

IN ENROLLING MY / OUR CHILD AT THIS SCHOOL I / WE AGREE TO ACCEPT THE FOLLOWING:
• that my / our child will be educated in the Lutheran faith within a Christian educational environment.
• that support of school staff and co-operation concerning school activities is essential.
• that we will abide by school policies as amended from time to time.
• that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory, e.g. camps, excursions, etc.
• that the School reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the School.
• the standards the School sets regarding grooming, uniform and personal presentation.
I / we also:
• agree that I / we are responsible 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).
• agree that I / we are 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.
• give consent for the School to contact any other schools which my child has previously attended for the purpose of ascertaining my / our fee-paying record.
• 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.
• give permission for the school to access information on my / our child from a previous school, pre-school or specialist.
• hereby declare the attached information to be true and correct.

Please state your reason for choosing Waikerie Lutheran Primary School for your child's education.
Are there any other relevant circumstances of which you wish to advise the school?
How did you hear at Waikerie Lutheran Primary School?

I declare that all of the information provided in this application is, to the best of my knowledge, true and correct (both parents to sign).	
Name:	Name:
Signature:	Signature:
Date:	Date:

WAIKERIE LUTHERAN PRIMARY SCHOOL

6 McIntosh Street, Waikerie SA 5330

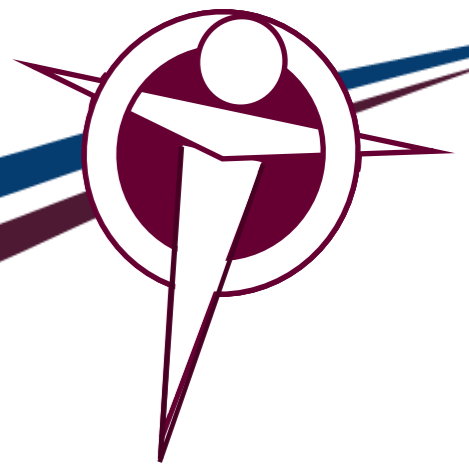
Telephone: 08 8541 2344 Mobile: 0457 265 337

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**Arrive to Learn,
Leave to Serve.**



All things through Christ

WAIKERIE LUTHERAN PRIMARY SCHOOL



OFFICE USE ONLY		
Surname:	Christian Name/s:	
Preferred First Name:	Date of Birth:	
Year of Entry:	Year Level:	Family Code:
Siblings:		
Birth Certificate: Yes No	Immunised: Yes No	Type of Visa:
Old Scholar: Yes No	Baptised: Yes No	Home Congregation:
Date Received:	Date Interviewed:	Enrolment Accepted: Yes No

Completion of this application does not guarantee a place at Waikerie Lutheran Primary School.
An application must be submitted for **each** child.

FAMILY DETAILS			
FATHER/GUARDIAN : Mr / Dr / Other		ARE YOU AN OLD SCHOLAR? YES / NO YEAR _____	
FULL NAME:			
RESIDENTIAL ADDRESS:			
SUBURB:		POST CODE:	
POSTAL ADDRESS (if different to Residential Address):			
SUBURB:		POST CODE:	
HOME PHONE:		MOBILE:	
EMAIL:		WORK PHONE:	
OCCUPATION:		EMPLOYER:	
HIGHEST YEAR OF SCHOOLING:		HIGHEST QUALIFICATION COMPLETED:	
MARITAL STATUS: SINGLE / MARRIED / SEPARATED / DIVORCED / WIDOWED / DE FACTO			
DO YOU RECEIVE A GOVERNMENT BENEFIT?		YES / NO / NOT APPLICABLE	
RESIDES WITH CHILD? YES / NO		IF NO, HAS FATHER KNOWLEDGE OF THIS ENROLMENT? YES / NO	
COUNTRY OF BIRTH:		HOME LANGUAGE:	
DATE OF ARRIVAL IN AUSTRALIA (if applicable):		TYPE OF VISA (SUBCLASS NO.):	
RELIGIOUS AFFILIATION:		PLACE OF WORSHIP:	

