Enrolment Application

Surname: _________________________
First Name: _________________________

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

### STUDENT DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>First and Middle Name</td>
<td>Current Year Level</td>
</tr>
<tr>
<td>Surname on Birth Certificate (if different)</td>
<td>Term/Semester/ Year of Entry</td>
</tr>
<tr>
<td>Preferred Given Name</td>
<td>Current and Previous School or Kindergarten</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Country of Birth</td>
</tr>
<tr>
<td>Denomination e.g. Lutheran</td>
<td></td>
</tr>
</tbody>
</table>

### PARENT/GUARDIAN/CARER DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/Guardian/Carer 1</td>
<td>Father/Guardian/Carer 2</td>
</tr>
<tr>
<td>Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐</td>
<td>Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐</td>
</tr>
<tr>
<td>Surname</td>
<td>Surname</td>
</tr>
<tr>
<td>Given Names</td>
<td>Given Names</td>
</tr>
<tr>
<td>Relationship to Student e.g. mother</td>
<td>Relationship to Student e.g. mother</td>
</tr>
<tr>
<td>Resides with Student</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Contact in emergency</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Responsible for Parenting</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Responsible for Accounts</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Receives Reports</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Denomination</td>
</tr>
<tr>
<td>Residential Address</td>
<td>Residential Address</td>
</tr>
<tr>
<td>Street:</td>
<td>Street:</td>
</tr>
<tr>
<td>Town:</td>
<td>Town:</td>
</tr>
<tr>
<td>Post Code</td>
<td>Post Code</td>
</tr>
<tr>
<td>Postal Address</td>
<td>Postal Address</td>
</tr>
<tr>
<td>Home Telephone</td>
<td>Home Telephone</td>
</tr>
<tr>
<td>Mobile Phone</td>
<td>Mobile Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Email address</td>
<td>Email Address</td>
</tr>
<tr>
<td>Employer</td>
<td>Employer</td>
</tr>
<tr>
<td>Occupation</td>
<td>Occupation</td>
</tr>
<tr>
<td>Are there any Custody Orders in relation to this child that we need to be aware of:</td>
<td>Are there any Custody Orders in relation to this child that we need to be aware of:</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Copies of appropriate documents attached?</td>
<td>Copies of appropriate documents attached?</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>I agree to the school using Name and Mobile Number in Parent Information Handbook</td>
<td>I agree to the school using Name and Mobile Number in Parent Information Handbook</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
Surname:  First Name:

MEDICAL DETAILS

Does your child have a disability, impairment or long-term condition?  Yes □  No □

Does your child suffer from a medical impairment?  Yes □  No □

Please provide further information below:

Hearing Problem □
Physical Problem □
Visual Problem □
Learning Problem □
Intellectual Problem □
Social Problem □
Delayed Development in early childhood □
Significant Illness during 0 - 3 yrs □
Autism □
Other □

Please provide further information below:

Allergies □
Anaphylaxis □
Asthma □
Diabetes □
Epilepsy □
Heart □
Other □

Please attach details of any treatments, care and medication required. Reports from medical practitioners e.g. Asthma plan, Anaphylaxis plan

Immunisation certificate current for:Date  Date

Measles/Mumps  Yes □  No □  Chickenpox  Yes □  No □
Triple Antigen  Yes □  No □  Hib  Yes □  No □
Hepatitis A  Yes □  No □  Hepatitis B  Yes □  No □
Rubella  Yes □  No □  Meningococcal  Yes □  No □

If we need to call an ambulance in an emergency situation costs might apply

EMERGENCY CONTACTS (must have two)

(if unable to contact parent/guardian or caregiver)

Name:  Phone:  Mobile :  Relationship to child:
1. ______________________________  ___________________  ___________________
2. ______________________________  ___________________  ___________________

Family Doctor:
Name:  Phone No:

Family Dentist:
Name:  Phone No:

Student Background Information

As required under the Australian Government Schools Assistance (Learning Together – Achievement through choice and opportunity) Act 2004

What was the language/s used most by the student when she/he was learning to talk:

English:  Yes □  No □
Other/s please specify:

Does the student speak a language other than English at home?

