

ENROLMENT APPLICATION

Thank you for considering Grace Lutheran College for your child'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 child may be jeopardised.



OFFICE USE ONLY

PC.....
SC.....
N F S (A O P Ph)

STUDENT DETAILS

Please use a separate form for each child

To attend: Caboolture Campus Rothwell Campus

Surname..... Given Names:..... Male Female

Date of Birth..... Birthplace..... Home Address.....

..... Postcode.....

Home Phone..... Mobile..... Email.....

Enrolling Parent/Guardian

Mr Mrs Ms Miss Dr Given Name(s)..... Surname.....

Student lives with: Both Parents Mother Father Step Parent Guardian Other.....

Is your child subject to custody arrangements? Yes No

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

Please tick if your child's heritage is one or both: Aboriginal Torres Strait Islander

Is English your child's first language? Yes No If **No**, what is 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 them to participate fully in the College community? Yes No

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

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

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

PARENT DETAILS

Mother/Guardian Details

Mr Mrs Ms Miss Dr Given Name(s)..... Surname.....

Relationship to child.....

Home Address..... Postcode.....

Home Phone..... Mobile..... Email.....

Postal Address (if different from above)..... Postcode.....

Occupation..... Business Name.....

Work Phone..... Mother's Religious Denomination.....

Father/Guardian Details

Mr Mrs Ms Miss Dr Given Name(s)..... Surname

Relationship to child

Home Address Postcode

Home Phone Mobile Email.....

Postal Address (if different from above) Postcode

Occupation Business Name

Work Phone Father's Religious Denomination

Parents' Relationship: Married Separated Divorced Single De Facto Other

FURTHER INFORMATION

Reason for Application.....

What do you value most about Grace Lutheran College?.....

How did you hear about Grace Lutheran College?.....

Other Children in the Family:

1 DOB..... Grade..... 3 DOB..... Grade.....

2 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 (Drivers License or Passport), plus a copy of the child'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 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 programs 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/Guardian Signature..... Date.....

Father/Guardian Signature..... Date

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

CREDIT CARD PAYMENT

Mastercard VISA Amount \$

Card No..... 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

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Date Received For Grade in Fee Receipt No