



Our Saviour Lutheran School

ENROLMENT APPLICATION



Student Information

Surname:

Christian Names:

Gender: Male Female

Date of Birth:

Residential Address:
 Postcode

Postal Address (if different from above):
 Postcode

Contact Phone:

Country of Birth:

Current Pre-School/Kindergarten or School transferring from:

Current Year Level

Proposed calendar year of entry:

Proposed Year Level of entry:

Australian Citizen: Yes / No

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:

Religious Denomination:

Home Congregation:

Pastor's Name

Emergency Contact Name and Relationship:

Phone No:

Family Information

Mother's Surname:

Christian Names:

Title: Miss Mrs Ms Dr (please circle)

Address (if different from student):
 Postcode

Contact Phone:

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)

Father's Surname:

Christian Names:

Title: Mr Dr (please circle)

Address (if different from student):
 Postcode

Contact Phone:

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)

Educational Needs

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.

Does your child have a known learning, social or emotional need? Yes / No

Diagnosis:

Diagnosed by:

Date of Diagnosis:

Report attached for the school YES / NO

Does your child have access to NDIS funding? 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

Has your child had a vision and hearing check in the last 1—2 years YES / NO

Does your child require glasses? YES / NO

Does your child receive support from others? YES / NO

Which services are involved?

- Autism Association
- Cora Barclay
- Occupational Therapist
- Speech Therapist
- Psychologist
- Paediatrician
- Tutoring
- Private Medical Practitioner
- Other.....

What is the type and amount of support?

Support

Medical Needs

Does your child have any medical conditions? (eg Asthma, diabetes, severe allergy, seizures etc) YES / NO

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

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 :

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:

Agreement

- ⇒ 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.
- ⇒ Give consent for the School to contact 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.
- ⇒ Give permission for the school to access information on my/our child from a previous school, pre-school or specialist.

Financial Declaration

I have read the School's prospectus, fee schedule, 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 a number of payment options available. Per 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.
- ⇒ 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 application information is true and correct.

A non-refundable fee of \$50.00 administration fee is included with this application.

Sign & Date Father/Legal Guardian

Sign & Date Mother/Legal Guardian

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