Contract of Enrolment
Applicant Details:

Surname: __________________________________________

Given Name: ___________________________ Middle Name: ___________________________

Preferred Name: ___________________________ Gender: □ Male □ Female

Date of Birth: ___________________________

(Please attach a copy of Birth Certificate, Extract of Birth Entry or Passport)
Commencing in year level ___________ in term ________________________ of 20

Postal Address: __________________________________________

Residential Address: __________________________________________

In which country was the student born?

Australia □

Other – please specify __________________________________________

(If other than Australian or New Zealand, state type of visa held, and date of issue.)

Passport Number ___________________________ Date of Issue ___________________________

Type of Visa ___________________________ Place of Issue ___________________________

Visa Number ___________________________

(If other than Australian or New Zealand, state type of visa held, and date of issue.)

Date of arrival in Australia ___________________________

Resident Status □ Permanent □ Temporary

Entry Status □ Family □ Refugee □ Special Humanitarian

□ Business Migrant □ New Zealand Passport

□ Born in Australia

□ Other

Main language(s) spoken at home ___________________________

What language(s) does the student speak at home ___________________________

Does the student attend any language classes outside school? □ Yes □ No

If yes, which language is the student learning? ___________________________

Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both “Yes” boxes.)

No □

Yes, Aboriginal ___________________________ □

Yes, Torres Strait Islander ___________________________ □

Students Born In Australia

Has the student lived overseas for 2 years or longer? □ Yes □ No

If so: Country of residence overseas ___________________________

Date of Departure ___________________________

Date of Return ___________________________
Parents Details:

Father or Legal Guardian:
Title ___________________________ Given Name ___________________________ Surname ________________
Telephone – Home ________________  □ Silent  Mobile ___________________________
Business ________________________ Fax ___________________________
Email ___________________________
Occupation _______________________
Postal Address: ____________________________________________________________

Residential Address: _____________________________________________________

Does the mother have knowledge of this application?  □ Yes    □ No
(This information is required by the College under the Family Law Act)

Mother or Legal Guardian:
Title ___________________________ Given Name ___________________________ Surname ________________
Telephone – Home ________________  □ Silent  Mobile ___________________________
Business ________________________ Fax ___________________________
Email ___________________________
Occupation _______________________
Postal Address: ____________________________________________________________

Residential Address: _____________________________________________________

Does father have knowledge of this application?  □ Yes    □ No
(This information is required by the College under the Family Law Act)

Other Guardian
Title ___________________________ Given Name ___________________________ Surname ________________
Telephone – Home ________________  □ Silent  Mobile ___________________________
Business ________________________ Fax ___________________________
Email ___________________________

Family Relationships
Are parents separated or divorced?  □ Yes    □ No
Are Family Court orders in place where parents are separated or divorced?  □ Yes    □ No
(Please attach current copy if applicable)

Applicant resides with:  □ Mother and Father  □ Mother Only
□ Father only  □ Shared Parental Care
□ Grandparents  □ Guardian
□ Other ________________

Kindergarten/Childcare/School/s Previously Attended
Year/s Attended i.e. P-3  School Previously Attended  Reason for Transfer
1
2
3
4
Family members currently attending St Andrews Lutheran College:

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Level</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family members (other than mentioned above) for whom application has been made:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Cultural Interests and Achievements

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Sporting Interests and Achievements

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Academic Interests

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Interests, hobbies, etc

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Religious Affiliation

Is the family and/or student associated with a Christian Church?  □ Yes  □ No
If Yes please supply the following:
Name and address of Minister: __________________________ Denomination of Mother:
Denomination of Father: __________________________ Denomination of Applicant:
Is the Applicant Baptised?  □ Yes  □ No
Certification given by minister?  □ Yes  □ No
Are you able to supply a reference from your current minister?  □ Yes  □ No
If Yes, please attach this to your application.

Special Needs Profile:

Consideration will be given to the ability of the College to meet the needs of the child. Parents must fully inform the College of any special needs of the child. The College reserves the right to determine it’s ability to meet those needs.

Has your child participated in enrichment programs?  □ Yes  □ No
Has your child ever repeated/consolidated a year?  □ Yes  □ No
Has your child ever been accelerated (skipped a year)?  □ Yes  □ No
Has your child received English as a Second Language (ESL) Support?  □ Yes  □ No
(If yes, please attach a copy of documentation)
Has your child ever received “Learning Support” Assistance?  □ Yes  □ No
(Ongoing assistance for the child and/or teacher provided by a specialist teacher, psychologist or other suitably trained professional practitioner.)

Has your child ever been "Ascertained" or "Profiled"?  □ Yes  □ No
If yes, please state his/her current category HI: VI: PI: ESL : ASD: IU
(Ascertainment/Profile is based on an educational need arising from a disability. It is a collaborative decision-making process used to recommend the level of specialist educational support needed by students with learning disabilities. The educational support is provided by or accessed through specialist teaching personnel.)

