

APPLICATION FOR ENROLMENT

FOR OFFICE USE ONLY | PLEASE DO NOT FILL

Family Name	<input type="text"/>	Given Name	<input type="text"/>		
Family Key	<input type="text"/>	Student ID	<input type="text"/>		
Year	<input type="text"/>	Term	<input type="text"/>	Year Level	<input type="text"/>
Date Recieved	<input type="text"/> / <input type="text"/> / <input type="text"/>	Entered on Database	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Acknowledgement	<input type="text"/> / <input type="text"/> / <input type="text"/>	Interviewed	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Offer Given	<input type="text"/>	Offer Accepted	<input type="text"/> / <input type="text"/> / <input type="text"/>	Deposit Paid	<input type="text"/> / <input type="text"/> / <input type="text"/>

STUDENT DETAILS

Family Name	<input type="text"/>	Given Name/s	<input type="text"/>				
Preferred name (if different from above)	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>				
Gender	<input type="text"/> Male / <input type="text"/> Female / <input type="text"/> Other	Beginning Year	<input type="text"/>	Beginning Term	<input type="text"/>	Year Level	<input type="text"/>
Residential Address	<input type="text"/>						
Country of Birth	<input type="text"/>	Date of Arrival in Australia (if born overseas)	<input type="text"/> / <input type="text"/> / <input type="text"/>				
Visa Type <small>(if applicable)</small>	<input type="text"/>	Visa Number <small>(if applicable)</small>	<input type="text"/>	Visa Reference <small>(if applicable)</small>	<input type="text"/>		
Home Language	<input type="text"/>	Other Languages	<input type="text"/>				
Religion	<input type="text"/>	Present Place of Worship	<input type="text"/>				
Aboriginal or Torres Strait Islander Origin	<input type="text"/> Yes / <input type="text"/> No	What Mob are you from? <small>(if applicable)</small>	<input type="text"/>				
Most recent schools or pre-schools (please list below)							
1.	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>		
2.	<input type="text"/>	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>		

FAMILY DETAILS | PARENT/GUARDIAN 1

Title	<input type="text" value="Mr / Mrs / Ms / Miss / Dr"/>	Family Name	<input type="text"/>
Given Name	<input type="text"/>	Preferred Name	<input type="text"/>
Telephone (Home)	<input type="text"/>	Telephone (Work)	<input type="text"/>
Telephone (Mobile)	<input type="text"/>	Email	<input type="text"/>
Residential Address	<input type="text"/>		
Postal Address (if different)	<input type="text"/>		
Occupation	<input type="text"/>	Employer	<input type="text"/>
Country of Birth	<input type="text"/>	Date of Arrival in Australia (if applicable)	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>
Visa Type <small>(if applicable)</small>	<input type="text"/>	Visa Number <small>(if applicable)</small>	<input type="text"/>
		Visa Reference <small>(if applicable)</small>	<input type="text"/>
Home Language	<input type="text"/>	Cultural Background	<input type="text"/>
Aboriginal or Torres Strait Islander Origin	<input type="text" value="Yes / No"/>	What Mob are you from? <small>(if applicable)</small>	<input type="text"/>
Religion	<input type="text"/>	Present Place of Worship	<input type="text"/>
Relationship to child (father, mother, foster parent, etc)	<input type="text"/>		
Child resides with you	<input type="text" value="Yes / No"/>	Family Court or other relevant court order	<input type="text" value="Yes / No"/>

FAMILY DETAILS | PARENT/GUARDIAN 2

Title	<input type="text" value="Mr / Mrs / Ms / Miss / Dr"/>	Family Name	<input type="text"/>
Given Name	<input type="text"/>	Preferred Name	<input type="text"/>
Telephone (Home)	<input type="text"/>	Telephone (Work)	<input type="text"/>
Telephone (Mobile)	<input type="text"/>	Email	<input type="text"/>
Residential Address	<input type="text"/>		
Postal Address (if different)	<input type="text"/>		
Occupation	<input type="text"/>	Employer	<input type="text"/>
Country of Birth	<input type="text"/>	Date of Arrival in Australia (if applicable)	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>
Visa Type <small>(if applicable)</small>	<input type="text"/>	Visa Number <small>(if applicable)</small>	<input type="text"/>
		Visa Reference <small>(if applicable)</small>	<input type="text"/>
Home Language	<input type="text"/>	Cultural Background	<input type="text"/>
Aboriginal or Torres Strait Islander Origin	<input type="text" value="Yes / No"/>	What Mob are you from? <small>(if applicable)</small>	<input type="text"/>
Religion	<input type="text"/>	Present Place of Worship	<input type="text"/>
Relationship to child (father, mother, foster parent, etc)	<input type="text"/>		
Child resides with you	<input type="text" value="Yes / No"/>	Family Court or other relevant court order	<input type="text" value="Yes / No"/>

EMERGENCY CONTACTS

Emergency Contact A

Name Relationship to child
Telephone (mobile) Telephone (work)

