



## APPLICATION FOR ENROLMENT

The information provided on the enrolment form is being obtained for the purpose of processing the prospective student's application for enrolment and to meet the requirements of the Commonwealth Schools Assistance Act as administered by the Ministerial Council on Education, Employment, Training and Youth Affairs.

### OFFICE USE:

Date Received: .....

Parent Code: .....

Student Code: .....

Start Date: .....

### STUDENT INFORMATION

Application for Entry into:      Kinder      1      2      3      4      5      6      (please circle)

Commencing at Lutheran School Wagga Wagga in Term ..... Year 20.....

Family Name: ..... Given Names: .....

Preferred Name: ..... Date of Birth: ..... / ..... / ..... Gender: .....  
(If different to given name)

Residential Address: ..... Post Code: .....

Postal Address: .....

Religion / Denomination: ..... Home Congregation: .....

Is the student:    An Australian Citizen    A Permanent Resident    A Visa Holder    Overseas Student  
 Other (Please specify) .....

If the student was born overseas, on which date did they arrive in Australia? .....

If the student is a visa holder, please provide all visa and passport details: .....

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Does the student identify as Aboriginal or Torres Strait Islander? If **both**, please tick both boxes.

Yes, Aboriginal       Yes, Torres Strait Islander       No, Neither

Main language spoken at home: .....

Other language/s spoken at home: .....

## EDUCATIONAL DETAILS

Name of preschool and/or previous schools attended if applicable.      Year/s      Year Level/s

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*Please attach a copy of the student's most recent school reports and NAPLAN results if applicable.*

YES NO

Do you give permission for Lutheran School WW to contact the student's current school?

Has the student received English as a Second Language (ESL) support?

Does the student currently have the support of an Integration Aide (Learning Support)?

Does the student require any special educational assistance?

Does the student have a current Individual Education Plan? (IEP, BLP, ILP)

Does the student have any social, emotional, or physical needs that require additional support?

*Please provide details and copies of any plans:*

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## FAMILY INFORMATION

Why would you like your child to attend Lutheran School ? Where did you hear about Lutheran School?.....

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### 1. PARENT / CAREGIVER / GUARDIAN

Title: ..... Family Name: ..... Given Names.....

Relationship to Child: ..... Your Preferred Name: .....

Residential Address: ..... Post Code: .....

Postal Address: .....

Email: .....

Mobile: ..... Home Phone: ..... Work Phone: .....

Occupation: ..... Employer: .....

Religion / Denomination: ..... Home Congregation: .....

## 2. PARENT / CAREGIVER / GUARDIAN

Title: ..... Family Name: ..... Given Names: .....  
Relationship to Child: ..... Your Preferred Name: .....  
Residential Address: ..... Post Code: .....  
Postal Address: .....  
Email: .....  
Mobile: ..... Home Phone: ..... Work Phone: .....  
Occupation: ..... Employer: .....  
Religion / Denomination: ..... Home Congregation: .....

## 3. PARENT / CAREGIVER / GURADIAN: *For shared parental care or dual living arrangements*

Title: ..... Family Name: ..... Given Names: .....  
Relationship to Child: ..... Your Preferred Name: .....  
Residential Address: ..... Post Code: .....  
Postal Address: .....  
Email: .....  
Mobile: ..... Home Phone: ..... Work Phone: .....  
Occupation: ..... Employer: .....  
Religion / Denomination: ..... Home Congregation: .....

## FAMILY RELATIONSHIPS

Student resides with:

- |  |                                      |                                      |   |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Mother & Father | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only | <input type="checkbox"/> Shared Parental Care |
| <input type="checkbox"/> Grandparents    | <input type="checkbox"/> Caregiver   | <input type="checkbox"/> Guardian    | <input type="checkbox"/> Other .....          |

Are there any custodial or legal arrangements in place that the school should be aware of?  Yes  No

Please provide details and copies of any Family Court Orders or shared parental care arrangements in place.

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Siblings Names:

Name: .....	DOB: .....	Attends/ed LSWW?	Y / N
Name: .....	DOB: .....	Attends/ed LSWW?	Y / N
Name: .....	DOB: .....	Attends/ed LSWW?	Y / N
Name: .....	DOB: .....	Attends/ed LSWW?	Y / N

## CORRESPONDENCE

Please forward copies of student reports to:  Both Parents / Caregivers  Parent / Caregiver 1 ONLY  
 Parent / Caregiver 2 ONLY  Other (please specify) .....

Please forward school events and information to:  Both Parents / Caregivers  Parent / Caregiver 1 ONLY  
 Parent / Caregiver 2 ONLY  Other (please specify) .....

*Please Note: In situations where parents are separated or divorced, parent/ teacher interviews, school reports and information are provided to both parents unless there are court orders which would prevent this.*

## FEES

Who will be responsible for school fees?  Both Parents / Caregivers  Parent / Caregiver 1 ONLY  
 Parent / Caregiver 2 ONLY  Other (please specify) .....

If a third party will be responsible for school fees, please ask them to fill their details below and sign:

Name: ..... Signature: .....

