



LUTHERAN SCHOOL WAGGA WAGGA

a non-profit company limited by guarantee
Tamar Drive Wagga Wagga NSW 2650, Australia
telephone (02) 6923 8100 Fax (02) 6926 2124
website: www.lpsww.nsw.edu.au
email: admin@lpsww.nsw.edu.au

APPLICATION FOR ENROLMENT

A separate application form must be submitted for each child. Please complete all sections of this form.

STUDENT INFORMATION

Family name: _____

First given name: _____

Second given name: _____

Preferred first name: (if different to first given name) _____

Sex: Male Female Date of birth: (ddmmyyyy) _____

A copy of your child's birth certificate must be provided

Indicate below into which year level are you seeking enrolment for your child:

Kindergarten Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Intended school term and calendar year this enrolment will commence: Term 1 Term 2 Term 3 Term 4 **20** _____

Is your child baptised? Yes No Religious denomination: _____

Place of worship: _____

Is your child of Aboriginal or Torres Strait Islander (ATSI) origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

If your child is of ATSI origin and transferring from another primary school, attach a copy of his/her Personalised Learning Pathway (PLP)

Is English the main language spoken by your child at home? Yes No

If no, name the other language(s) spoken by your child at home: _____

RESIDENTIAL STATUS

Residential status: Australian citizen Permanent resident Temporary visa holder Overseas student

What is your child's country of birth: _____

If your child was born overseas, on what date did your child arrive in Australia? (ddmmyyyy): _____

If you hold a permanent/temporary visa, give details: Current visa sub-class: _____ Visa expiry date: (ddmmyyyy) _____

If your child was not born in Australia, provide a copy of his/her passport, visa documents or Australian citizen naturalisation certificate

KINDERGARTEN ENROLMENT

Preschools usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school. **Long day care services** offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before they start primary school.

Is your child currently attending one or more of the following services? Yes No If yes, please give details below:

Preschool Long Day Care (with a preschool program)

Long Day Care (without a preschool program) Family Day Care

Other formal/informal care (eg occasional care, relative, nanny, friend)

If other, please give details: _____

Please name the service(s) and day(s) your child attends:

1. _____ Days attending Mon Tue Wed Thurs Fri

2. _____ Days attending Mon Tue Wed Thurs Fri

3. _____ Days attending Mon Tue Wed Thurs Fri

CURRENT/PREVIOUS PRIMARY SCHOOL

If your child is transferring from another primary school, please provide the name and address of that school:

What is your child’s current year level at that school? _____

A copy of your child’s Semester 1 and Semester 2 report(s) and Years 3 and 5 NAPLAN report(s), must be attached to this application

PERMISSION TO GATHER INFORMATION

Do you give consent for your child’s current school/preschool to forward any relevant information about your child? Yes No

Do you give consent for our educators to contact your child’s current school/preschool? Yes No

BROTHERS AND SISTERS

Please list below your child’s brothers and sisters who are preschool or primary school aged or younger:

First name/family name: _____ Date of birth: (ddmmyyyy) _____

First name/family name: _____ Date of birth: (ddmmyyyy) _____

PARENT INFORMATION

MOTHER/FEMALE GUARDIAN

Family name: _____

First given name: _____

Preferred first name: (if different to first given name) _____

Title: (eg Mr, Mrs, Ms, Dr) _____

Country of birth: _____

Residential status:
Australian citizen
Permanent resident
Temporary visa holder

If you were not born in Australia, provide copies of your passport, visa documents or Australian citizen naturalisation certificate

Is English the main language spoken by you at home?
Yes
No

If no, name the other language(s) spoken by you at home: _____

Religious denomination: _____

Place of worship: _____

Current or last occupation: _____

FATHER/MALE GUARDIAN

Family name: _____

First given name _____

Preferred first name: (if different to first given name) _____

Title: (eg Mr, Mrs, Ms, Dr) _____

Country of birth: _____

Residential status:
Australian citizen
Permanent resident
Temporary visa holder

If you were not born in Australia, provide copies of your passport, visa documents or Australian citizen naturalisation certificate

Is English the main language spoken by you at home?
Yes
No

If no, name the other language(s) spoken by you at home: _____

Religious denomination: _____

Place of worship: _____

Current or last occupation: _____

MOTHER/FEMALE GUARDIAN

Current or last workplace:

If self employed, provide business name:

Email address for school communication: (eg newsletters)

Email address for billing:

Residential address:

Street number:

Street name:

Suburb:

State:

Postcode:

Mobile telephone number: (for school communication)

School education:

What is the highest year of primary or secondary school education this child's mother/female guardian has completed? For persons who have never attended school, mark "Year 9 or equivalent or below". Mark one box only.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or below

Post-school education:

What is the level of the highest qualification that the child's mother/female guardian has completed? Mark one box only.

