

Application for Enrolment



PLEASE COMPLETE AND RETURN TO COLLEGE ADMINISTRATION

CONFIDENTIAL

STUDENT INFORMATION		
Surname:	Legal surname (if different):	
Given Names:	Preferred Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	Postcode:	
Postal Address (If not as above):	Postcode:	
Home Phone:	Student Mobile:	
Religious Affiliation:	Current congregation:	
Current School/Pre School:	Current Year Level:	
Country of Birth:	Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Language spoken at home:		
Are there any Custody Orders or Access Restrictions in place?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes bring the original court order/s for staff to sight and copy.		
PROPOSED ENTRY LEVEL:		
Proposed term and year of commencement: Term: 1 2 3 4 Year: 20		
<input type="checkbox"/> Early Learning	<input type="checkbox"/> Junior School: Foundation 1 2 3 4 5 6	
<input type="checkbox"/> Middle School: 7 8 9	<input type="checkbox"/> Senior School: 10 11 12	
EARLY LEARNING ENROLMENTS ONLY (compulsory information)		
Child's CRN:	PLEASE PROVIDE A COPY OF CHILD'S IMMUNISATION HISTORY	
Parent/Legal Guardian: (Linked to Child Care Subsidy (CCS) application)		
Parent/Legal Guardian: CRN Number:		
Parent/Legal Guardian: Date of Birth:		
Collection Authorities: (name of person/s authorised to collect child other than parents/guardians):		
Full Name:	Mobile:	Relationship to student:
Full Name:	Mobile:	Relationship to student:

64 Adelaide Road, Victor Harbor
South Australia 5211

P 08 8552 8880 F 08 8552 8833

E info@encounter.sa.edu.au

encounter.sa.edu.au

ABN 87 346 799 642



PARENT OR GUARDIAN INFORMATION

Parent / Legal Guardian 1: Full Name: (Mr/Mrs/Ms/Rev/Dr):

Address: Postcode:

Postal Address (If not as above): Postcode:

D.O.B: Mobile: Email:

Occupation: Employer:

Primary Carer: Yes No If No, has the mother/father knowledge of this application: Yes No

Parent / Legal Guardian 2: Full Name: (Mr/Mrs/Ms/Rev/Dr):

Address: Postcode:

Postal Address (If not as above): Postcode:

D.O.B: Mobile: Email:

Occupation: Employer:

Primary Carer: Yes No If No, has the mother/father knowledge of this application: Yes No

FAMILY DETAILS - SIBLINGS/OLD SCHOLARS

Enrolment priority is given to families who have current or previous associations with the College. (Note that this is an indication for future enrolment only. A separate enrolment form must be completed for each child prior to enrolment).

Children currently or previously attending:

Surname:	First Name:	Date of Birth:	Last year attended:

Children who may attend Encounter at a later date:

Surname:	First Name:	Date of Birth:	

Old Scholar: Parent / Guardian 1 Parent / Guardian 2

Surname (at time of enrolment):	First Name:	Date of Birth:	Last year attended:

OTHER RELEVANT INFORMATION

It is College policy that the person/s enrolling the student assume responsibility for all accounts.

Will the account email address be the same as the applicant's? Yes No If no, please provide details:

Name: Email:

Directions as to other correspondence:

All reports, newsletters etc will be forwarded to the person/s enrolling the student unless otherwise notified. If there are additional copies of reports required for parent/s not residing with the enrollee please indicate in the space below. Note that these must be in accordance with any custody orders as indicated in the Student Information section.

Name: Email:

STUDENT NEEDS PROFILE

All information on this form will be treated with confidentiality in accordance with the Encounter Lutheran College Privacy Information Policy. This information is collected to assist the College in catering for the educational needs of the student and may be disclosed to others for administrative and educational purposes only.

Applicant's Medical Needs:

Does the applicant have any significant medical conditions?
(eg Asthma, Chronic Illness, diabetes, severe allergy, seizures etc).

Yes No

If yes, please provide full details (including treatment and/or management plans):

Applicant's Learning Needs:

Has the applicant ever participated in a learning enrichment program? (gifted and talented):

Yes No

If yes, please provide details:

Has the applicant ever accelerated or repeated a year?

Yes No

If yes, please provide details:

Has the applicant ever received Learning Support/Special Aide Assistance?

Yes No

If yes, please provide details:

Has the applicant attended any specialised agencies, special schools, units or centres?

Yes No

If yes, please provide details:

Please provide copies of any Adjusted Education Plans or Negotiated Curriculum Plans developed for the applicant

Does the applicant have a diagnosis of any of the following Impairments?

Yes No

Intellectual Hearing Non Verbal Learning Disorder Autism/Asperger's Vision ADD/ADHD
 Physical Learning Difficulty Social/Emotional Other (specify):

Has the applicant received any medical or educational assessments or reports?
(eg speech pathology, psychology or paediatric specialists).

Yes No

Type of assessment:

If possible, please attach a copy to this application.

Date of testing:

Name of professional:

Has behaviour management ever been an issue with the applicant in a school or other educational setting?

Yes No

If yes, please provide details:

Has the applicant ever been suspended (internally or externally),
excluded or expelled from school or any other educational setting?

Yes No

If yes, please provide details:

DECLARATION AND AGREEMENT

It is expected that parents will support and abide by all College policies and they will work cooperatively with teachers and College leaders for the benefit of their child's education. The College reserves the right to suspend or exclude any student whose attitude or conduct is deemed by the Principal to be unsatisfactory or whose parents do not cooperate adequately with College personnel.

We have read the information contained in the Encounter Lutheran College Prospectus.
Should our child be enrolled at Encounter Lutheran College, we agree to:

- Abide by the policies, rules and regulations of the College
- Ensure to the best of our ability that our child will likewise conform to those policies
- Pay all fees and charges defined by the College, as adjusted from time to time at the discretion of the College Council and within the terms of payment, unless satisfactory arrangements to the contrary have been made with the Principal or Business Manager
- Responsible for all associated debt recovery cost as per the College Fee Schedule enclosed.
- Give a term's notice in writing before removing my child from the College or pay a term's fees in lieu.

Signed: _____ (Parent / Legal Guardian 1) Date: _____

Signed: _____ (Parent / Legal Guardian 2) Date: _____

This Enrolment Form must be lodged with the Application Fee of \$50 (includes GST).

PLEASE NOTE: The payment of the application fee does not guarantee enrolment. The application fee is non-refundable.

DOCUMENTATION REQUIREMENTS CHECKLIST

Please ensure that the following are attached to this application:

- Copies of academic reports from the previous 12 months & any applicable specialist reports
- Copy of birth certificate
- Copy of Immunisation History Statement (early Learning enrolments only)

This form has been completed in full and signed by enrolling parent(s)/guardian(s)

OFFICE USE ONLY

All required documentation received. Yes No Date: _____

Application Fee received. Yes No Date: _____

Additional Comments:
