



ST JOHN'S LUTHERAN PRIMARY SCHOOL, JINDERA

154 Adams St, Jindera NSW 2642

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APPLICATION FOR ENROLMENT

The information provided on the enrolment form is being obtained for the purpose of processing the prospective student's application for enrolment and to meet the requirements of the Commonwealth Education Act as administered by the Ministerial Council on Education, Employment, Training and Youth Affairs.

PERSONAL DETAILS OF PROSPECTIVE STUDENT

Name _____ Gender (please tick)
Male Female
Surname *Christian Names*

Date of Birth _____ (birth certificate required) Religion/Denomination _____

Current School/Preschool _____ If preschool what days attending _____

Current Year Level _____ Intended calendar year of commencement at St John's Primary School _____

Year Level desired Kindergarten 1 2 3 4 5 6
(please tick)

Is this child of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin tick both 'yes' boxes. Please also indicate which country this child was born in.

No Yes, Aboriginal Yes, Torres Strait Islander Country of Birth: _____

MOTHER/FEMALE GUARDIAN – RESIDING AT CHILD'S ADDRESS:

Dr/Mrs/Miss/Ms _____ Home Phone: _____
Surname *Christian Names*

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Work Phone: _____ Fax: _____ Mobile: _____

Country of Birth: _____ Marital Status: _____ Religion/Denomination _____

Occupation and workplace of Mother/female guardian _____

Email address: _____

FATHER/MALE GUARDIAN – RESIDING AT CHILD'S ADDRESS:

Dr/Mr/Rev _____ Home Phone: _____
Surname *Christian Names*

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Work Phone: _____ Fax: _____ Mobile: _____

Country of Birth: _____ Marital Status: _____ Religion/Denomination _____

Occupation and workplace of Father/male guardian _____

Email address: _____

CUSTODY DETAILS

Who has custody of this child? (please tick) Both Parents Mother only Father only Other _____
(specify)

If joint custody applies, please indicate the addresses at which the child spends the majority of their time. Please attach copies of custody agreements (and AVO's if applicable).

1. _____
2. _____

NON-RESIDENTIAL PARENT/GUARDIAN (IF APPLICABLE):

Please complete details for parent/guardian not residing at the child's address.

Name: _____ Home Phone: _____
Title Surname Christian Names

Relationship to child: _____

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Work Phone: _____ Facsimile: _____ Mobile: _____ E-Mail: _____

Country of Birth: _____ Marital Status: _____ Religion/Denomination _____

Does the non-custodial parent not residing at the same address as the child require copies of school reports and newsletters?

Yes No

PARENTAL OCCUPATION

Please select the appropriate parental occupation group from the list provided on the attached page.

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter "8" in the box.

What is the occupation group of the Father/male guardian?

What is the occupation group of the Mother/female guardian?

(write 1, 2, 3, 4 or 8 using list on on attached page)

(write 1, 2, 3, 4 or 8 using list on attached page)

PARENTAL SCHOOL EDUCATION

What is the highest year of primary or secondary education school the child's parents/guardians have completed? (for persons who have never attended school, mark "year 9 or equivalent or below"). Mark one box only in each column.

	Father/male guardian	Mother/female guardian
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

PARENTAL POST-SCHOOL EDUCATION

What is the level of the highest qualification that the parent/guardians have completed? Mark one box only in each column.

	Father/male guardian	Mother/female guardian
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate 1 to 1V (including trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES

Please specify the language spoken by the family at home: English only (please tick if applicable); or
If a language other than English is spoken, please specify language most spoken.

Child _____ Father/Male guardian _____ Mother/Female guardian _____

CHURCH ASSOCIATION

Is the family actively associated with a church? (please tick) Yes No Baptised: Yes No

Name of present congregation: _____ Minister: _____

SIBLINGS

Does the child have any brothers or sisters? Please list all brothers and sisters below including those not attending school.

Name	Date of Birth	Year Level (if at school)
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL NEEDS/HEALTH

Please tick yes or no if the child has any known or suspected special needs or health issues.

Mobility Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.D.D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioural Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social/Emotional Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visually Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Care Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance with Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies/Chronic Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Austism/Aspergers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered Yes to any of the above, please provide full details of those needs and any interventional support that the child may be currently receiving. **Supporting documentation/assessments must be provided before enrolment can proceed.**

1. Where did you first hear about St John's? Please number the ones that apply, in order of Priority.

- | | | |
|--|---|--|
| <input type="checkbox"/> Family member | <input type="checkbox"/> Recommendation from friend | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Church | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Television | <input type="checkbox"/> Website / Internet | <input type="checkbox"/> Other: Please list..... |

2. What made you finally decide to send your child to St John's? Please number the ones that applied to your decision, in order of Priority. Mark as many as apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Sibling already attending | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Caring Environment |
| <input type="checkbox"/> Little Saints program | <input type="checkbox"/> Discipline | <input type="checkbox"/> Curriculum Choice / Opportunities |
| <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Academic Reputation | <input type="checkbox"/> Other. Please list |

ACCOUNTS

Who will be responsible for account payments? _____
Please complete the following if the person responsible for payment of accounts has a different address to those already provided.

Address _____ Phone _____

Email address: _____

PLEASE NOTE:

Exclusion from the school

- a) If the principal, or any person deputing for the principal, considers that a student is guilty of a serious breach of the rules or has otherwise engaged in conduct which is prejudicial to the school or its students or staff, the principal or deputy may exclude the student permanently or temporarily at their absolute discretion.
- b) If the school council or the principal believes that a mutually beneficial relationship of trust and cooperation between a parent and school has broken down to the extent that it adversely impacts on that relationship, then the school, the school council or the principal may require the parent to remove the child from the school.
- c) The school will only exercise its powers under this clause to exclude a pupil permanently if it has provided the pupil and the parents or guardians of the pupil with details of the conduct which may result in a decision to exclude the pupil and provided them with a reasonable opportunity to respond.

No remission of fees will apply in relation to any of the above cases.

AGREEMENT OF PARENT/GUARDIAN

In making application for enrolment for our child, we undertake to fully support, willingly and freely, the stated aims of St John’s Lutheran Primary School, Jindera.

We further understand that in accepting our application for admission, the school does not necessarily guarantee acceptance of our child’s enrolment.

- I / WE DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.
- I / WE AUTHORIZE FOR THE SCHOOL TO CONTACT THE PREVIOUS SCHOOLS LISTED, IF NECESSARY.
- I have read the school’s information booklet, & policies, including the Parent Code of Conduct, Enrolment conditions. I am aware of the Christian character and aims of the school and I agree:

1. To co-operate with, support and uphold the school in every way that I can in matters of school policy and practice.
2. To support the staff of the school in a positive manner and to work to ensure an encouraging & safe environment for all.
3. To pay the tuition fees by the due date (unless alternate arrangements have been made with the bursar). The non-refundable registration fee of \$55, which confirms the application, is enclosed (Cheques made payable to St. John’s Lutheran Primary School).

Parent/Guardian Signature/s _____ Date ____ / ____ / ____
 _____ Date ____ / ____ / ____

Both parents/guardians are asked to sign where applicable.

Please return this form to:

*The Secretary
 St John’s Lutheran Primary School
 154 Adams St,
 Jindera NSW 2642*

FOR SCHOOL USE ONLY:

Interview Date: / /	Booking fee received: / /	Parent Code:
Date Application Recd: / /	Receipt No:	Account No:
Sibling/s: Yes / No	Admission Reg. No:	Total enrolled in family:
Offer Date: / /	Admission Date:	Sporting House: