



# Application for Enrolment

A \$33 Non-refundable fee must accompany this form. A separate form must be completed for each child.

## A: STUDENT DETAILS

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ ➔ **Please attach a copy of Birth Certificate or Passport.**

Residential Address: \_\_\_\_\_

Postal Address (If different from above): \_\_\_\_\_

Commencing in Year level: \_\_\_\_\_ in Term \_\_\_\_\_ of 20\_\_\_\_\_

Current School: \_\_\_\_\_ Year Level \_\_\_\_\_

Do you give permission for your current school to forward any relevant information to the College?

☐ Yes ☐ No

In which country was the **STUDENT** born? ☐ Australia ☐ Other (please specify) \_\_\_\_\_

If other than Australia or New Zealand, state type of visa held, and date of issue:

Student Resident Status: ☐ Permanent ☐ Temporary ☐ Australian Citizen

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Type of Visa: \_\_\_\_\_ Visa Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_ Date of arrival in Australia: \_\_\_\_\_

➔ **Please attach a copy of Passport/Visa showing date of arrival stamp, number and expiry date.**

Religion: \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander origin?

(Note: For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes.)

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Applicant resides with:

☐ Mother and Father ☐ Mother and Caregiver ☐ Father and Caregiver

☐ Other \_\_\_\_\_

Are parents separated or divorced? ☐ Yes ☐ No

Are any Court orders in place? ☐ Yes ☐ No ➔ **Please attach current copy if applicable.**

## B: FAMILY DETAILS

1. Relationship: ☐ Mother ☐ Father ☐ Guardian/caregiver #1

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Silent: ☐ Mobile: \_\_\_\_\_

Business: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address (if different to students): \_\_\_\_\_

In which country were you born? ☐ Australia ☐ Other (please specify) \_\_\_\_\_

Resident Status: ☐ Permanent ☐ Temporary ☐ Australian Citizen

If other than Australia or New Zealand, state type of visa held, and date of issue:

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Type of Visa: \_\_\_\_\_ Visa Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_ Date of arrival in Australia: \_\_\_\_\_

➡ **Please attach a copy of Passport/Visa showing date of arrival stamp, number and expiry date.**

2. Relationship: ☐ Mother ☐ Father ☐ Guardian/caregiver #2

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Silent: ☐ Mobile: \_\_\_\_\_

Business: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address (if different to the students): \_\_\_\_\_

In which country were you born? ☐ Australia ☐ Other (please specify) \_\_\_\_\_

Resident Status: ☐ Permanent ☐ Temporary ☐ Australian Citizen

If other than Australia or New Zealand, state type of visa held, and date of issue:

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Type of Visa: \_\_\_\_\_ Visa Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_ Date of arrival in Australia: \_\_\_\_\_

➡ **Please attach a copy of Passport/Visa showing date of arrival stamp, number and expiry date.**

Do all legal guardians have knowledge of this application for enrolment? ☐ Yes ☐ No

(Note: This information is required by the College under the Family Law Act)

## 6. OTHER FAMILY MEMBERS CURRENTLY ATTENDING TRINITY LUTHERAN COLLEGE:

Name \_\_\_\_\_ Year Level \_\_\_\_\_ House \_\_\_\_\_  
 Name \_\_\_\_\_ Year Level \_\_\_\_\_ House \_\_\_\_\_  
 Name \_\_\_\_\_ Year Level \_\_\_\_\_ House \_\_\_\_\_  
 Name \_\_\_\_\_ Year Level \_\_\_\_\_ House \_\_\_\_\_

Family members (other than mentioned above) for whom application has also been made:

## C: LEARNER PROFILE

### 1. Interests and Achievements of your child e.g. Cultural, Sporting & Academic:

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### 2. Learning Needs:

Consideration will be given to the ability of the College to meet the specific learning needs of the child. Parents must fully inform the College of any individual needs of the child. The College reserves the right to determine its ability to meet those needs.

➡ ***If you answer YES to any of the questions below, then documentation and/or details will need to be provided.***

Has your child ever repeated/consolidated a year? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Has your child ever been accelerated (skipped a year)? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Has your child received English as a Second Language (ESL) Support? ☐ Yes ☐ No

Has your child ever had an assessment for an impairment or disability? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Has your child required specific behavior management strategies to be implemented in relation to school regulations or codes of conduct? ☐ Yes ☐ No

Has your child required specific pastoral care strategies to be implemented in relation to social and emotional wellbeing concerns? ☐ Yes ☐ No

If yes, details of assessment or interventions:

☐ Occupational Therapist ☐ Pediatrician ☐ Child Psychologist  
☐ Speech Therapist ☐ Counsellor ☐ Developmental Optometrist  
☐ Psychiatrist ☐ Other \_\_\_\_\_

➡ ***Attach copies of any specialist reports with this application.***

Did your child receive extra support at their previous education center? ☐ Yes ☐ No

What was the nature of this support? \_\_\_\_\_

☞ *If yes, please provide a copy of latest Individual Education Plan or similar.*

## D: MEDICAL INFORMATION

<b>Medical Conditions</b>	<b>Level of Alert</b>		<b>Triggers / Symptoms</b>
	<b>Low</b>	<b>Severe</b>	
ADD/ADHD			
Allergy*/Hayfever			
Anaphylaxis*			
Asthma*			
Convulsions			
Diabetes*			
Eczema / skin condition			
Epilepsy*			
Head injury			
Heart condition			
Migraines / headaches			
Nose bleeds			
Other			

Due to the condition/s identified above, my child will require regular medication to be administered at school ☐ Yes ☐ No

Details: \_\_\_\_\_

**\* NB: A Health Management Plan for severe conditions and details of any regular medication must be submitted at the commencement of each school year. The student may not be permitted to commence school until a current plan has been received.**

## E: DECLARATION

### SIGNATURES

We/I declare that the information provided in this application is true and correct.

☞ *It is a requirement that where there are two parents or legal guardians that both shall sign.*

Signed: \_\_\_\_\_ (Mother/Legal Guardian#1)

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

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Signed: \_\_\_\_\_ (Father/Legal Guardian#2)

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

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

*\*\*\*The information provided on the enrolment/application form is being obtained for the purpose of processing prospective student's application for enrolment and is governed by the Privacy Policy of Trinity Lutheran College.*

### APPLICATION CHECKLIST:

- ☐ Copy of ID eg Birth Certificate or Passport. Students enrolling into Prep must be at least 5 years of age on or before 30<sup>th</sup> April of the year prior to commencing Prep.
- ☐ Copy of Immunisation certificate. Note: This can be obtained through Medicare or the mygov app. Local Council is also able to assist with overseas documentation.
- ☐ Copy of Parent and Child Visa if applicable
- ☐ Court Order/s if applicable
- ☐ Documents as required in C: LEARNER PROFILE
- ☐ Documents as required in D: MEDICAL INFORMATION
- ☐ Previous School Report and NAPLAN report if applicable

### Credit Card Details \$33.00

Please charge my credit card (Visa/Mastercard) the total amount of: \$	
Card Holders Name:	
Card Number:	
Expiry Date:	CSV (back of card):
Signature:	