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VINEYARD
LUTHERAN SCHOOL CLARE VALLEY

ENROLMENT / STUDENT INFORMATION

SURNAME: _____

CHRISTIAN NAMES: _____

DATE OF BIRTH: __/__/____ ☐ MALE ☐ FEMALE

YEAR OF ENTRY: _____ YEAR LEVEL ON ENTRY: _____

PRESENT SCHOOL / KINDERGARTEN: _____

RESIDENTIAL ADDRESS (SEC/LOT /STREET) POSTAL ADDRESS:

_____ _____

_____ _____

IS THIS STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

☐ NO ☐ YES, ABORIGINAL ☐ YES, TORRES STRAIGHT ISLANDER

WHAT COUNTRY WAS THE STUDENT BORN? _____

IS ENGLISH THE MAIN LANGUAGE SPOKEN AT HOME? ☐ YES ☐ NO

IF NO, WHAT LANGUAGE IS SPOKEN AT HOME? _____

RELIGIOUS DENOMINATION: _____

PASTOR'S NAME: _____

HOME CONGREGATION / PARISH: _____

SPECIAL NEEDS:

☐ ACADEMIC ☐ PHYSICAL ☐ SPIRITUAL/EMOTIONAL

ARE YOU ELIGIBLE FOR SCHOOL CARD? ☐ YES ☐ NO

SIBLINGS (YOUNGER - IF ANY)

NAME: _____ DATE OF BIRTH: __/__/____

NAME: _____ DATE OF BIRTH: __/__/____

NAME: _____ DATE OF BIRTH: __/__/____

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PARENT / GUARDIAN INFORMATION

ENROLLING PARENT OR GUARDIAN

FULL NAME: _____

ADDRESS: _____

HOME: _____ WORK: _____ MOBILE: _____

EMAIL: _____

OCCUPATION: _____

RELIGIOUS DENOMINATION: _____

OTHER PARENT OR GUARDIAN

FULL NAME: _____

ADDRESS: _____

HOME: _____ WORK: _____ MOBILE: _____

EMAIL: _____

OCCUPATION: _____

RELIGIOUS DENOMINATION: _____

CUSTODIAL STATEMENT

IS THE CHILD LIVING WITH BOTH MOTHER AND FATHER?	☐ YES	☐ NO
WITH MOTHER?	☐ YES	☐ NO
WITH FATHER?	☐ YES	☐ NO
WITH ANOTHER GUARDIAN?	☐ YES	☐ NO

PLEASE GIVE ANY DETAILS OF CUSTODY AND ACCESS ENTITLEMENTS:

_____

_____

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EMERGENCY CONTACTS

If there is an emergency and neither parent / guardian can be contacted, please nominate two other people for contact within a reasonable reach of the school (eg. neighbour, relative, friend etc.) These persons will be contacted in the event of your child being sick and unable to contact either parent. Please make sure that these people are aware of their role.

FULL NAME: _____

RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____

HOME: _____ WORK: _____ MOBILE: _____

FULL NAME: _____

RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____

HOME: _____ WORK: _____ MOBILE: _____

We have read the information in the Prospectus of the Vineyard Lutheran School, Clare Valley Inc. and:

A. We understand the information therein,

B. We agree with the aims of the school with respect to the education in the school of our child on whose behalf this application is made.

C. We agree to abide by the policies and rules of the school, and will ensure to the best of our ability that our son/daughter will likewise abide by them.

D. We agree to pay the fees and charges as set out in the Prospectus, as adjusted from time to time at the discretion of the School Council.

E. We aware that unpaid school fees may be followed up with debt recovery.

F. We are aware that should we intend to discontinue our child's enrolment at Vineyard Lutheran School, we are required to give a minimum of one terms notice. If notice is not provided an additional terms school fees will apply.

I declare that, to the best of my knowledge, the information provided is correct.

I will advise the school of any changes.

SIGNED PARENT / GUARDIAN _____ DATE: __/__/____

SIGNED PARENT / GUARDIAN _____ DATE: __/__/____

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MEDICAL INFORMATION

The safety, well being and health of your child is vitally important to us. We aim to assist the student and parents (or guardians) in all matters, but can only do so with your full co-operation.

Information relating to your child's information may be exchanged to other appropriate person(s) in an emergency situation or regarding the needs of your child. This information will be handled confidentially.

FULL NAME: _____

DATE OF BIRTH: __ __/__ __/__ __ __ __

ADDRESS: _____

DOES YOUR CHILD HAVE A DIAGNOSED MEDICAL CONDITION WHICH MIGHT NEED FIRST AID? ☐ YES ☐ NO

IF YES, PLEASE TICK RELEVANT CONDITIONS: ☐ SEVERE ALLERGIES ☐ ASTHMA

☐ HEART CONDITION ☐ DIABETES ☐ JOINT CONDITION ☐ SEIZURES

☐ OTHER (PLEASE SPECIFY) _____

_____

_____

DOES YOUR CHILD NEED EXTRA ROUTINE HEALTH SUPPORT? (EG. SUPPORT WITH MEDICATION MANAGEMENT) ☐ YES ☐ NO

IF YES, THE SCHOOL WILL NEED A HEALTH CARE PLAN FROM THE TREATING DOCTOR / HEALTH PROFESSIONAL.

IS A HEALTH CARE PLAN ATTACHED? ☐ YES ☐ NO

PLEASE LIST ANY SPECIAL AIDES THAT THIS STUDENT MAY USE AT SCHOOL (EG. GLASSES, HEARING AIDS ETC.)

_____

_____

_____

_____

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MEDICAL INFORMATION

DOCTOR'S NAME: _____

PHONE: _____

MEDICARE NO: _____ EXPIRY DATE: __/__/____

HEALTH CARE NO: _____ EXPIRY DATE: __/__/____

DOES YOUR FAMILY HAVE PRIVATE HEALTH COVER? ☐ YES ☐ NO

IF YES, NAME OF FUND _____

MEMBERSHIP NO: _____

DOES YOUR FAMILY HAVE AMBULANCE COVER? ☐ YES ☐ NO

MEDIC ALERT NO: _____

I/We agree to allow the school authorities to call and use an ambulance, should they deem it necessary for your child/children's well being. I/We agree to pay the cost of ambulance transport.

I declare that, to the best of my knowledge, the information provided is correct.

I will advise the school of any changes.

If the school is unable to contact the parents/guardians or emergency contacts, I give my permission to the Principal or delegate to take such action as may be deemed necessary.

SIGNED PARENT / GUARDIAN _____ DATE: __/__/____

SIGNED PARENT / GUARDIAN _____ DATE: __/__/____

OFFICE USE ONLY

DATE: _____

☐ INTERVIEW ☐ ENROLMENT ACKNOWLEDGMENT

☐ TRANSITION LETTER ☐ TRANSITION INTERVIEW