



LLS Early Learning Centre

LOXTON LUTHERAN SCHOOL

# Early Learning Centre

**“Educational excellence - Together in Christ”**

## ENROLMENT FORM

Name: .....

Christian Name

Surname

Lutheran **EDUCATION** Australia  
Serving Australian Communities Through CHRIST Centred Education



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6 Luther Road, Loxton SA 5333  
Telephone: 08 8584 7496 Fax: 08 8584 5478 Email: [admin@loxton-lutheran.sa.edu.au](mailto:admin@loxton-lutheran.sa.edu.au)  
Web Site: [www.loxton-lutheran.sa.edu.au](http://www.loxton-lutheran.sa.edu.au)

OFFICE USE ONLY				
Date Received	Acknowledgement Sent	Interview	Roll No:	Database Entry

FAMILY DETAIL		Mother/Guardian 1		Father/Guardian 2	
Title (Please circle)		Mrs Ms Miss Dr		Mr Dr	
Surname					
Given Name					
Telephone Numbers		Home/Work		H W	
		Mobile		M	
		Email			
Residential Address					
Postal Address					
Usual Occupation					
Employer					
If not employed, do you receive a government benefit? (Please circle one) YES / NO					
Country of Birth					
Date of arrival in Australia (if applicable)					
Cultural Background					
Home Language					
Religion/Denomination					
Present place of worship					
Relationship to child (Father, Mother, Foster Parent etc)					
Child resides with					
Family Court or other relevant court order		YES / NO (Please Circle) If YES, you should provide a copy of that order to the school			
<b>If you live out of town please provide the following information:</b>					
Section No.					
Distance & direction from Loxton					
Nearest public road & district					

Please provide a copy of the following documents to the Early Learning Centre	
<input type="checkbox"/>	Any court order or related information regarding custody of child (if applicable).
<input type="checkbox"/>	Documentation relating to special needs (any reports, action plans, assessments, etc if applicable).

Other Children in Family	M/F	Date of Birth	School Attending	Year Level

## STUDENT DETAILS

Surname		Christian Names	
(Please Circle) Male / Female		Birth Date	/ /
Commencing ELC in	Year:                      Term:	<b>Please attach a copy of child's birth certificate</b>	
Address			
Home Language	Main:	Other:	
Religion	Present place of worship		
Country of Birth		Date of arrival in Australia (if applicable)	
Is your child fully toilet trained and independently uses the toilet? (Please circle)      Yes / No			
Is this student of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes. <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
<b>Which day/s are you wishing to enroll your child at ELC for?</b>			
<b>Do you intend to enroll your child at the Loxton Lutheran School in the future?</b> (Please circle)      Yes / No			
Most recent Childcare and Pre-Schools attended, if any.			
1	From	/ /	to / /
2	From	/ /	to / /
3	From	/ /	to / /

## ADDITIONAL PERSONS AUTHORISED TO COLLECT (OTHER THAN PARENTS/GUARDIANS)

	Authorised Person 1	Authorised Person 2
Name		
Relationship to child		
Residential Address		
Telephone Numbers      Home/Work	<b>H                      W</b>	<b>H                      W</b>
Mobile		
	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Residential Address		
Telephone Numbers      Home/Work	<b>H                      W</b>	<b>H                      W</b>
Mobile		

## MEDICAL AND HEALTH INFORMATION AND CONSIDERATIONS

Doctor's name:

Clinic name:

Address:

Phone number:

Medicare number:

Medical benefits cover with:

Does your child have any special achievements or talents?

YES / NO

Does the child have any allergies? (Food, antibiotics, insects, plants etc.)

YES / NO

Does the child have any medical conditions?

YES / NO

Does the child have any infectious diseases?

YES / NO

Does your child have problems with SPEECH?

YES / NO

Does your child have problems with HEARING?

YES / NO

Does your child have problems with VISION?

YES / NO

Does your child require special aids e.g. glasses, hearing aids etc)?

If yes a health support may need to be developed with the Centre.

YES / NO

Does the child usually require regular medication or special aids (e.g. glasses, hearing aid etc)?

Please specify, If yes a health support plan may need to be developed with the centre.

YES / NO

Has the child suffered any illnesses that may reoccur?

YES / NO

Is there any medical information that we may need to know?

YES / NO

Has your child received support for behaviour, learning or emotional needs, or do you have any concerns in this area?

YES / NO

If YES to any of the above, please give details, attaching any relevant documents.

- I/We give permission for the licensee and staff of this centre to obtain medical, hospital or ambulance services at any time they consider this necessary. I understand that I will be notified as soon as possible for medical/hospital/ ambulance expenses incurred in the treatment of my child.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMMUNISATION

My child **is** immunised (**Please provide a copy of immunisations**)

My child **is not** immunised

## RELEASE OF INFORMATION

- The school respects the privacy of personal and sensitive information regarding each student and each student's family. Statistical information must be released to State and Federal Governments and other statutory institutions as well as the Lutheran Education Office to fulfill reporting requirements relating to funding, future planning and school programs.
- Upon acceptance of your child's enrolment you will be asked to read and sign a 'Standard Collection Notice' which details how the Privacy Act affects the handling of personal information at our school.
- In situations where parents are separated, it is the normal practice of the school to release school reports to the mother and father of the student upon request.
- It is also the normal practice of the school to allow both the mother and father to attend parent/teacher interviews upon request.
- However, the school will abide by any court orders which prevent the release of such information.
- In order for us to meet your child's educational needs it may be necessary for us to release relevant information to appropriate staff and other professionals. This will only be revealed on a confidential 'need to know' basis.

## PARENT/GUARDIAN DECLARATION

Please state your reasons for choosing LLS Early Learning Centre for your child's education:


If my child is enrolled at this Early Learning Centre/School I will abide by the conditions of enrolment. I/We accept that:

- My child will be educated in the Christian faith within a Lutheran educational environment.
- My support of school staff and cooperation regarding school activities is essential.
- I/We agree to support school events such as working bees, canteen and fundraising.
- I/We accept that the school reserves the right to suspend or expel a student for serious and/or repeated breaches of school rules, regulations including conduct which brings into disrepute the good name and reputation of the school.
- I/We will be responsible for the payment of tuition fees and other costs and charges associated with the education of my child as determined and amended from time to time by the school (except where exemptions have been sought and granted.)
- I/We agree to abide by the rules, regulations and policies of the Early Learning Centre/School.
- I/We understand that the school does not accept liability for damage or loss of any personal possessions of students and that insurance for student's personal possessions is my responsibility.

I/We acknowledge and accept all of the above terms and conditions and further declare that all of the information provided in this application is, to the best of my knowledge, true and correct.

Mother/Guardian (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian (signature) \_\_\_\_\_ Date: \_\_\_\_\_

## **Loxton Lutheran School Inc.**

### **THE PRIVACY ACT**

The *Privacy Amendment (Private Sector) Act 2000* regulates the way non-government schools and systems handle 'personal information' of individuals to ensure that organizations that hold information about people handle that information responsibly. The Privacy Act governs how schools must handle personal information.

For the smooth and effective running of our school it is necessary for some personal information to be passed on in a 'need to know' capacity. The following "Standard Collection Notice" needs to be read and signed by a parent/caregiver for each family and returned to Loxton Lutheran School.

For further information please contact the Principal.

## **STANDARD COLLECTION NOTICE**

1. The school collects personal information, including sensitive information about students and parents or guardians during the course of a student's enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your child.
2. Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health laws.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.
5. 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 Australia and the parish, medical practitioners, and people providing services to the school including specialist visiting teachers, sports coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.
7. 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 school newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their child by contacting the school. Students may also seek access to personal information about themselves. However there will be occasions when access is denied. Such occasions would include where access may result in a breach of the school's duty of care to the student or where students have provided information in confidence.
9. As you may know 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 marketing purposes without your consent.
10. We may include your contact details in a class list. If you do not agree to this you must advise us now.
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 so that they can access that information if they wish and advise them that the school does not usually disclose the information to third parties.

**- Please complete the Collection Notice on the following page -**

## **STANDARD COLLECTION NOTICE**

I have read the "Standard Collection Notice" and agree to the conditions described.

Yes / No

Sometimes **PHOTOS AND VIDEOS** of students and their families may be used in school promotional material.

**Please Circle YES or NO as consent for use of photos / videos of your  
child for each of the following:-**

ELC App (Seesaw)	Yes / No
Professional School/ELC group photos	Yes / No
School magazine	Yes / No
School Prospectus	Yes / No
School Website	Yes / No
ELC Newsletters/Happenings	Yes / No
Media Releases	Yes / No
Newspapers	Yes / No
School Facebook Page	Yes / No
TV Commercials	Yes / No

Your comment:

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Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Loxton Lutheran School Early Learning Centre

### Authorisation for Early Learning Centre Child to Access the Loxton Lutheran School Campus

### Authorisation for Early Learning Centre staff to assist in the application of, or apply sunscreen

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Child's Name: \_\_\_\_\_

I give permission for my child to participate in supervised activities at the Loxton Lutheran School Campus. I understand that my child, in the company of Early Learning Staff, may for the purpose of their educational program access facilities such as the Library, LIFE Centre, Art Room, German Room, Oval, Playgrounds, Computer Room or other appropriate play and learning areas.

Yes / No

I give permission for staff to apply, or assist my child in applying sunscreen at the Early Learning Centre. (Please advise staff if your child requires particular sunscreen).

Yes / No

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Before forwarding this Application Form, please ensure that ALL sections are completed and appropriate certificates or forms are attached.  
If necessary n/a (not applicable) should be used where appropriate.**

**Completed Application Forms should be forwarded to:**

**The ELC Director  
Loxton Lutheran School  
6 Luther Road  
Loxton SA 5333**