St Peter’s Lutheran School values each person as a unique and valued gift in the sight of God, with individual talents and potential. As a Christian community, together with St Peter’s Lutheran Church, we work to provide a Christ-centred education. The effectiveness of our goals is realised through the partnership of our school, congregation, and parents.

Application for Enrolment

OFFICE USE

Student’s Name: ___________________________ Year ______ in ________
ENROLMENT POLICY

As a Christian school, St Peter’s Lutheran School bears witness to God in all aspects of school life. To apply for the enrolment of your child in our school, please complete and sign this form and forward it to the School Office. The school will contact you the year prior to intended commencement to arrange a suitable interview time with the Principal. Please note that receipt of this application does not constitute enrolment.

1. PERSONAL DETAILS OF PROSPECTIVE STUDENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname</th>
<th>Christian Names</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>M / F</td>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Religion / Denomination</th>
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</table>

Currently lives with (please tick):
- Parents
- Mother
- Father
- Other

In which country was the child born? ________________________________

Is the child of Aboriginal or Torres Strait Islander origin?  
- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

2. ENROLMENT – Preference

Desired level of entry: Prep 1 2 3 4 5 6

(please circle as appropriate)

<table>
<thead>
<tr>
<th>Desired term of entry</th>
<th>Desired year of entry</th>
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</table>

Kindergarten Attended / Attending: ______________________________________________________

Present school: ______________________________________________________________

Names of other schools attended: ______________________________________________________

3. FAMILY DETAILS

MOTHER: Surname-Christian Names Home Phone: __________________

Address - Home: ______________________________________________________________

- Postal: ______________________________________________________________

Occupation: __________________ Workplace: ___________________________________________

Work Phone: __________________ Mobile Phone: __________________

Email: __________________ Religion / Denomination: __________________

FATHER: Surname-Christian Names Home Phone: __________________

Address - Home: ______________________________________________________________

- Postal: ______________________________________________________________

Occupation: __________________ Workplace: __________________________________________

Work Phone: __________________ Mobile Phone: __________________

Email: __________________ Religion / Denomination: __________________
4. **SIBLINGS** *Please list all siblings*

Previously attending St Peter's Lutheran School

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Current Year Level (if at school)</th>
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Other Siblings

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Name</th>
<th>Date of Birth</th>
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5. **LANGUAGE**

Does the child speak a language other than English at home?  Yes / No

If Yes, please specify ___________________________

6. **CHURCH ASSOCIATION**

Is the family actively associated with a church?  Yes / No  
Is your child Baptised  Yes / No

Name of present congregation _________________________________Minister_____________________

MEETING YOUR CHILD’S NEEDS

Our school offers a broad range of activities with which all students become involved from time to time. Many of these activities necessarily challenge the students and, on occasion, any student with a disability may require special facilities or consideration in the student’s own best interests. Likewise any student with a particular strength or talent may require special attention and nurturing. For these reasons, it is imperative that the School is made aware of your child’s needs so that all appropriate measures can be taken for the welfare and benefit of the student. Information is required to assist the School in achieving success for all enrolled students. We ask that you complete the following details to assist the school in planning for the educational needs of your child.

7. **Does your child wear glasses / contact lenses?**  Yes / No

**Does your child have a disability that may affect their learning or participation in the school community?**

Yes / No / Don’t Know  If Yes, please identify what type of disability:

- Intellectual [ ]
- Autism/Aspergers [ ]
- Vision [ ]
- Physical [ ]
- Social/Emotional [ ]
- Hearing [ ]
- A.D.D./A.D.H.D [ ]
- Learning Difficulty [ ]
- Other_________________

If your child has one of the above disabilities how does it impact on him/her as a learner:

____________________________________________________________________________________

Has a specialist ever assessed your child?  Yes / No  If Yes, please specify:

- Guidance Officer [ ]
- Occupational Therapist [ ]
- Paediatrician [ ]
- Child Psychologist [ ]
- Speech Therapist [ ]
- Other_________________

Do you have a report/s from the above specialist/s?  Yes / No  You may be asked to share the report/s with the school.

**Does your child have any social difficulties with other children?**  Yes / No / Don’t Know  If Yes, please specify:

Has behaviour management ever been an issue with your child in the school setting?  Yes / No / Don’t Know

If Yes, please specify:
8. Does your child carry, or has he/she carried, a serious and life threatening infectious disease?  Yes / No
If Yes, give details of disease:____________________________________________________________________
Please state medically required treatment:____________________________________________________________________

9. Does your child have an extra-curricula strength or talent?  If so, please specify:-
☐  Sport__________________________________________  ☐  Art________________________  ☐  Music________________________
☐  Speech & Drama_________________________________  ☐  Other___________________________________________

Current School Performance:
Literacy:    Below Year Level ☐  At Year Level ☐  Above Year Level ☐
Numeracy:   Below Year Level ☐  At Year Level ☐  Above Year Level ☐

Has your child ever received ‘Learning Support’ Assistance?  Yes / No / Don’t Know
Has your child ever been ‘Ascertained’/ ‘Appraised’?  Yes / No / Don’t Know -  If Yes, please state their current level________________
Has your child ever repeated a year?  Yes / No / Don’t Know

________________________  Guardian’s Signature  __________________________  Date
________________________  Guardian’s Signature  __________________________  Date