



**OUR SAVIOUR**  
LUTHERAN SCHOOL

OFFICE USE ONLY

Application Fee

Date.....

Interview

Date.....

Offer of Enrolment

Date.....

Enrolment Accepted

Date.....

Bond

Date.....

Documents copied/  
sighted

Date.....

House Team

Date.....



28 Taylors Road West  
Aberfoyle Park  
South Australia 5159

Phone: (08) 8270 5488

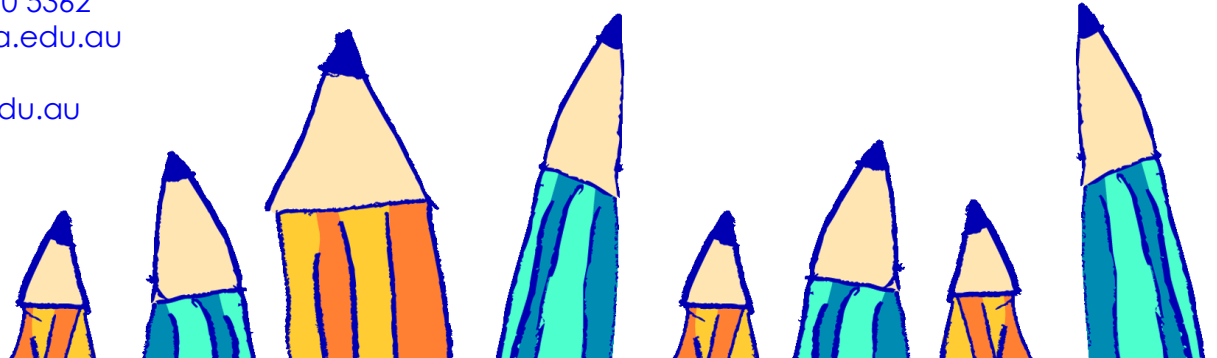
Fax: (08) 8270 5362

reception@osls.sa.edu.au

www.osls.sa.edu.au

# APPLICATION FOR ENROLMENT

*learning loving living laughing*



# Student Information & Parent Information

## Student Details

Surname: .....

Christian Names: .....

Residential Address:.....

..... Postcode: .....

Postal Address (if different from above): .....

..... Postcode: .....

Home Phone: ..... Mobile.....

Date of Birth: ..... Gender: Male / Female

Country of Birth..... Australian Citizen: Yes / No

Religious Denomination: .....

Home Congregation: .....

Pastor's Name:.....

Current Pre-School / Kindergarten .....or

School transferring from:..... Current Year Level.....

Proposed calendar year of entry: ..... Proposed Year Level of entry:.....

Does this student identify as being of Aboriginal and/or Torres Strait Islander origin? YES NO

Are there any Custody Orders or Access Restrictions in place? YES NO If yes, please provide details:

.....(Supporting legal documents are required)

## Parent or Guardian Information

### Father or Guardian

Full Name: (Mr/Mrs/Ms/Rev/Dr): .....

Address (if not as above): .....

..... Post Code.....

Home Phone: ..... Mobile: .....

Email: .....

Occupation: .....

Employer: .....

Lives with child: YES / NO If No, has the mother/father knowledge of this application: YES / NO  
(This information is required by the School under the Family Law Act)

### Mother or Guardian

Full Name: (Mr/Mrs/Ms/Rev/Dr): .....

Address (if not as above): .....

..... Post Code.....

Home Phone: ..... Mobile: .....

Email: .....

Occupation: .....

Employer: .....

Lives with child: YES / NO If No, has the mother/father knowledge of this application: YES / NO  
(This information is required by the School under the Family Law Act)

## Emergency Contact Details

Surname: ..... First Name: ..... Relationship: ..... Phone No: .....

## QUESTIONS FOR THE ENROLMENT PROCESS

### Student Needs Profile

All information on this form will be treated with confidentiality in accordance with the Our Saviour Lutheran School Privacy Policy.

Information is collected to assist the School in catering for the educational needs of the student and may be disclosed to others for administrative and educational purposes only.

### EDUCATIONAL NEEDS

Does your child have a known disability, eg intellectual, physical, emotional, hearing or vision?

.....  
.....

Name of Disability.....

Diagnosed by .....

Date of diagnosis .....

Report attached for the school Yes / No

Has your child had a history of Ear/Nose/Throat illnesses Yes / No

Has your child had grommets within their first 5 years Yes / No

### SUPPORT

Does your child receive support from others, eg tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist, access assistants?

.....

Which services are involved?

- |   |  |
|---|--|
| <input type="checkbox"/> Novita (Crippled Children's Association) | <input type="checkbox"/> Intellectual Disability Service Council |
| <input type="checkbox"/> Townsend School Visiting Service         | <input type="checkbox"/> Down Syndrome Society                   |
| <input type="checkbox"/> Autism Association                       | <input type="checkbox"/> Family and Youth Services               |
| <input type="checkbox"/> Cora Barclay                             | <input type="checkbox"/> Hospital-based child development units  |
| <input type="checkbox"/> Community Health Services                | <input type="checkbox"/> Private practitioner                    |
| <input type="checkbox"/> Options coordination                     | <input type="checkbox"/> Other                                   |

What is the type and amount of support? .....

.....

If support is being received, will this be able to continue at Our Saviour Lutheran School?

.....

Will these agencies provide in school financial / consultancy support? .....

Are the reports from these agencies available to the school? .....

### Student's Medical Needs

Does the Student have any significant medical conditions? (eg Asthma, diabetes, severe allergy, seizures etc)  
YES / NO

If yes, please provide full details (including treatment and/or provide a medical management plan)

.....

.....

**To complete this application for enrolment, the following documents must be attached:**

child's birth certificate    child's current immunisation details    any relevant health assessments / reports

## SIBLINGS

Please list names, date of birth and the proposed year level at entry of children who may enrol at Our Saviour at a later date:

Name:.....DOB..... Name:.....DOB.....  
Name:.....DOB..... Name:.....DOB.....

## ADDITIONAL INFORMATION

Are there any particular family circumstances of which the Principal should be aware? (If you do not wish to give details on this form, please forward a covering personal letter marked 'confidential' to the Principal). .....

If accounts are to be forwarded to someone other than a parent / guardian, please give name and address: .....

### **In enrolling my / our child at this school I / we agree to accept the following:**

- that my / our child will be educated in the Lutheran faith within a Christian educational environment.
- that support of school staff and co-operation concerning school activities is essential.
- that we will abide by school policies as amended from time to time.
- that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory, e.g. camps, excursions, etc.
- that the School reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the School.
- the standards the School sets regarding grooming, uniform and personal presentation.

### **I / we also:**

- 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.
- 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 is my / our responsibility.
- give permission for the school to access information on my / our child from a previous school, pre-school or specialist.

## ACCOUNT DECLARATION

I have read the School's prospectus, scale of fees, uniform details and other relevant information and accept responsibility relating to it and agree to the following conditions:

- That an annual fee is charged, with an option to pay in one lump sum, four equal instalments due and payable at the beginning of each term or in monthly or fortnightly instalments due and payable from the commencement of each year.
- That I / we are 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.
- A 5% flat penalty may be imposed if accounts are not paid by the due dates, unless a prior arrangement has been sought and granted.
- One school term's notice in writing to the Principal, must be given by the parents before removal of a student. If such notice is not given, one term's tuition fees will be charged.

**The information contained in the application is true and correct.**

**A non-refundable fee of \$50.00 to cover administration costs, is included with this application.**

.....  
(Sign - Father / Legal Guardian) Date

.....  
(Signed - Mother / Legal Guardian) Date