- Bachelor Degree or above
- Advanced Diploma/Diploma
- Certificate I to IV (including Trade Certificate)
- No non-school qualification

Occupation group:

Select the appropriate parental occupation group from the list provided on page 8. If you are not currently in paid work but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter number "8". Write 1, 2, 3, 4 or 8 in the box below using the list of page 8.

FATHER/MALE GUARDIAN

Current or last workplace:

If self employed provide business name:

Email address for school communication: (eg newsletters)

Email address for billing:

Residential address:

Street Number:

Street name:

Suburb:

State:

Postcode:

Mobile telephone number: (for school communication)

School education:

What is the highest year of primary or secondary school education this child's father/male guardian has completed? For persons who have never attended school, mark "Year 9 or equivalent or below". Mark one box only.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or below

Post-school education:

What is the level of the highest qualification that the child's father/male guardian has completed? Mark one box only.

- Bachelor Degree or above
- Advanced Diploma/Diploma
- Certificate I to IV (including Trade Certificate)
- No non-school qualification

Occupation group:

Select the appropriate parental occupation group from the list provided on page 8. If you are not currently in paid work but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter number "8". Write 1, 2, 3, 4 or 8 in the box below using the list of page 8.

STUDENT SAFETY AND WELLBEING

Who lives with your child? Both parents Mother only Father only
 Shared custody mother/father Foster/out of home care Other (please specify below)

If other, (eg relative) please indicate this person's relationship to your child: _____

Copies of all court orders relating to this child's education or restricting access to this student must be attached to this application

If a shared custody arrangement exists please complete details below about the parent not residing at your child's usual address:

Family name: _____

First given name: _____

Postal address (eg street or PO Box): _____

Suburb: _____ State: _____

Postcode: _____

Copies of academic reports will be mailed by Australia Post to the shared custody parent/guardian at above address

Email address: _____

Copies of the school newsletter and general communication will be emailed to the shared custody parent/guardian at the above address

If a **foster/out of home care** arrangement exists for this child, please complete details below:

Name of care provider: _____ Case Worker: _____

Email address (copies of academic reports will be sent to this address): _____

Copies of all court orders and legal documents relating to foster care arrangements must be attached to this application

TUITION FEES

Who will be responsible for tuition fee payments? Both parents Mother only Father only Other (specify below)

Fee accounts will be emailed to the billing email address(es) specified in the parent information section

If other, please provide details:

Family name: _____

First given name: _____

Relationship to your child: _____

Street number: _____ Street name: _____

Suburb: _____ State: _____

Postcode: _____

Email address for billing: _____

Mobile telephone: _____

Split billing arrangements are available if required

MEETING YOUR CHILD'S LEARNING NEEDS

Please specify your child's current school performance:

Literacy:	Below year level	<input type="checkbox"/>	Numeracy:	Below year level	<input type="checkbox"/>
	At year level	<input type="checkbox"/>		At year level	<input type="checkbox"/>
	Above year level	<input type="checkbox"/>		Above year level	<input type="checkbox"/>

Does your child have an extra-curricula interest or talent? If so, please specify:

Sport Art Music Speech and Drama Other: _____

Has your child ever received learning support assistance? Yes No

If yes, please specify learning areas supported: _____

Does your child have an education support plan, ie Individual Education Plan (IEP) or Individual Learning Plan (ILP)? Yes No

If yes, please provide a copy of the support plan, ie IEP or ILP

Has your child ever repeated a year level? Yes No If yes, which year level did your child repeat? _____

Does your child wear glasses?

Yes No If yes, what was the date of your child's last vision test: (ddmmyyyy) _____

Has your child ever had a hearing test?

