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GRACE LUTHERAN COLLEGE



ENROLMENT APPLICATION

Please use a separate form for each child

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

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 child may be jeopardised.



Student Details

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

Date of Birth: Birthplace:

Home Address:

..... Post Code: Home Phone:

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

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

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

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

Please tick if your child's heritage is one or both of the following:

Aboriginal Torres Strait Islander

Was English your child's first language? **Yes / No**

If **No**, what was your child'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:

Does your child have any extra requirements to enable him/her to participate fully in the College community?
Yes / No

.....
.....

Does your child have an impairment or disability that affects his/her learning? **Yes / No**

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"/> |

Parent Details

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

Home Address:
..... Post Code:

Home Phone: Mobile:

Email:

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

Occupation:

Business Name: Work Phone:

Mother's Religious Denomination:

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

Home Address:
..... Post Code:

Home Phone: Mobile:

Email:

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

Occupation:

Business Name: Work Phone:

Father's Religious Denomination:

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

Further Information

Reason for Application:
.....
.....

Other Children 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:

Parent Undertaking

We have read and accept the Standard Collection Notice as per the Privacy Act and the College's Information Book and are in agreement with the aims and objectives of the College. While our children 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 child'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 child which may impinge upon our child'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 child's former school/s.

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**

Credit Card Payment Slip

Mastercard VISA

Amount \$

Card No.

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 Expiry Date:...../.....

Cardholder's Name: Signature:

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



OFFICE USE ONLY:-

Date Received: For Grade: in

Fee: Receipt No: