ENROLMENT APPLICATION Aseparate application form must be completed for each child. Please answer all questions.

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: A copy of your child's birth certificate must be provided. Please indicate below the year level you are applying for: Kindergarten 🗖 Year 1 🗖 Year 3 🗖 Year 4 🗖 Year 5 🗖 Year 6 🗖 Year 2 🗖 20 Intended school term and calendar year this enrolment will commence: Term 1 🗆 Term 2 🗖 Term 3 🗖 Term 4 🗖 **2. ETHNICITY** No 🗖 Is your child of Aboriginal or Torres Strait Islander (ATSI) origin? Yes 🗖 Torres Strait Islander 🗖 If yes, does your child identify as: Aboriginal 🗖 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). How many languages does your child speak? _____ Name these languages: _____ Which language does your child use when speaking at home? What is your child's country of birth? **3. CITIZENSHIP AND IMMIGRATION** An Australian citizen 🗖 A temporary visa holder An overseas student 🗖 Is your child: A permanent resident If your child was born overseas, on what date did your child arrive in Australia? If you hold a permanent/temporary visa, give details: Visa expiry date: Current visa sub-class: If your child was not born in Australia, provide a copy of his/her passport, visa documents or Australian citizen naturalisation certificate. 4. PRESCHOOLS AND PREVIOUS SCHOOLS If you child attends preschool, please provide the preschool (s) name(s) and phone number(s) and the day(s) your child attends: DAYS ATTENDING ADDRESS NAME □ Mon □ Tue □ Wed □ Thurs □ Fri 1. □ Mon □ Tue □ Wed □ Thurs □ Fri 2. If your child attends childcare, please give the name(s) of the childcare centre(s) and the day(s) your child attends: □ Mon □ Tue □ Wed □ Thurs □ Fri 1. \square Mon \square Tue \square Wed \square Thurs \square Fri 2. If your child is enrolled in Kinder to Year 6 and transferring from another 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 school report(s) and NAPLAN results must be included with this application.

6. PARENT INFORMATION			
6A. Mother/caregiver	6B. Father/caregiver		
Family name:	Family name:		
Given name:	Given name:		
Preferred first name:	Preferred first name:		
Title: (Mr, Mrs, Miss, Ms, Dr)	Title: (Mr, Mrs, Miss, Ms, Dr)		
Country of birth:	Country of birth:		
Australian citizenIResidential status:Permanent residentITemporary visa holderI	Australian citizenIResidential status:Permanent residentITemporary visa holderI		
If you were <u>not</u> born in Australia, provide copies of your passport, visa docu	ments or Australian citizen naturalisation certificate.		
How many languages do you speak?	How many languages do you speak?		
Name these languages: <u>1.</u>	Name these languages: <u>1.</u>		
2.	<u>_2.</u>		
Which language(s) do you use when speaking at home?	Which language(s) do you use when speaking at home?		
Religion:	Religion:		
Current or last occupation:	Current or last occupation:		
Current or last workplace:	Current or last workplace:		
If self employed, provide business name:	If self employed, provide business name:		
Email address:	Email address :		
Residential address:	Residential address :		
Suburb/town/city: State:	Suburb/town/city: State:		
Mobile telephone number:	Mobile telephone number:		
School education: What is the highest year of primary or secondary school For persons who have never attended school, mark "Year 9 or equivalent or	ol education this child's mother/guardian and father/guardian has completed? below".		
Year 12 or equivalentIYear 11 or equivalentIYear 10 or equivalentIYear 9 or belowI	Year 12 or equivalentIYear 11 or equivalentIYear 10 or equivalentIYear 9 or belowI		
Post-school education: What is the level of the highest qualification that th	e child's mother/ guardian and father/guardian has completed?		
Bachelor Degree or aboveIAdvanced Diploma/DiplomaICertificate I to IV (including Trade Certificate)INo non-school qualificationI	Bachelor Degree or aboveIAdvanced Diploma/DiplomaICertificate I to IV (including Trade Certificate)INo non-school qualificationI		
Occupation group: <u>Please read these instructions before writing in the bo</u> Using the list on page 5, select the appropriate parental occupation group o but have had a job in the last 12 months, please use your last occupation. If	and write 1, 2, 3, 4 or 8 in the box below. If you are not currently in <u>paid</u> work		
Mother/caregiver occupation group:	Father/caregiver occupation group:		
7. TUITION FEES			
Who will be responsible for tuition fee payments? Both parents Do you require a split bill? Yes No	Mother only 🗖 Father only 🗖		
Fee accounts are sent by email. Please provide your preferred ema	il address(es):		
1.	2.		

Tamar Drive, Tatton NSW 2650 | Phone 61 02 6923 8100 | Email admin@lpsww.nsw.edu.au | Website www.lpsww.nsw.edu.au