Yes No If yes, what was the date of your child's last hearing test: (ddmmyyyy) _____

Has a specialist ever assessed your child? Yes No

If yes, please specify: Occupational therapist Child psychologist Paediatrician Speech therapist Other

If other, please specify: _____

Do you have reports from the above specialists? Yes No

If yes, supporting documentation must be provided to assist in the mutual planning process between the family and school

SPECIFIC LEARNING NEEDS

Does your child have an impairment or disability that might affect his/her learning or participation in the school community?

Yes No

If yes, please attach relevant documentation

Please specify the type of disability or impairment below:

- | | |
|---|--|
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Autism Spectrum Disorder (ASD) |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Social and emotional disorder |
| <input type="checkbox"/> Speech and language impairment | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) |
| <input type="checkbox"/> Learning disabilities/difficulties | <input type="checkbox"/> Other (please specify below) |

If other, please indicate the type of disability or impairment: _____

If your child has a disability or impairment, comment on how this impacts on him/her as a learner.

Please attach relevant documentation

MEETING YOUR CHILD'S SOCIAL AND EMOTIONAL NEEDS

Does your child have any social difficulties with other children? Yes No

If yes, please provide details: _____

Has behaviour management ever been an issue with your child in the early learning or school setting? Yes No

If yes, please provide details. **Please attach a copy of the Behaviour Support Plan** _____

MEETING YOUR CHILD'S HEALTH NEEDS

Does your child have a health or medical condition(s) which may impact on his/her education? Yes No

If yes, please provide details: _____

Does your child carry, or ever carried, a serious life threatening infectious disease? Yes No

If yes, please provide details: _____

Does your child have an allergy? Yes No

If yes, please give details below: (these can include insect stings, drugs, latex, food eg nuts, eggs, peanuts, or other)

Has a doctor diagnosed this allergy? Yes No Is this a severe allergy (Anaphylaxis)? Yes No

If yes, does your child have an ASCIA Action Plan for Anaphylaxis? Yes No **If yes, please attach the Action Plan.**

Has your child been prescribed an EpiPen? Yes No **If yes, an EpiPen must be provided on commencement of enrolment**

Does your child have Asthma? Yes No

If yes, does your child have a documented Asthma Action Plan from a GP? Yes No **If yes, please attach the Action Plan**

Is your child taking prescription medication for this condition? Yes No

If the school is required to administer any prescribed medication, full details will be required on commencement of enrolment

IMMUNISATION

Under the Public Health Act 2010 and the Public Health Regulation 2012, schools must maintain an immunisation register that records the immunisation status and forms held for all enrolled students. This information is used by the public health unit to manage outbreaks of vaccine preventable diseases.

Please tick one box only to specify your child's immunisation status:

- Fully immunised for their age Is not fully immunised for their age
 Has a medical reason not be vaccinated Is on a recognised catch-up schedule if your child has fallen behind with their immunisations

Please attach your child's current Australian Immunisation Register (AIR) Immunisation History Statement; or Immunisation History Form if your child is on a recognised catch-up schedule

Other records cannot be accepted, such as overseas records, the NSW Personal Health Record (blue book), or a letter from a general medical practitioner

SCHOOL CONNECTIONS

Please tell us how you heard about Lutheran school? _____

What factors influenced you to enquire about enrolment at Lutheran school?

- | | | | |
|---|--------------------------|---|--------------------------|
| Recommendation from current/past family | <input type="checkbox"/> | Pastoral Care | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | Out of School Hours Care/Vacation Care | <input type="checkbox"/> |
| Church | <input type="checkbox"/> | Curriculum choice | <input type="checkbox"/> |
| Child's mother/father is a former student | <input type="checkbox"/> | Family/community atmosphere and involvement | <input type="checkbox"/> |
| Brothers and/or sisters currently attend the school | <input type="checkbox"/> | Academic reputation | <input type="checkbox"/> |
| Christian education | <input type="checkbox"/> | Caring environment | <input type="checkbox"/> |
| | | Other (specify below) | <input type="checkbox"/> |

If other, please describe what influenced you:

PARENT/GUARDIAN UNDERTAKING

We have read the School Prospectus and Collection Notice and are in agreement with the philosophy and objectives of Lutheran School Wagga Wagga (LSWW) and agree to fully support, willingly and freely, the stated aims of LSWW. To enable LSWW to best cater for our child's education, we agree to disclose any medical or psychological conditions relating to our child during the enrolment process which may impinge upon their academic performance or ability to participate fully in the activities of the LSWW community and agree to disclose promptly any emergent conditions whilst our child is in attendance. We understand that in accepting our application for admission, LSWW does not necessarily guarantee acceptance of our child's enrolment.

