

St Peter's Lutheran School

Dimboola



St Peter's Lutheran School values each person as a unique and valued gift in the sight of God, with individual talents and potential. As a Christian community, together with St Peter's Lutheran Church, we work to provide a Christ-centred education. The effectiveness of our goals is realised through the partnership of our school, congregation, and parents.

Application for Enrolment

OFFICE USE

Student's Name: _____ Year _____ in _____

ENROLMENT POLICY

As a Christian school, St Peter's Lutheran School bears witness to God in all aspects of school life. To apply for the enrolment of your child in our school, please complete and sign this form and forward it to the School Office. The school will contact you the year prior to intended commencement to arrange a suitable interview time with the Principal.

Please note that receipt of this application does not constitute enrolment.

1. PERSONAL DETAILS OF PROSPECTIVE STUDENT

Name _____ Gender _____
Surname Christian Names M / F

Date of Birth _____ Religion / Denomination _____

Currently lives with (please tick): Parents Mother Father Other _____ (specify)

In which country was the child born? _____

Is the child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

2. ENROLMENT – Preference

Desired level of entry: Prep 1 2 3 4 5 6
(please circle as appropriate)

Desired term of entry: _____ Desired year of entry: _____

Kindergarten Attended / Attending : _____

Present school: _____

Names of other schools attended: _____

3. FAMILY DETAILS

MOTHER: _____ Home Phone: _____
Surname Christian Names

Address - Home: _____
- Postal: _____

Occupation: _____ Workplace: _____

Work Phone: _____ Mobile Phone: _____

Email: _____ Religion / Denomination: _____

FATHER: _____ Home Phone: _____
Surname Christian Names

Address - Home: _____
- Postal: _____

Occupation: _____ Workplace: _____

Work Phone: _____ Mobile Phone: _____

Email: _____ Religion / Denomination: _____

4. SIBLINGS *Please list all siblings

Previously attending St Peter's Lutheran School

Name **Age** **Current Year Level (if at school)**

Other Siblings

Name **Date of Birth** **Name** **Date of Birth**

5. LANGUAGE

Does the child speak a language other than English at home? Yes / No

If Yes, please specify _____

6. CHURCH ASSOCIATION

Is the family actively associated with a church? Yes / No

Is your child Baptised Yes / No

Name of present congregation _____ Minister _____

MEETING YOUR CHILD'S NEEDS

Our school offers a broad range of activities with which all students become involved from time to time. Many of these activities necessarily challenge the students and, on occasion, any student with a disability may require special facilities or consideration in the student's own best interests. Likewise any student with a particular strength or talent may require special attention and nurturing. For these reasons, it is imperative that the School is made aware of your child's needs so that all appropriate measures can be taken for the welfare and benefit of the student. Information is required to assist the School in achieving success for all enrolled students. We ask that you complete the following details to assist the school in planning for the educational needs of your child.

7. Does your child wear glasses / contact lenses? Yes / No

Does your child have a disability that may affect their learning or participation in the school community?

Yes / No / Don't Know If Yes, please identify what type of disability:

Intellectual Autism/Aspergers Vision

Physical Social/Emotional Hearing

A.D.D./A.D.H.D Learning Difficulty Other _____

If your child has one of the above disabilities how does it impact on him/her as a learner:

Has a specialist ever assessed your child? Yes / No If Yes, please specify:

Guidance Officer Occupational Therapist Paediatrician

Child Psychologist Speech Therapist Other _____

Do you have a report/s from the above specialist/s? Yes / No You may be asked to share the report/s with the school.

Does your child have any social difficulties with other children? Yes / No / Don't Know If Yes, please specify:

Has behaviour management ever been an issue with your child in the school setting? Yes / No / Don't Know

If Yes, please specify: _____

8. Does your child carry, or has he/she carried, a serious and life threatening infectious disease? Yes / No

If Yes, give details of disease: _____

Please state medically required treatment: _____

9. Does your child have an extra-curricula strength or talent? If so, please specify:-

Sport _____ Art _____ Music _____

Speech & Drama _____ Other _____

Current School Performance:

Literacy:	Below Year Level	<input type="checkbox"/>	Numeracy:	Below Year Level	<input type="checkbox"/>
	At Year Level	<input type="checkbox"/>		At Year Level	<input type="checkbox"/>
	Above Year Level	<input type="checkbox"/>		Above Year Level	<input type="checkbox"/>

Has your child ever received 'Learning Support' Assistance? Yes / No / Don't Know

Has your child ever been 'Ascertained'/'Appraised'? Yes / No / Don't Know - If Yes, please state their current level _____

Has your child ever repeated a year? Yes / No / Don't Know

Guardian's Signature

Date

Guardian's Signature

Date