

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:

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

Medical Conditions	Level of Alert		Triggers / Symptoms
	Low	Severe	
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 30th April of the year they commence 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:	