Has your child ever had an assessment for difficulties/disabilities?  □ Yes  □ No
If yes, please indicate:
□ Intellectual  □ Autism/Aspergers  □ Vision
□ Physical  □ Social/Emotional  □ Hearing
□ ADD  □ Learning Difficulty  □ Non-verbal Learning Disorders
□ Degenerative Condition  □ Epilepsy
□ Other

□ Specific Medical Condition

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

Has a specialist ever assessed your child for exceptional developmental, learning difficulties or behavioural issues  □ Yes  □ No
If Yes, please specify:
□ Guidance Officer  □ Occupational Therapist  □ Paediatrician
□ Child Psychologist  □ Speech Therapist  □ Counselling
□ Developmental Optometrist  □ Psychiatrist
□ Other (please give details)

Do you have a report from the above specialist?  □ Yes  □ No
If Yes, please attach copies with this application.

Have there been problems with social interactions with other children?  □ Yes  □ No
If Yes, Please specify:

Has there been a need for behaviour management strategies to be implemented in relation to your child conforming with school regulations or Codes of Conduct?  □ Yes  □ No
If Yes, Please specify:

The College reserves the right to determine its ability to meet the needs of students with special needs.
**MEDICAL INFORMATION**

In case of extreme urgency, and when all efforts by the College to make contact with a parent or guardian have failed has the College your **CONSENT** to arrange with the Public Hospital:

- Medical Attention  □ Yes □ No
- Paracetamol  □ Yes □ No
- Anaesthetic  □ Yes □ No
- Emergency Surgery  □ Yes □ No
- Blood Transfusion  □ Yes □ No

If NO, please advise:

- Private Insurance  □ Yes □ No
- Name of Fund: ____________________________
- Member Number: __________________________
- Medicare Number: _________________________
- Expiry Date: _____________________________
- Medical Alert  □ Yes □ No
- Medical Alert Bracelet  □ Yes □ No

**IMMUNISATIONS**

<table>
<thead>
<tr>
<th>Immunisation</th>
<th>□ Yes</th>
<th>□ No</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OR

- Measels               |       |      |       |
- Mumps                 |       |      |       |
- Rubella               |       |      |       |
- DTP                   |       |      |       |
- Diphtheria            |       |      |       |
- Whooping Cough        |       |      |       |
- ADT                   |       |      |       |
- Tetanus               |       |      |       |
- Poliomyelitis         |       |      |       |

**Surgical Details (please give dates):**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Medical History (please give details and dates):**

Glandular Fever/Chronic Fatigue ____________________________

________________________________________________________________________

Diabetes ____________________________________________

________________________________________________________________________

Epistaxis ____________

________________________________________________________________________

Eczema ____________

________________________________________________________________________

Hearing Aid ____________

________________________________________________________________________

Hearing Test ____________

________________________________________________________________________

Travel Sickness ____________

________________________________________________________________________
EMERGENCY CONTACTS

In the event of an emergency and the parents are unable to be contacted, please enter the details of two appropriate contact persons.

1. Name: ____________________________
   Relationship to student: ____________________________
   Phone No. (H) ___________ (W) ___________ Mobile ___________

2. Name: ____________________________
   Relationship to student: ____________________________
   Phone No. (H) ___________ (W) ___________ Mobile ___________
The following questions are a Government Data Requirement in order for the school to receive Government funding. Should you require any further information please contact the Registrar.

PARENT DETAILS

What is the occupation group of the Mother/parent1/guardian1? □
What is the occupation group of the Father/parent2/guardian2? □

Please select the appropriate parental occupation from the group on the list below.

- If the person is not currently in paid work but has had a job 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.

List of Parental Occupation Groups

**Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

- Senior executive/manager/department head in industry, commerce, media or other large organisation.
- Public service manager (Section head or above), regional director, health/education/police/fire/services administrator
- Other administrator Commissioned Officer

Professionals generally have done a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems, identify, treat and advise on problems, and teach others.

- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- **Air/Sea transport** (aircraft/ship’s captamr/office/pilot, flight officer, flying instructor, air traffic controller)

**Group 2: Other business managers, arts/media/sports persons and associate professionals**

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)
- Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- Retail services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- **Arts/media/sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sport official)

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
- **Defence Forces** senior Non-Commissioned Officer

**Group 3: Tradesmen/women, clerks and skilled office, sales and service staff**

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks (bookkeeper, bank/PO clerk, statistical clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff

- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- **Service** (aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/manager)
Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants

  Office (typist, work processing/data entry/business machine operator, receptionist, office assistant)
  Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
  Assistant/aide (trades assistant, school teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

  Defence Forces ranks below senior NCO not included in above
  Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
  Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

What is the highest year of primary or secondary school the parent/guardians have completed?