Signed parent/guardian: _____ Date: (ddmmyyyy) _____

Signed parent/guardian: _____ Date: (ddmmyyyy) _____

DOCUMENT CHECKLIST

Please use the following checklist to ensure all relevant supporting documentation is included with your child's application:

Documents	Requirement	
Birth certificate	Required	<input type="checkbox"/>
Passport, Australian citizen naturalisation certificate	If your child was not born in Australia but is an Australian citizen	<input type="checkbox"/>
Current Passport, visa or travel documents	If your child is a temporary visa holder	<input type="checkbox"/>
Current Passport, visa or travel documents	If your child is a permanent resident but not an Australian citizen	<input type="checkbox"/>
Personalised Learning Pathway (PLP) document	If your child is of Aboriginal or Torres Strait Islander (ATSI) origin and transferring from another primary school	<input type="checkbox"/>
Australian Immunisation Register (AIR) Immunisation History Statement or Immunisation History Form	Required	<input type="checkbox"/>
Academic reports for Semesters 1 and 2 (where applicable)	If your child is currently in Kindergarten to Year 6 and transferring from another primary school	<input type="checkbox"/>
NAPLAN results for Years 3 and 5	If your child is in Years 3-6 and transferring from another primary school	<input type="checkbox"/>
Family law or other relevant court orders	If your child is subject to family law matters including shared custody or foster care arrangements	<input type="checkbox"/>
Medical/health care or emergency action plans	If your child has a health or medical condition(s) that require support	<input type="checkbox"/>
Learning support plans, ie Individual Education Plan (IEP), Individual Learning Plan (ILP)	If your child has received disability or other learning support within the school setting	
Specialist reports and supporting documentation	If your child has a diagnosed impairment or disability that affects his/her learning or participation in the school community	<input type="checkbox"/>
Behaviour Support Plan	If your child has previously had a plan to support social and/or emotional needs	<input type="checkbox"/>

Please return this form with all relevant documentation to:

Lutheran School Wagga Wagga
 Tamar Drive, Wagga Wagga NSW 2650
 Email: admin@lpsww.nsw.edu.au
 Telephone: 02 6923 8100
 Website: www.lpsww.nsw.edu.au

OFFICE USE ONLY

Date received: _____

Student Name: _____

Year level: _____

Student Code: _____

Parent Code: _____

PARENTAL OCCUPATION GROUPS

Please use this list to answer the question "Parental Occupation" on page three.

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation, government administration and defence, and qualified professionals.</p>	<p>Other business managers, arts/media/sportspersons and associate professionals.</p>	<p>Tradesman/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director, health/education/police/fire services administrator.</p> <p>Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director).</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer).</p> <p>Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller).</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing).</p> <p>Financial services manager (bank branch manager, finance/investment/insurance broker/ credit/loans officer).</p> <p>Retail sales/service manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency).</p> <p>Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official).</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science Computing technician/associate professional.</p> <p>Business/administration (recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager).</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. <u>All tradesman/women are included in this group.</u></p> <p>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).</p> <p>Skilled office, sales and service staff.</p> <p>Office secretary, personal assistant, desktop publishing operator, switchboard operator.</p> <p>Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster/market researcher).</p> <p>Service (aged/disabled/refuge/child care worker/ nanny/ meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor).</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators.</p> <p>Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper).</p> <p>Office assistants, sales assistants and other assistants. Office (typist, word processing/data entry/business machine operator, receptionist, office assistant).</p> <p>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).</p> <p>Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant).</p> <p>Labourers and related workers.</p> <p>Defence Forces ranks below senior NCO not included in previous groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, green keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer, fishing hand).</p> <p>Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).</p>