



APPLICATION FOR ENROLMENT

Student Details:

Surname		Office use only:	
Given Name/s		YEAR OF ENTRY	
Preferred Name		TERM OF ENTRY	
Male / Female	Date of Birth:	YEAR LEVEL	
Residential Address		Application Form Rec'd (date)	
Postcode		Application Fee Paid \$	
Postal Address		Acknowledgment Letter sent from school (date)	
Postcode		Interview Date	
Religious affiliation		Offer of Enrolment Letter Sent (date).....	
Baptised		Accepted (date).....	
Country of Birth <i>please attach Birth Certificate</i>		Enrolment Guarantee fee paid \$.....	
Immunisation	Yes / No	Comments	
Language spoken other than English			
Is your child of Aboriginal or Torres Strait Is origin?	Aboriginal Yes / No Torres Strait Island Yes / No		
Australian Resident Yes / No	Family in Australia on a VISA Yes / No		
Preschool			
<u>Or</u> present school and current year level			
Siblings (with DOB)		L	OA

Parent / Caregiver	Number 1	Parent / Caregiver	Number 2
Title		Title	
Surname		Surname	
Given Name		Given Name	
Address		Address	
Postcode		Postcode	
Home Telephone		Home Telephone	
Mobile		Mobile	
Email		Email	
Occupation		Occupation	
Employer / Business Name		Employer / Business Name	
Work Telephone		Work Telephone	
Language spoken other than English		Language spoken other than English	

Additional Information

Does the applicant have any physical or medical conditions which we should be aware of?

No Yes

If yes please give details and supply relevant documentation & current reports

Does the applicant have any special needs or considerations?

(eg restrictions on physical activity, special achievements, special talents?)

Has your child ever been assessed by a psychologist or speech pathologist?

No Yes

If yes please give details and supply relevant documentation

Has your child attended any specialist agencies or special schools or units?

No Yes

If yes please give details and supply relevant documentation

Are there any legal or family court orders relating to the child and documents that the school needs to be aware of? No Yes

Is there any other information which would assist Immanuel Lutheran School Gawler to care adequately for the academic and emotional welfare of your child? (please attach a note to this application if needed)

Collection Notice

The primary purpose of collecting this information is to enable Immanuel Lutheran School Gawler to provide services to students, schools or others. The Immanuel Lutheran School Gawler may from time to time disclose personal information to others for advisory, administrative or educational purposes. Such disclosures will only be in relation to the primary purpose of collection, or for secondary purpose, related to the primary purpose, and which the individual would reasonably expect. If Immanuel Lutheran School Gawler does not receive the information referred to above, it may not be able to provide the relevant service to the school, student, school employee or others.

Any questions in relation to the collection, use, disclosure and retention of personal information collected by Immanuel Lutheran School Gawler can be directed to the Principal.

Please give a brief statement setting out your reasons for wishing to send your child/ren to Immanuel Lutheran School Gawler.

PARENT/CAREGIVER AGREEMENT

The above information provided is accurate to be best of my knowledge.

I give my permission for the Principal to seek further information from my child's current school or site of learning. With this application form is the \$40 (non refundable) application fee.

Signature: _____ (print name) _____ date: _____
(Parent / Caregiver Number 1)

Signature: _____ (print name) _____ date: _____
(Parent / Caregiver Number 2)