8. BROTHERS AND SISTE	RS		
Please list below your child	's brothers and sisters who are preschoo	I or primary school aged or younge	ir:
First name/family name:	Date of birth:		
First name/family name:		Date of birth	:
9. SAFETY AND WELLBEI	NG		
	Both parents	Mother only	Father only
Who lives with your child?	□ Shared custody mother/father	□ Foster/out of home care	Other (please specify below)
If other, (eg relative) please	e indicate this person's relationship to yo	urchild:	
Copies of all court orders re	elating to this child's education or restrict	ing access to this student must be a	attached to this application.
If a foster/out of home car	e arrangement exists for this child, pleas	e complete details below:	
Name of care provider: (i.e.	Anglicare, Marymead)		
Email address of care provi	der (copies of your chld's academic repo	rts will be sent to this address):	
Copies of all court orders ar	nd legal documents relating to foster care	e arrangements must be attached t	to this application.
10. LEARNING NEEDS			
Has your child's school, pre	eschool(s) or childcare centre recommend	ded any of the following:	
Speech therapy	Yes 🔲 No 🗖		
Occupational therapy	Yes 🔲 No 🗖		
Other testing by paediatrici	ians, psychologists or other medical spec	ialists Yes 🗖 No 🗖	
Does your child's preschool	l recommend enrolment in Kindergarten	? Yes 🗖 No 🗖	
Does your child's preschool	l educator recommend another year at p	reschool for your child? Yes	
Has your child ever received learning support assistance? Yes 🔲 No 🗖			
If yes, please specify learning areas supported:			
Does your child have an ed	ucation support plan? IEP – Indi	vidual Education Plan Yes 🗖	No 🗖
BLP – Behaviour Learning P	Plan Yes 🔲 No 🗖 ILP – Indiv	vidual Learning Plan Yes 🗖	No 🗖
If yes, please include all do	cumentation.		
Has your child ever repeate	d a year level? Yes 🗖 No 🗖 If y	es, which year level did your child r	epeat?
Does your child wear glasse	es? Yes 🛛 No 🗖 If yes, what v	was the date of your child's last visi	on test?
Has your child ever had a h	earing test? Yes 🗖 No 🗖 If yes	, what was the date of your child's	last hearingtest?
11. IMMUNISATION			
the immunisation status an	ct 2010 and the Public Health Regulation nd forms held for all enrolled students. Th eases. Please tick one box only to specify	his information is used by the publi	

u Fully immunised for their age

Is on a recognised catch-up schedule if your child has fallen behind with their immunisations

 \square Has a medical reason not be vaccinated \square Is not fully immunised for their age

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 <u>cannot be accepted</u>, such as overseas records, the NSW Personal Health *Record (blue book), or a letter from a general medical practitioner.*

12. 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 provide your child's Action Plan.			
Has your child been prescribed an EpiPen? Yes 🛛 No 🗖 If yes, an EpiPen must be provided prior to orientation sessions.			
Does your child have Asthma? Yes Ves Via If yes, please provide your child's Action Plan.			
Is your child taking prescription medication for this condition? Yes \Box No \Box			
If the school is required to administer any prescribed medication, full details will be required prior to orientation sessions.			
13. SCHOOL CONNECTIONS			
If yes, please specify learning areas supported:			
What factors influenced you to enquire about enrolment at Lutheran school?			
Recommendation from current/past family Destoral Care			
Website Image: Before and After School Care/Vacation Care			
Church Curriculum choice Image: Child's mother/father is a former student Image: Child's mother is a former student			
How did you hear about Lutheran School?			

14. PARENT/GUARDIAN UNDERTAKING

We have read the School Prospectus 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 also give consent for our teachers to contact your child's current school or preschool for information that might help in the transition between their current school and LSWW. We understand that in accepting our application for enrolment, LSWW does not necessarily guarantee acceptance of our child's enrolment.

Signed parent/guardian 1:	
Signed parent/guardian 2:	

Date:	
Date:	

Please refer to the checklist on the next page to ensure that all supporting documents have been included with your application then email to <u>admin@lpsww.nsw.edu.au</u>. If you wish to deliver your application personally, please call at the school office between 8:30am and 4pm school days.

15. DOCUMENT CHECKLIST

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

Documents	Requirement	
Birth certificate	Required	
Passport, Australian citizen naturalisation certificate	If your child was not born in Australia but is an Australian citizen	
Current Passport, visa or travel documents	If your child is a temporary visa holder	
Current Passport, visa or travel documents	If your child is a permanent resident but not an Australian citizen	
Personalised Learning Pathway (PLP) document	If your child is of Aboriginal or Torres Strait Islander (ATSI) origin and transferring from another primary school	
Australian Immunisation Register (AIR) Immunisation History Statement or Immunisation History Form	Required	
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	
NAPLAN results for Years 3 and 5	If your child is in Years 3-6 and transferring from another primary school	
Family law or other relevant court orders	If your child is subject to family law matters including shared custody or foster care arrangements	
Medical/health care or emergency action plans	If your child has a health or medical condition(s) that require support	
Learning support plans, ie Individual Education Plan (IEP), Individual Learning Plan (ILP), Behaviour Support Plan (BLP)	If your child has received disability, social/emotional 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	

16. PARENTAL OCCUPATION GROUPS

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

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation, government administration and defence, and qualified professionals.	Other business managers, arts/media/sportspersons and associate professionals.	Trades people, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
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 services administrator. Other administrator (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, attuary, valuer). Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller).	Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business. Specialist manager (finance/engineering/production/pers onnel/industrial relations/sales/marketing). Financial services manager (bank branch manager, finance/investment/insurance broker/ credit/loans officer). Retail sales/service 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, 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, market research analyst, technical sales representative, retail buyer, office/project manager). Defence Forces senior Non- Commissioned Officer.	Trades people generally have completed a 4 year Trade Certificate, usually by apprenticeship. <u>All trades</u> people 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/refuge/child care worker/ nanny/ meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor).	 Drivers, mobile plant, production/processing machinery and other machinery operators. Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, 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, weterinary nurse, nursing assistant, weterinary 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 in previous groups. 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. Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).