Emergency Contact B

Name Relationship to child
Telephone (mobile) Telephone (work)

OTHER CHILDREN IN THE FAMILY

Name Gender Male / Female / Other Date of Birth / /
Current Educational Facility Year Level

Name Gender Male / Female / Other Date of Birth / /
Current Educational Facility Year Level

Name Gender Male / Female / Other Date of Birth / /
Current Educational Facility Year Level

SPECIAL NEEDS AND CONSIDERATIONS

Do you need assistance from an interpreter?	Yes / No
Do you require financial assistance?	Yes / No
Does your child have a known disability e.g. intellectual, physical, health, hearing, vision, or emotional?	Yes / No
Does your child have any learning difficulties?	Yes / No
Has or does your child attend/ed any specialised agencies, special schools, units or centres?	Yes / No
Does your child have any special needs or considerations (disabilities, impediments, allergies, restrictions)?	Yes / No
Does your child require any special provisions to be made by the school (e.g. medication, disability access)?	Yes / No
Does your child have any infectious diseases?	Yes / No

If YES to any of the above questions, please give details, providing attachments as necessary.

PLEASE SUBMIT COPIES OF THE FOLLOWING DOCUMENTS

- Birth certificate or birth extract
- Latest school report and/or reference from previous schools (if applicable)
- Any court order or related information regarding custody
- Documentation relating to special needs (any reports, action plans, assessments)
- For members of church communities, a letter of support/reference from your minister of religion
- Copy of entry VISA and passport (if applicable)

RELEASE OF INFORMATION | PARENT/GUARDIAN DECLARATION

1. The school respects the privacy of personal and sensitive information regarding your family. A copy of the school's privacy policy is available through the school.

2. In situations where parents are separated, it is the policy of the school to release school reports to the mother and father of the student. It is also our policy to allow both the mother and father to attend parent/teacher interviews. However, the school will abide by any court orders, which prevent the release of such information.

3. Some of the information the school collects is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.

4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child on an annual basis, at least.

5. The school from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.

6. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Lutheran Education SA / NT / WA, St Paul Lutheran Church, your own local denominational congregation or parish, medical practitioners and people providing services to the school including specialist visiting consultants, sports coaches and trained volunteers.

7. In the event of default of payment of fees, the school may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.

8. If the school does not obtain the information referred to in this enrolment application, it may not be able to enrol or continue the enrolment of your child.

9. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in the school newsletter, magazine, contact book, promotional material, newspapers, television, special events, and our website.

10. The school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own fundraising purposes without your consent.

11. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties, unless legally obligated.

12. In enrolling my child at this school I/we accept that they will be educated in the Lutheran faith within a Christian educational environment.

13. I/we accept that support of school staff and cooperation concerning school activities is essential, and agree to abide by the code of conduct, grievance policies, and all other school policies as amended from time to time.

14. I/we accept that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory. E.g. camps, excursions.

15. I/we accept that the school reserves the right to terminate enrolment of a student for serious or continued breaches of school rules, regulation and/or policies, including conduct which brings into disrepute the good name and reputation of the school.

16. I/we accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as outlined in the enrolment and fee schedule policy and amended from time to time by the school (except where exemptions/remissions have been sought and granted in writing).

17. I agree that I am/we agree that we are both jointly and severally liable for the payment of all fees charged by the school, including any costs incurred in the recovery of such fees, should the need arise.

Fees will be payable by:

- Mother
- Father
- Both
- Other

18. I/we give consent for the school to contact any other schools, which my child has previously attended for the purpose of ascertaining my/our fee-paying record.

19. I/we understand that the school may require further information regarding learning difficulties and specialist support as part of the enrolment process.

20. I/we accept that the school does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions are my responsibility.

I acknowledge and accept the above release of information and parent/guardian declaration (clauses 1-20)

Parent/Guardian 1 Signature

Date

 / /

Parent/Guardian 2 Signature

Date

 / /

Please state your reasons for choosing St Paul Lutheran School for your child's education.

Five horizontal grey bars for text input.

Are there any other family circumstances of which you wish to advise the school?

Five horizontal grey bars for text input.

I declare that all of the information provided in this application is, to the best of my knowledge, true and correct.

Parent/Guardian 1 Signature [] Date [] / [] / []

Parent/Guardian 2 Signature [] Date [] / [] / []

Before forwarding this application form, please ensure ALL sections are completed. If necessary N/A (not applicable) should be used where appropriate. Failure to accurately complete all sections of the application form may result in the school's inability to accommodate your child's needs and may affect your child's continued enrolment.

Completed application forms should be forwarded to:

The Registrar, St Paul Lutheran School, 44 Audrey Avenue, Blair Athol SA 5084.

Email: admin@stpaulba.sa.edu.au.

St Paul Lutheran School

A 44 Audrey Ave, Blair Athol SA 5084

T 8260 2655

E admin@stpaulba.sa.edu.au

stpaulba.sa.edu.au