<table>
<thead>
<tr>
<th></th>
<th>mother/parent1</th>
<th>father/parent2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 12 or equivalent</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Year 11 or equivalent</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Year 9 or equivalent or below</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

What is the highest qualification the parents/guardians have completed?

Mark one box only in each column

<table>
<thead>
<tr>
<th></th>
<th>mother/parent1</th>
<th>father/parent2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor degree or above</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Advanced Diploma or above</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Certificate I to IV or above</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>No Non-school qualification</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken more often.)

<table>
<thead>
<tr>
<th></th>
<th>mother/parent1</th>
<th>father/parent2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, English Only</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, Afrikaans</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, Japanese</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, Chinese</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, French</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, Indonesian</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, German</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, Tagalog (Filipino)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Yes, Korean</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
STANDARD (PARENT & STUDENT) COLLECTION NOTICE

1. The College collects personal information, including sensitive information about students and parents or guardians before and during the course of the student’s enrolment at the College.

2. Some of the information we collect is to satisfy the College’s legal obligations, particularly to enable the College to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection Laws.

4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.

5. The College from time to time discloses personal and sensitive information to authorised College personnel within the College and to others for administrative, educational and pastoral care purposes. This includes disclosure to other schools, government departments, Lutheran Education Australia, the Lutheran Church, medical practitioners and people providing services to the College, including specialist visiting teachers, sports coaches and volunteers.

6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.

7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news and photography/film footage is published in College newsletters, magazines, in multimedia presentations and on our website. Similarly, parent identification and photographs/film footage may be published, eg. In P&F section of the website and magazine. If you do not agree to this, please advise the Principal in writing immediately and attach it to this application.

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College’s duty of care to the student or where students have provided information in confidence.

9. As you may know, the College from time to time engages in fundraising activities. Information received from you may be used for College fundraising by College representatives or by a contractor engaged solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes.

10. We may include your contact details in a class list (eg. for P&F Co-ordinators) and College directory. If you do not agree to this please advise the Principal in writing immediately and attach it to this application.

11. If you provide the College with personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish and that the College does not usually disclose the information to third parties.

12. The College occasionally uses contractors to assist the College in its functions and discloses relevant personal information to these contractors to enable them to meet their obligations.

13. We reserve the right to enquire on any aspect of the child’s attendance at a previous school.

PHOTOGRAPHS

St Andrews Lutheran College will continue its practice of publishing the quarterly school magazine, annual CD and regular newsletter publications and website that include photographs with or without names which identify students. For all other advertising/promotions purposes do you give permission to use photos, videos, audios of your child.

Please tick the box to indicate your wishes.  □ Yes  □ No
STANDARD AGREEMENT

It should be noted that when the Contract of Enrolment form is signed, parents (or guardians) agree:

- We/I jointly and severally agree to be bound by the current policies, rules and regulations of the College now and as communicated by the College via newsletters, handbooks and letter from time to time hereafter.
- We/I understand that school fees for each term are to be paid within two weeks of the date of issue of the billing form, unless another arrangement, in writing, has been made with the Principal. In the event of a term’s fees not being paid within six weeks from the commencement of each term, notice may be given to the Parents (or Guardians) that the student may not return until such fees and arrears have been paid. We/I hereby agree to pay all collection charges if the account becomes overdue and is passed over to a mercantile agent for collection.
- We/I undertake to give the Principal one term’s notice, in writing, (or payment of fees in lieu thereof) before withdrawing my child from the College. Additionally if a Terms notice is not given, the student deposit held by the College will be forfeited.
- We/I authorise the College, in the event of the student suffering from sickness or injury, to take such action as it deems fit to obtain medical and/or hospital care and attention and to indemnify the College against all costs, claims, actions and demands made against the College, its servants and agents of an incidental thereto.
- From time to time we/I understand the children will be taken on excursions and school sporting fixtures.
- Year 9 Outdoor Education Program. This program is compulsory at the College.
- I/We hereby agree to pay all debt collection charges and legal costs if our account becomes overdue and is referred to a licensed commercial agent/solicitor.

SIGNATURES

The information provided in this application is true and correct.

Signed: _______________________________ (Father/Legal Guardian)   Date ___/___/___

Signed: _______________________________ (Mother/Legal Guardian)   Date ___/___/___

A non-refundable application fee of $80 per child should be forwarded together with this application:

The Registrar
St Andrews Lutheran College
PO Box 2142
Burleigh MDC Qld 4220

CHECKLIST

☐ Copy of Birth Certificate, Extract of Entry or Passport attached
☐ Reference from current Christian Church minister attached
☐ Previous School Reports attached if applicable
☐ Copy of Visa attached if applicable
☐ Family Court Orders attached if applicable
☐ Medical Reports attached if applicable
☐ Special Needs/Gifted and Talented Reports if applicable
☐ $80 Application Fee attached