



"A Caring School for the Future"

Enrolment Application

Surname: _____

First Name: _____

Lutheran **EDUCATION** Australia 
Serving Australian Communities Through CHRIST Centred Education

St. Jakobi Lutheran School
PO Box 138 LYNDOCH, SA 5351
Phone: 8524 4137 Fax: 8524 5690 email: admin@stjakobi.sa.edu.au
Principal: Mrs Kathryn Krieg

A non-refundable fee of \$50 must accompany this form before application can be registered. A refundable Enrolment Deposit Fee of \$200 will be payable once a place at our school has been guaranteed.

OFFICE USE ONLY				
Date Received	Acknowledgement Sent	Interview	Admission Registration No:	Database Entry

****All fields on this page are mandatory****

STUDENT DETAILS	
Surname:	Sex:
First and Middle Name:	Current Year Level:
Surname on Birth Certificate (if different)	Term/Semester/ Year of Entry:
Preferred Given Name:	Current and Previous School or Kindergarten:
Date of Birth: Country of Birth:	Denomination e.g. Lutheran:
PARENT/GUARDIAN/CARER DETAILS	
Mother /Guardian/Carer 1	Father/Guardian/Carer 2
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Surname:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Surname:
Given Names:	Given Names:
Relationship to Student e.g. mother: Resides with Student: Yes <input type="checkbox"/> No <input type="checkbox"/> Contact in emergency Yes <input type="checkbox"/> No <input type="checkbox"/> Responsible for Parenting Yes <input type="checkbox"/> No <input type="checkbox"/> Responsible for Accounts Yes <input type="checkbox"/> No <input type="checkbox"/> Receives Reports Yes <input type="checkbox"/> No <input type="checkbox"/> Marital Status Denomination:	Relationship to Student e.g. mother: Resides with Student: Yes <input type="checkbox"/> No <input type="checkbox"/> Contact in emergency Yes <input type="checkbox"/> No <input type="checkbox"/> Responsible for Parenting Yes <input type="checkbox"/> No <input type="checkbox"/> Responsible for Accounts Yes <input type="checkbox"/> No <input type="checkbox"/> Receives Reports Yes <input type="checkbox"/> No <input type="checkbox"/> Marital Status Denomination:
Residential Address: Street:. Town: Post Code:	Residential Address: Street:. Town: Post Code:
Postal Address	Postal Address
Home Telephone:	Home Telephone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:
Email address:	Email Address:
Employer:	Employer:
Occupation:	Occupation:
Are there any Custody Orders in relation to this child that we need to be aware of: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any Custody Orders in relation to this child that we need to be aware of: Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of appropriate documents attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copies of appropriate documents attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to the school using Name and Mobile Number in Parent Information Handbook Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree to the school using Name and Mobile Number in Parent Information Handbook Yes <input type="checkbox"/> No <input type="checkbox"/>

Lutheran School: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____ _____
General consent for trips outside the school grounds, either a short walking distance from the school or a short trip on school bus within a 20km radius while in the care of a teacher or responsible adult aiding the teacher. Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____ _____

PARENT/GUARDIAN BACKGROUND INFORMATION	
<small>(As required under the Australian Government Schools Assistance Act 2004)</small>	
Mother/guardian 1 language background	Father/guardian 2 language background
Does the parent/guardian 1 speak a language other than English at home? No, English only <input type="checkbox"/> Yes, other <input type="checkbox"/> Please specify: _____ What is the highest year of primary or secondary school parent/guardian 1 has completed: Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> What is the highest qualification the parent/guardian 1 has completed: No non-school qualification* <input type="checkbox"/> Certificate I – IV (incl trade qualifications) <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/>	Does the parent/guardian 2 speak a language other than English at home? No, English only <input type="checkbox"/> Yes, other <input type="checkbox"/> Please specify: _____ What is the highest year of primary or secondary school parent/guardian 1 has completed: Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> What is the highest qualification the parent/guardian 1 has completed: No non-school qualification* <input type="checkbox"/> Certificate I – IV (incl trade qualifications) <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/>
*No non-school qualification means that you have gained no further qualifications since leaving school.	
What is the occupation group of the parent/guardian 1? 1 Senior Management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> 3 Tradespeople, clerks and skilled office, sales and service staff <input type="checkbox"/> 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> 5 Not in paid work in the last 12 months <input type="checkbox"/>	What is the occupation group of the parent/guardian 2? 1 Senior Management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> 3 Tradespeople, clerks and skilled office, sales and service staff <input type="checkbox"/> 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> 5 Not in paid work in the last 12 months <input type="checkbox"/>
Mother/s Indigenous status Is the student's mother of Aboriginal or Torres Strait Islander origin? No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> In which country was the student's mother born? Australia Yes <input type="checkbox"/> No <input type="checkbox"/>	Father's Indigenous status Is the student's father of Aboriginal or Torres Strait Islander origin? No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> In which country was the student's father born? Australia Yes <input type="checkbox"/> No <input type="checkbox"/>

Other, please specify _____	Other, please specify _____	
SIBLING INFORMATION		
Sibling's Surname:	First Name:	Date of Birth:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____



ENROLMENT AGREEMENT

In enrolling my (our) child at St Jakobi Lutheran School, I/we accept that he/she will be educated within the Lutheran faith in a Christian educational environment.

I/we accept that support of school staff and co-operation concerning school activities is essential.

I/we accept that I/we will abide by school policies as amended from time to time.

I/we accept that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory, e.g. camps, excursions etc.

I/we accept the standards the School sets regarding grooming, uniform and personal presentation.

I/we accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the School (except where exemptions/remissions have been sought and granted).

I/we agree that I am/we are both jointly and severally liable for the payment of all fees charged by the school including any costs incurred in the recovery of such fees, should the need arise.

I/we accept that the School does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my/our responsibility.

I/we agree to give the school at least one term notice before withdrawing a student from school to be able to receive the refund of the Enrolment Deposit. Should a student be required to leave the school for any reason during the course of the term, the fee for the relevant accounting period will apply.

It is the responsibility of the parents/guardians to advise St Jakobi Lutheran School of changes to address and/or contact details etc after registration.

I/we understand and accept the above conditions and declare the attached information to be true and correct.

Signed _____ Name _____ Date ___/___/___

Signed _____ Name _____ Date ___/___/___

Before forwarding this Enrolment Application Form, please ensure that ALL sections are completed.

Please attach a certified copy of your child's birth certificate or extract of it.