



LOXTON LUTHERAN SCHOOL

“Educational excellence - Together in Christ”

ENROLMENT FORM

Name:

Christian Name

Surname

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



6 Luther Road, Loxton SA 5333
Telephone: 08 8584 7496 Fax: 08 8584 5478 Email: admin@loxton-lutheran.sa.edu.au
Web Site: 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. Miss Ms. Dr.		Mr. Dr.	
Surname					
Given Name					
Telephone Numbers	Home/Work	H	W	H	W
	Mobile				
	Email				
Residential Address					
Postal Address					
Usual Occupation					
Employer					
If not employed, do you receive a government benefit?		YES / NO (Please circle one)			
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			
If you live out of town please provide the following information:					
Section No.					
Distance & direction from Loxton					
Nearest public road & district					

Please bring a copy of the following documents to your interview	
<input type="checkbox"/>	A copy of the birth certificate or extract from it.
<input type="checkbox"/>	A copy of passport / visa or proof of Australian Citizenship (if applicable)
<input type="checkbox"/>	Latest school report and/or reference from previous schools (if applicable).
<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).
<input type="checkbox"/>	Letter of support/reference from your Minister of Religion or family friend.

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

STUDENT DETAIL

Surname		Christian Names	
Male / Female (Please Circle)		Birth Date	/ /
Commencing in:	Year: Term:	Year Level	
Address			
Home Language	Main:	Other:	
Religion	Present place of worship		
Country of Birth		Date of Arrival in Australia (if applicable)	
First enrolled in a school in Australia / /			
<p>Is this student of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
Most recent Schools and Pre-Schools attended (include Pre-School up to present time)			
1	From	/ /	to / /
2	From	/ /	to / /
3	From	/ /	to / /

SPECIAL STUDENT NEEDS AND CONSIDERATIONS

• Does your child have any special achievements or talents?	YES/NO
• Does your child have problems with SPEECH/LANGUAGE?	YES/NO
• Does your child have problems with HEARING?	YES/NO
• Does your child have problems with VISION?	YES/NO
• Has your child received support for behaviour, learning or emotional needs, or do you have any concerns in this area?	YES/NO
• Does your child have any specific medical or health issues? (e.g. disabilities, allergies)	YES/NO
• Does your child have any infectious diseases?	YES/NO

If YES to any of the above, please give details, attaching any relevant documents.
 The school may also need you to complete an 'Enrolment Application - Extra Information' form.

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 Loxton Lutheran School for your child's education:

If my child is enrolled at this 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 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: _____

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

Completed Application Forms should be forwarded to: **The Principal
Loxton Lutheran School
6 Luther Road
Loxton SA 5333**