Billing email: .....

*A non-refundable enrolment confirmation fee of \$450.00 is required. This payment is disbursed, with \$50 relating to application fees and \$400 Acceptance Bond. The Enrolment Acceptance Bond is returned to the family upon a student's graduation or if enrolment is terminated by the parents with notice of at least one full term.*

## EMERGENCY CONTACTS

Please provide the name and numbers of two people, apart from those already listed, who will act as contacts should we be unable to contact you.

### 1. EMERGENCY CONTACT

Name: ..... Relationship to student: .....

Mobile: ..... Home Phone: ..... Work Phone: .....

### 2. EMERGENCY CONTACT

Name: ..... Relationship to student: .....

Mobile: ..... Home Phone: ..... Work Phone: .....

## PARENT INFORMATION

The National Schools Statistics Collection (NSSC) is a collaborative arrangement between State, Territory and Australian Government Education Departments. It is managed by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA), Performance Measurement and Reporting Taskforce (PMRT). Information is provided on the number and characteristics of schools, students and staff. This data is derived from the annual Schools Census enumerated each August by the responsible authorities.

<b>1. Parent Caregiver Guardian</b>	Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes – Please specify : .....
	What is the highest year of primary or secondary school you have completed?	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
	What is the highest level of qualification you have completed?	<input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification
	What is your occupation?  <i>Please select the appropriate number from the Occupation Groups list overleaf.</i>	<input type="checkbox"/>  <i>If the person is not currently in paid work but has had a job in the last 12 months or has retired 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 'N' in the box above.</i>
<b>2. Parent Caregiver Guardian</b>	Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes – Please specify : .....
	What is the highest year of primary or secondary school you have completed?	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
	What is the highest level of qualification you have completed?	<input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification
	What is your occupation?  <i>Please select the appropriate number from the Occupation Groups list overleaf.</i>	<input type="checkbox"/>  <i>If the person is not currently in paid work but has had a job in the last 12 months or has retired 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 'N' in the box above.</i>

## 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 service administrator

**Other administration:** school principal, faculty head/dean, library/museum/gallery director, research facility director

**Defence Forces** Commissioned Officer

**Professionals** generally have 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.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional

**Business:** management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer

**Air/sea transport:** aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller

### **GROUP 2: Other business managers, arts/media/sportspersons 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 sales/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, sports official

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

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager

### **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/actuarial 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/refugee/child care worker, nanny meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor

### **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, kitchenhand, porter, housekeeper

**Office assistants:** sales assistants and other assistants.

**Office:** typist, word 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 above

**Agriculture, horticulture, forestry, fishing, mining worker:** farm overseer, shearer, wool/hide classer, miner, seafarer/ fishing hand

**Other worker:** labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor

## STUDENT HEALTH / MEDICAL DETAILS

Student Name on Medicare card: .....

Medicare No. .... Individual No. .... Expiry Date: .....

Do you have Ambulance Cover?  Yes  No

Name, location and contact details of General Practitioner: .....

Has the student been fully immunised, as required, for their age?  Yes  No

*Attach latest Immunisation History Statement*

Date of last tetanus booster? .....

Does the student have any allergies? (food, medication, environment, latex, insects etc.)  Yes  No

If YES, please provide information about causes and treatment. How severe is the allergy?

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Is there a risk of anaphylaxis?  Yes  No

If YES, their ASCIA action plan and EpiPen MUST be provided.

Does the student have any special dietary requirements or food intolerances?  Yes  No

If YES, please provide details: .....

Does the student have asthma?  Yes  No

If YES, please provide information about triggers and treatment. How severe is the asthma? Their Asthma action plan and medication MUST be provided.

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Has the student any physical (visual, auditory, speech, mobility) limitations that require correction, assistance or intervention?  Yes  No

If YES, please provide details:

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Does the student have any chronic illness or condition that might affect their learning?  Yes  No

Please indicate in which areas and provide details.

- Epilepsy                       Diabetes                       Autism Spectrum Disorder  
 ADHD / ADD                       Dyslexia / Dysgraphia / Dyscalculia                       Other, please specify:

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Is there any medication that the student should be given at school?  Yes  No

*(Attach the applicable Medication Authority Forms)*

Are there any other medical facts about the student that the school should know?  Yes  No

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Please request for and attach a **Medication Administration Request Form** if medication is to be taken at school and attach any **Emergency Plan, Asthma Management Plan** or **ASCIA Action Plan** if the student may require emergency medical treatment at school.

## MEDICAL DECLARATION

I / We ..... (Parent / Caregiver / Guardian) authorise the obtaining of medical assistance deemed necessary by employees of Lutheran School Wagga Wagga should a health emergency occur and agree to pay all medical expenses incurred.

I / We also undertake to advise Lutheran School Wagga Wagga about any changes in the medical status or needs of the student.

Parent / Caregiver 1. Signature: \_\_\_\_\_ Date: .....

Parent / Caregiver 2. Signature: \_\_\_\_\_ Date: .....

# CONSENTS

## PRIVACY COLLECTION NOTICE

1. The school collects personal information about you before and throughout a student's enrolment at the school. This may be in writing, through digital information or during conversations. The school collects sensitive personal information, including health information.
2. The primary purpose of collecting personal information is to enable the school to provide schooling to students enrolled at the school, exercise its duty of care and perform the necessary associated administrative activities, which will enable students to take part in all the activities of the school.
3. The school has legal obligations which require certain information to be collected and disclosed as stated in relevant Education Acts, Public Health and Child Protection laws.
4. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and the reason.
5. The school may disclose your personal and sensitive information for educational and administrative purposes and to seek support and advice in the interests of the student.
6. Personal information collected from students is regularly disclosed to their parents or guardians. School activities and news are regularly published in the school newsletter and website.
7. The school may use online or 'cloud' service providers to store personal information and to provide services to the school that involve the use of personal information.
8. The school may engage in fundraising activities. Your personal information may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
9. If you make an enrolment application to another school, personal information provided during the application stage may be collected from, or shared with, the other school. This personal information may include sensitive information and is used for the purpose of considering and administering the enrolment of the student.
10. In the event that there is a default on payment of fees, the school may refer the matter to a debt collection agency leading to a disclosure of personal information. The associated costs would be covered by the person responsible for payment of fees.

## SPORTING & EDUCATIONAL EXCURSIONS

Tick the box if you give permission:

- We / I give consent for the student to participate in Sporting Events and Carnivals.

*Separate individual permission and details will be issued when the event is **not whole school or based locally.***

- Do you give permission for the student to participate in all Educational Excursions within the town limits of Wagga Wagga, and agree to delegate your authority to the teachers and instructors involved? *Notice of such visits will be given to Parents / Caregivers by email.*
- Do you give permission for teachers and instructors to take the appropriate action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually in the above-mentioned activities?
- Do you give permission for the teachers and/or instructors to obtain appropriate medical assistance necessary, in the event of an incident/accident, and agree to pay all medical expenses incurred on behalf of the above student/s.

## INTERNAL MEDIA

Use of photographs or video, plus names of the student/s, **within** Lutheran School Wagga Wagga: in the **newsletter, on the website or at school.**

- We / I consent, on our behalf and on behalf of the student/s, to any photographic representation or depiction, plus the names of the student/s, on the condition that the image or depiction:
- (a) is of the student/s engaging in the activities of, or associated with, Lutheran School Wagga Wagga.
  - (b) solely for the purpose of promotion for, or by, Lutheran School Wagga Wagga

*I understand that if I later revoke the authority and consent, Lutheran School Wagga Wagga can continue to use, after the date of revocation, all and any photographs or depictions of the student provided that such use will be strictly limited to material published by or on behalf of Lutheran School Wagga Wagga prior to the date of revocation.*

## EXTERNAL MEDIA

Please nominate which of the following media platforms that you give consent for the student's photographs, videos or depictions being allowed in.

- Local Papers eg. The Daily Advertiser
- Social Media, eg. Lutheran School Wagga Wagga Facebook posts
- Marketing Material
- None of the above

Can the name of the student be included in the Media above?  Yes  No  First Name Only

## PARENT / CAREGIVER DECLARATION

We / I declare that the information provided in this document is accurate and complete to the best of our / my knowledge. We have read the Parent Code of Conduct and can commit ourselves to the Christian education of this student at Lutheran School Wagga Wagga to the mutual benefit of our family and the school, we commit ourselves wholeheartedly, to the best of our ability, and with God's help to :

- support the school in its Mission and Vision
- support and encourage the school's educational objectives
- support the school in its restorative approach to behaviour learning and wellbeing
- contribute and communicate to ensure a positive school culture is evident within the community
- respond to issues and concerns raised in a professional manner using the correct channels of communication
- guarantee our financial commitments to the school.

We / I understand that to withdraw the student from school, one term's notice in writing must be given to the Principal. In lieu of such notice, one term's fees may be payable.

Further to this, we / I understand that confirmation and continuing enrolment of the student is based on an honest and accurate response to all questions on this Application for Enrolment Form. We / I understand that failure to disclose information is neither in the best interests of my child nor the school.

We / I also commit to promptly update the school, in writing, of any changes that could affect the student and their wellbeing. This includes changes to any information given on this application.

Parent / Caregiver 1. Signature:

Date: .....

Parent / Caregiver 2. Signature:

Date: .....

*Both Applicants are required to sign.*

## CHECK LIST

- Copy of Birth Certificate
- Copy of most recent Immunisation History
- Non-refundable \$400 deposit

If applicable:

- Medication Authority Form
- Medical / Health / Emergency Management Plans
- Most Recent School Reports
- Learning Assessments / Support Plans
- NAPLAN Results
- Passport / Visa
- Family Court Orders

Please see our website: <https://lpsww.nsw.edu.au> for additional information.

The current Annual Report and School Policies are available on the website.

*Please return the complete Enrolment Form and relevant documents to the [admin@lpsww.nsw.edu.au](mailto:admin@lpsww.nsw.edu.au) or the postal address listed below.*