

Residential address (if different) \_\_\_\_\_

Postal address (if different) \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Employer email: \_\_\_\_\_ Business telephone: \_\_\_\_\_

**Other children in family (eldest to youngest, including applicant):**

Name	Gender	Date of Birth d/m/yy	Same Residence?
	F <input type="radio"/> M <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
	F <input type="radio"/> M <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
	F <input type="radio"/> M <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
	F <input type="radio"/> M <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>

# HCG CONDITIONS OF ENTRY

Applicants to Highlands Christian Grammar School should carefully read prior to signing the Declaration below.

1. I/We agree to be bound by the rules of Highlands Christian Grammar as stated in the Constitution, including the Statement of Faith and Values Statement, and advise you that I/We support and endorse the principle of Christian Education for our child/children as expounded in these statements and school documents;
2. I/We agree to pay Highlands Christian Grammar such fees and charges for the education of my/our children I/We enrol under the terms of this application and conveyed to me/us in writing. I/We further agree to pay those fees and charges within the time determined by the School Board and at least by the end of the first week in each term that my/our child/children attend at the school and to pay all other charges within 14 days of the date of a statement which is served upon me/us by the school.
3. If for any reason, the time contained in condition 1(v) or 2 above cannot be met by me/us for any reason I/We agree to inform the Principal immediately and if I/we have signed a direct debit form I/we irrevocably authorise the Principal to lodge the Direct Debit Authority electronically with my/our bank to facilitate the payment of fees as contained herein.
4. I/We acknowledge that the School Board may refuse re-entry of my/our child/children into Highlands Christian Grammar if any fee remains unpaid for a period over 30 days from when it is due and there is no agreement in writing in place with the Principal to repay the fees by instalments.
5. I/We agree to give Highlands Christian Grammar at least one term's notice in writing prior to the withdrawal of my/our child/children from the school. I/We agree that failure to do so may require payment of one term's fees. This payment is a genuine pre-estimate by the school of the loss that it would suffer if parents have not provided a full term's notice of withdrawal. I/We agree that if my/our child is withdrawn, I/We will give notice of withdrawal in accordance with the approved school policy and complete an "Enrolment Clearance form" as required.
8. I/We agree to support the Discipline Policy and procedures of Highlands Christian Grammar and I/We irrevocably authorise the School Board and/or its delegate to discipline, suspend or expel my/our child/children (according to the School Board Discipline Policy) whose behaviour is considered unacceptable by the School Board or its delegate.
9. I/We acknowledge that I/We are responsible for the punctual attendance of my/our child/children each day throughout the full school year.
10. I/We agree to be in attendance at parent/teacher meetings, school church services, social functions, special celebrations and working bees held by the school.
11. I/We agree to support the school activities through service on a school committee or on school rosters where able.
12. I/We agree to ensure that the appropriate school uniform is worn each day in a good and clean condition, and in such a way as to show pride in being identified with the school.
13. I/We agree that the school accepts no responsibility for the loss of any personal property brought to the school.
14. I/We agree to support the school in the application of the school rules.
15. Furthermore, we give permission for our children to attend off-campus sports excursions (Fridays sports, Annual Sports Day, and occasionally PE lessons).
16. I/We acknowledge that I/We are jointly and severally liable for all fees and charges stated in each school account relating to the child/children covered under this application. I/We also acknowledge having read, and understood the Statement of Conditions of Entry to the Highlands Christian Grammar above and agree to be bound by the provisions.
17. I/We accept that enrolment does not occur merely because this form has been completed and returned to the school. I/We accept that enrolment is subject to a successful interview with the Principal and approval by the School Board. I/We also acknowledge that enrolment of my/our children is probationary for 6 months if our enrolment application is accepted.

Please find enclosed my non-refundable application fee of 200 Kina.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Parents or legal guardians*

*Highlands Christian Grammar collects information of a personal and sensitive nature as part of the application process for Membership and enrolment of your child/ren at the school. The collection and storage of this information is to be managed in a way that protects and respects the privacy of each applicant party to this application.*

# HCG Student Enrolment Application (complete one per child)

## Student's Personal Information

Surname/Family name: \_\_\_\_\_ Official given name(s): \_\_\_\_\_

Preferred name: \_\_\_\_\_ Gender:  M  F HCG Bus Requested  Yes  No

Date of birth (d/m/yy): \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Language primarily spoken at home: \_\_\_\_\_ English proficiency:  Good  Mid  Poor

If not living with parent/guardian while enrolled (parents/guardian must inform of changes):

Address: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Country of residence after HCG: \_\_\_\_\_

Are there Court Parenting Orders in place for this student?  Yes  No If yes, give details \_\_\_\_\_

Copy of birth certificate or passport extract attached?  Yes  No Request HCG Tablet (Yr 5+)  Yes  No

Permission for your child's/children's photographic image to be reproduced for use in school records and for promotional materials, in printed and electronic form:  Yes  No

## Student's Academic Information

Desired date of entry (d/m/yy) : \_\_\_/\_\_\_/\_\_\_ Last completed grade level: \_\_\_\_\_

Name of school last attended: \_\_\_\_\_

Address of school last attended: \_\_\_\_\_

Copies of last three school reports included (indicate which): \_\_\_\_\_

Expected grade level at HCG (placement is determined by a Placement Test): \_\_\_\_\_

Does your child have any learning disability of which staff should be aware?  Yes  No

Music Lessons:  Piano  Clarinet  Flute  Saxophone  Instrument Bond (K500 allows home use)

## Student's Medical Information

Immunisation status: Fully  Partially  Not at all  Conscientious objection

Does your child have any disability or illness of which staff should be aware?  Yes  No

If yes, give details and attach documents. \_\_\_\_\_

Please state your child's medical or health information (including allergies, social/emotional factors, and dietary issues) and medical contacts. \_\_\_\_\_

Copy of immunisation record attached?  Yes  No Medical history form attached?  Yes  No

Any other information or circumstances relevant to this application:

\_\_\_\_\_  
\_\_\_\_\_

School Tuition Fees to be Invoiced to (details above):  Company  Mission  Parents

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only				MEM	EMP	MIS	COM	Forward to Registrar							
Priority	R3	R4	Prep	1	2	3	4	5	6	7	8	9	10	11	12

Acceptance committee approval: \_\_\_\_\_ Date: \_\_\_\_\_

# HCG Medical History Form (complete one per child)

Name: \_\_\_\_\_  
*last name (sir name, family name), first name (given name, Christian name)*

Please fill out **all** sections of this form so we can attend to your child quickly and effectively in an emergency.

**Blood type:** \_\_\_\_\_

**Current medications** (including anti-malarial):

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Allergies to medicine:**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Food allergies:**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Other allergies:**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

If you have listed any allergies above, please give details below.

\_\_\_\_\_

<b>Previous illnesses</b> (mumps, measles, chicken pox etc.):	<b>Previous surgeries:</b>
1. _____ Date: _____	1. _____ Date: _____
2. _____ Date: _____	2. _____ Date: _____
3. _____ Date: _____	3. _____ Date: _____
4. _____ Date: _____	4. _____ Date: _____

Are there any other illnesses or conditions (either of the student or in the family) that we should be aware of? (ex. diabetes, asthma, fainting spells, heart condition, mental illness, seizure disorders, thyroid problems, etc.)

\_\_\_\_\_

## IN CASE OF EMERGENCY

We normally send children home who become ill at school. Please list two people we can contact if you are unavailable.

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

We state that the above information is correct and complete to the best of our knowledge. We further authorise the Principal of Highlands Christian Grammar School, or the appointee, to take whatever action deemed necessary for the well-being or welfare of our child if the parents/guardians cannot be reached.

In the event of medical or other emergency, we will not hold the Principal, or the appointee, responsible for the consequences of such action made in good faith on our behalf pursuant to this authorisation.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Parents or legal guardians*



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## 2017 School Fees

### SCHOOL APPLICATION FEE

K200 (per family)

### SCHOOL BUILDING LEVY

K250 (per family)

### BASIC TUITION FEES FOR YEARS PRE-SCHOOL TO YEAR 9

Annual Tuition	PreSchool /Kindy	Years 1-8	Years 9+
Standard Rate	K 14,500	<b>K 15,300</b>	K 16,000
If paid in full by 1 <sup>st</sup> Week of First Term	K 14,060	<b>K 14,800</b>	K 15,540
<b>Payment by Instalments</b>			
Instalment 1 – Due before student can start at school on confirmation of enrolment	K 3,625	K 3,825	K 4,000
Instalments 2 – 4: Due by end of Week 1 of each term.	K 3,625	K 3,825	K 4,000
<b>ASSOCIATED CHARGES</b>			
Middle School Lae Trip (for Year 7/8 students only)		K 200	
Year 8 Retreat (Year 8 students only)		K 200	
Tablet Levy (Grades 5+) (one-time fee)		K 200	K 200