MOTHER GUARDIAN : Mrs / Ms / Dr / Other		ARE YOU AN OLD SCHOLAR? YES / NO YEAR _____	
FULL NAME:			
RESIDENTIAL ADDRESS:			
SUBURB:		POST CODE:	
POSTAL ADDRESS (if different to Residential Address):			
SUBURB:		POST CODE:	
HOME PHONE:		MOBILE:	
EMAIL:		WORK PHONE:	
OCCUPATION:		EMPLOYER:	
HIGHEST YEAR OF SCHOOLING:		HIGHEST QUALIFICATION COMPLETED:	
MARITAL STATUS: SINGLE / MARRIED / SEPARATED / DIVORCED / WIDOWED / DE FACTO			
DO YOU RECEIVE A GOVERNMENT BENEFIT?		YES / NO / NOT APPLICABLE	
RESIDES WITH CHILD? YES / NO		IF NO, HAS FATHER KNOWLEDGE OF THIS ENROLMENT? YES / NO	
COUNTRY OF BIRTH:		HOME LANGUAGE:	
DATE OF ARRIVAL IN AUSTRALIA (if applicable):		TYPE OF VISA (SUBCLASS NO.):	
RELIGIOUS AFFILIATION:		PLACE OF WORSHIP:	

STUDENT DETAILS			
SURNAME:		GIVEN NAME/S:	
GENDER: MALE / FEMALE		DATE OF BIRTH:	
YEAR OF ENTRY:	TERM TO COMMENCE: 1 / 3	YEAR LEVEL:	
MAIN LANGUAGE AT HOME:		OTHER:	
COUNTRY OF BIRTH:		DATE OF ARRIVAL IN AUSTRALIA (if applicable):	
BAPTISED: YES / NO	DATE OF BAPTISM:	CHURCH:	
IS THIS STUDENT OF ABORIGINAL OR TORRES STRAIT ORIGIN? NO / ABORIGINAL / TORRES STRAIT ISLANDER <small>For persons of both Aboriginal and Torres Strait Islander origin, circle both options.</small>			

MOST RECENT SCHOOLS AND PRE-SCHOOLS PREVIOUSLY ATTENDED (INCLUDE KINDERGARTEN UP TO PRESENT TIME)			
1.		FROM: / /	TO: / /
2.		FROM: / /	TO: / /
3.		FROM: / /	TO: / /

OTHER CHILDREN IN THE FAMILY	M/F	DATE OF BIRTH	SCHOOL ATTENDING (if applicable)	YEAR LEVEL

SPECIAL STUDENT NEEDS AND CONSIDERATIONS	
Does your child have any learning/Social or Behavioural difficulties/issues?	YES / NO
Has your child attended any specialised agencies, special schools, units or centres?	YES / NO
Does your child have any specialist reports eg Speech, Psychology, Occupational Therapy etc?	YES / NO
Does your child have any special needs or considerations? <small>(Disabilities, impediments, allergies, restrictions on physical activity)</small>	YES / NO
Does your child require any special provisions to be made by the school? <small>(eg Regular medication, disabled access, hearing assistance etc)</small>	YES / NO
Does your child have any special gifts / talents?	YES / NO
IF YES to any of the above, please give details below, using attachments if necessary.	

PLEASE PROVIDE A COPY OF THE FOLLOWING DUCMENTS WITH THIS APPLICATION	
	A copy of your child's birth certificate or extract
	Latest school report and / or reference from previous school (if applicable)
	Any Court Order or related information regarding custody of child (if applicable)
	Documentation relating to special needs (any reports, action plans, assessments etc if applicable)
	Documentation relating to any medical issues (asthma plan, anaphylaxis action plan etc if applicable)
	Immunisation records or exemption