No, English only □
Yes □ - please specify ______________________

Is the student’s main language spoken at home English?

Yes □  No □

Is the student a permanent resident of Australia?

Yes □  No □

Date of arrival:  ____/____/_______

Is the student of Aboriginal or Torres Strait Islander origin?

No □
Yes, Aboriginal □
Yes, Torres Strait Islander □
Both □

CONSENT FORMS

Photo Authorisation (first name and photo to be used in any media/website/social network publicity for St Jakobi
Lutheran School:  
Yes ☐  No ☐  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 ☐  No ☐  Signature:  

| **PARENT/GUARDIAN BACKGROUND INFORMATION**  
(As required under the Australian Government Schools Assistance Act 2004) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother/guardian 1</strong> language background</td>
<td><strong>Father/guardian 2</strong> language background</td>
</tr>
</tbody>
</table>
| **Does the parent/guardian 1 speak a language other than English at home?**  
- No, English only ☐  
- Yes, other ☐  
**Please specify:**  
| **Does the parent/guardian 2 speak a language other than English at home?**  
- No, English only ☐  
- Yes, other ☐  
**Please specify:**  
|
| **What is the highest year of primary or secondary school parent/guardian 1 has completed:**  
- Year 9 or equivalent or below ☐  
- Year 10 or equivalent ☐  
- Year 11 or equivalent ☐  
- Year 12 or equivalent ☐  
| **What is the highest year of primary or secondary school parent/guardian 1 has completed:**  
- Year 9 or equivalent or below ☐  
- Year 10 or equivalent ☐  
- Year 11 or equivalent ☐  
- Year 12 or equivalent ☐  
| **What is the highest qualification the parent/guardian 1 has completed:**  
- No non-school qualification* ☐  
- Certificate I – IV (incl trade qualifications) ☐  
- Diploma / Advanced Diploma ☐  
- Bachelor Degree or above ☐  
| **What is the highest qualification the parent/guardian 1 has completed:**  
- No non-school qualification* ☐  
- Certificate I – IV (incl trade qualifications) ☐  
- Diploma / Advanced Diploma ☐  
- Bachelor Degree or above ☐  

*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 ☐  
2  Other business managers, arts/media/sportspersons, and associate professionals ☐  
3  Tradespeople, clerks and skilled office, sales and service staff ☐  
4  Machine operators, hospitality staff, assistants, labourers and related workers ☐  
5  Not in paid work in the last 12 months ☐  |
| **What is the occupation group of the parent/guardian 2?**  
1  Senior Management in large business organisation, government administration, and qualified professionals ☐  
2  Other business managers, arts/media/sportspersons, and associate professionals ☐  
3  Tradespeople, clerks and skilled office, sales and service staff ☐  
4  Machine operators, hospitality staff, assistants, labourers and related workers ☐  
5  Not in paid work in the last 12 months ☐  |

| **Mother’s Indigenous status**  
Is the student’s mother of Aboriginal or Torres Strait Islander origin?  
- No ☐  
- Yes, Aboriginal ☐  
- Yes, Torres Strait Islander ☐  
- Both ☐  
| **Father’s Indigenous status**  
Is the student’s father of Aboriginal or Torres Strait Islander origin?  
- No ☐  
- Yes, Aboriginal ☐  
- Yes, Torres Strait Islander ☐  
- Both ☐  |
| **In which country was the student’s mother born?**  
Australia ☐  Yes ☐  No ☐  |
| **In which country was the student’s father born?**  
Australia ☐  Yes ☐  No ☐  |
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 or 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.

A Caring School for the Future
ST JAKOBI LUTHERAN SCHOOL T 08 8524 4137 F 08 8524 5690 admin@stjakobi.sa.edu.au PO Box 138 Lyndoch SA 5351