

PC: .....  
SC: .....  
N F S (AOPPh)

# GRACE LUTHERAN COLLEGE



## ENROLMENT APPLICATION

Please use a separate form for each student

Application for enrolment of:		
Student's Name:	.....	for Grade ..... in .....
To attend:	<b>Caboolture Campus</b> or <b>Rothwell Campus</b>	(please circle)

Thank you for considering Grace Lutheran College for your student's education.

Please complete this Enrolment Application and return to the College.

This Enrolment Application, if accepted by the College, will form part of the Enrolment Agreement. It is important that all sections of this Enrolment Application are completed honestly and accurately and full disclosure is made. Grace Lutheran College relies upon the statements made within this Enrolment Application. If untruthful, false or misleading statements are made or full disclosure is not made, the ongoing enrolment of your student may be jeopardised.

**Student Details**

Name: ..... Male/Female  
*Surname* *Given Names* *(Please circle)*

Date of Birth: ..... Birthplace: .....

Home Address: .....

Post Code: ..... Home Phone: ..... Mobile: ..... Email: .....

Enrolling Parent/s (Guardian): .....  
*Mr/Mrs/Ms/Miss/Dr* *Given Names* *Surname*

Student Lives With: Both Parents/Mother/Father/Step Parent/Guardian/Other: .....  
*(Please circle)*

Is your student subject to custody arrangements? **Yes / No**

If **Yes**, please state: .....  
.....

Please tick if your student’s heritage is one or both of the following:

Aboriginal  Torres Strait Islander

Is English your student’s first language? **Yes / No**

If **No**, what is your student’s first language? .....

What language is spoken at home? .....

Student’s Religious Denomination: .....

Year to be Enrolled at Grace Lutheran College: ..... Grade: .....

Present School or Kindergarten: .....

**ADDITIONAL STUDENT REQUIREMENTS (Please respond to all questions within this shaded section)**

Does your student have any extra requirements to enable him/her to participate fully in the College community?

Yes  No If **Yes**, please state .....  
.....

Does your student have an impairment or disability that affects their learning?  **Yes**  **No**  Possibly

If **Yes**, please identify the type of disability or impairment.

- |                                      |                          |                              |                          |
|--------------------------------------|--------------------------|------------------------------|--------------------------|
| Intellectual Impairment              | <input type="checkbox"/> | Hearing Impairment           | <input type="checkbox"/> |
| Visual Impairment                    | <input type="checkbox"/> | Physical Impairment          | <input type="checkbox"/> |
| Social & Emotional Impairment        | <input type="checkbox"/> | Speech & Language Impairment | <input type="checkbox"/> |
| Multiple Impairment                  | <input type="checkbox"/> | Autism Spectrum Disorder     | <input type="checkbox"/> |
| Learning Disabilities / Difficulties | <input type="checkbox"/> | Other: .....                 | <input type="checkbox"/> |

Is your student gifted and/or talented, participating in an enrichment (gifted) program or has been encouraged to do so?  **Yes**  **No**

**Parent Details**

**Mother's/Guardian's Name:** .....  
*Title Surname Given Names*

Relationship to student .....  
.....

Home Address: .....  
..... Post Code: .....

Home Phone: ..... Mobile: ..... Work Phone No .....

Email: .....

Postal Address: *(if different from Home Address)* .....  
..... Post Code: .....

Driver Licence No ..... State Issued .....

Occupation ..... Employer's Name .....

Employer's Business Address: .....

Mother's Religious Denomination: .....

**Father's/Guardian's Name:** .....  
*Title Surname Given Names*

Relationship to student .....  
.....

Home Address: .....  
..... Post Code: .....

Home Phone: ..... Mobile: ..... Work Phone No .....

Email: .....

Postal Address: *(if different from Home Address)* .....  
..... Post Code: .....

Driver Licence No ..... State Issued .....

Occupation ..... Employer's Name .....

Employer's Business Address: .....

Father's Religious Denomination: .....

**Parents' Relationship:** Married/Separated/Divorced/Single/De Facto/Other: .....  
*(Please circle)*

### Further Information

Reason for Application

Tick all that apply:

<input type="checkbox"/> Christian Ethos	<input type="checkbox"/> Sports Program	<input type="checkbox"/> Academic Enrichment Program	<input type="checkbox"/> Quality Teachers	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Learning Support	<input type="checkbox"/> Vocational Education and Training (VET) Program	<input type="checkbox"/> Googa	<input type="checkbox"/> Pastoral Care	_____
			<input type="checkbox"/> Performing Arts/Grace Academy	_____

Other Students in the Family:

1 ..... DOB ...../...../..... Grade: .....

2 ..... DOB ...../...../..... Grade: .....

3 ..... DOB ...../...../..... Grade: .....

4 ..... DOB ...../...../..... Grade: .....

Previous connection with Grace Lutheran College: (Present sibling, past sibling etc.) .....

..... House: .....  
*(if applicable)*

Family Church Attended: .....

Minister's Name: .....

**Please include a copy of parents' photo ID (Driver Licence or Passport), plus a copy of the student's Birth Certificate or Passport at the time of enrolment.**

### Parent Undertaking

We have read and accept the Standard Collection Notice as per the Privacy Act and the College's Parent Information Book and are in agreement with the aims and objectives of the College. While our students are in attendance, we will make every effort to offer our full support and cooperation in its programmes and activities.

To enable the College to provide for our student's education, we acknowledge that as parents we will, in the initial stages of the enrolment procedure, disclose any medical or psychological condition of our student which may impinge upon our student's academic performance or ability to participate fully in the activities of the College community. We consent to the College obtaining information about the above from our student's former school/s and/or registered medical professional. We understand that by not giving consent, our application may not be accepted.

We understand that this Enrolment Application, if accepted by the College, will form part of the Enrolment Agreement. We have completed this Enrolment Application honestly and accurately and made full disclosure in respect of each question asked.

Mother's/ Guardian's Signature: ..... Date: .....

Father's/ Guardian's Signature: ..... Date: .....

**A non-refundable application fee of \$100.00 should accompany this enrolment application. Should you have more than one student and wish to enrol them at the same time, the family application fee remains at \$100.**

**Credit Card Payment Slip**

Mastercard                       VISA

Amount \$ .....

Card No. 

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      Expiry Date:...../.....

Cardholder's Name: ..... Signature: .....

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Please return for:-  
**Rothwell Campus**  
Principal  
Grace Lutheran College  
PO Box 3181  
CLONTARF DC QLD 4019  
Telephone: 07 3203 0066

**Caboolture Campus**  
Head of Caboolture Campus  
Grace Lutheran College  
PO Box 1424  
CABOOLTURE QLD 4510  
Telephone: 07 5495 2444



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**OFFICE USE ONLY:-**

Date Received: ..... For Grade: ..... in .....

Fee: ..... Receipt No: .....