



**ST. JOHN'S LUTHERAN  
PRIMARY SCHOOL,  
PORTLAND**

43-55 Trangmar Street, Portland VIC 3305

Phone No: (03) 5523 3833

Facsimile No. (03) 5523 5604

Email: [admin@stjohnsportland.com.au](mailto:admin@stjohnsportland.com.au)

**APPLICATION FOR ENROLMENT**

*We are a Christ-centred community who, in partnership with the child's family, are committed to the development of each child's unique God-given abilities, nurturing their:*

*Spiritual*

*Intellectual*

*Physical*

*Social and*

*Emotional qualities*

*in preparation for the student's future.*

*St. John's provides a high quality, well balanced curriculum in a caring, supportive environment.*

*St. John's Lutheran Primary School offers an enrolment intake at the commencement of Term 1. To be eligible, a child must turn 5 prior to the 30<sup>th</sup> April in the year of commencement. St. John's Lutheran Primary School acknowledges the importance of children attending kindergarten prior to beginning school. Those families considering St. John's Lutheran Primary School are always welcome to speak to the Principal regarding the most appropriate time for enrolment.*

<b>OFFICE USE ONLY</b>			
Family Name: _____		Student Name: _____	
To Begin: _____	In Term: _____	Year Level: _____	
Date Received / /	Acknowledgement Sent / /	Interviewed / /	
Offer Given / /	Offer Accepted / /	Deposit Paid / /	Notice of Acceptance Sent / /

**Completion of this application does not guarantee a place at St. John's Lutheran Primary School.  
An application must be submitted for each child seeking enrolment at  
St. John's Lutheran Primary School, Portland**

<b>FAMILY DETAIL</b>	<b>PARENT/GUARDIAN 1</b>	<b>PARENT/GUARDIAN 2</b>
Title	Mr Mrs Ms Miss (Please circle)	Mr Mrs Ms Miss (Please circle)
Surname		
Given Name		
Telephone Numbers Home	Silent Yes / No	Silent Yes / No
Work		
Mobile		
E-mail		
Residential Address		
Postal Address		
Usual Occupation		
Employer		
Country of Birth		
Date of arrival in Australia (if applicable)		
Home Language		
Religion (if applicable)		
Present place of worship (if applicable)		
Relationship to child (Father, Mother, Foster parent, etc.)		
Marital Status	Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Defacto <input type="checkbox"/> Other <input type="checkbox"/>	
If not employed, do you receive a government benefit?	YES NO N/A	(Circle one)

### STUDENTS DETAIL

Family Name		
Given Name/s	First:	Second:
Male/Female (Circle)	M F	Birth Date: / /
Commencement (circle)	Year to begin:	
	Year Level: P 1 2 3 4 5 6	
Home Languages – Main:	Other:	
Country of Birth:	If born overseas.....date of arrival in Australia / /	
Religion:	Present place of worship:	
Has your child been baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this student of Aboriginal or Torres Strait Island Origin? For persons of both Aboriginal and Torrest Strait Islander origin, mark both 'yes' boxes. <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		
Most recent schools and Pre-schools previously attended (include Kindergarten up to present time)		
1	From / /	To / /
2	From / /	To / /
3	From / /	To / /
Child resides with (tick)	Parent/Guardian 1	Parent/Guardian 2

Family Courts or other relevant Court Order: YES / NO (Circle one) (if YES, you should provide a copy of that order to the school)

OTHER CHILDREN IN THE FAMILY	M/F	D.O.B.	School attending/Kindergarten attending (if applicable)	Year level

<b>SPECIAL STUDENT NEEDS AND CONSIDERATIONS</b>	
(a) Does your child have any Learning/Social or Behavioural difficulties/issues?	YES / NO
(b) Has your child attended any specialized agencies, special schools, units or centres?	YES / NO
© Does your child have any special needs or considerations? (Disabilities, impediments, allergies, restrictions on physical activity)	YES / NO
(d) Does your child require any special provisions to be made by the school? (eg medication, disabled access etc)	YES / NO
(e) Does your child have any long term infectious diseases? E.g. Hepatitis, HIV, Tuberculosis	YES / NO
If YES to any of the above questions, please give details, using attachments if necessary.	

<b>Please provide a copy of the following documents with this application</b>
<input type="checkbox"/> A copy of the birth certificate or extract from it
<input type="checkbox"/> A copy of the School Entry Immunisation Certificate
<input type="checkbox"/> Latest school report and/or reference from previous schools (if applicable)
<input type="checkbox"/> Any Court order or related information regarding custody of child (if applicable)
<input type="checkbox"/> Documentation relating to special needs (any reports, action plans, assessment, etc if applicable)

<b>RELEASE OF PRIVACY / INFORMATION</b>
1. The School respects the privacy of personal and sensitive information regarding your family. The School collects personal information including sensitive information about the student and parent(s) or guardian(s) before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child. A copy of the School's privacy is enclosed.
2. In situations where parents are separated, it is the policy of the School to release school reports to the mother and father of the student upon request. It is also our policy to allow both the mother and father to attend parent/teacher interviews upon request. However the School will abide by any court orders which prevent the release of such information.
3. Some of the information the school collects is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.
5. the School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Lutheran Education Australia, Lutheran Schools Department S.E. Region (Vic), Lutheran Church of Australia (including all congregations and departments), medical practitioners, dental clinic and people providing services to the School including specialist visiting Consultants, sport coaches, volunteers and anyone you authorize the School to disclose information to.
6. The School from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
7. If we do not obtain the information referred to above, we may not be able to enroll or continue enrolment of your child.
8. Personal information collected from students is regularly disclosed to their parents or guardians. On occasion information such as academic and sporting achievements, student activities and other news is published in the school newsletter, magazine, buzz book, school promotional material, newspapers, TV, special events and our website.
9. Parents or guardians may seek access to personal information collected about them and their child by contacting the School. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
10. As you may know the School from time to time engages in fundraising activities. Information from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own fundraising purposes without your consent.
11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the

School does not usually disclose the information to third parties.

## PARENT/GUARDIAN DECLARATION

1. In enrolling my child at this school I/we accept that s/he will be educated in the Lutheran faith within a Christian educational environment
2. I/we accept that support of school staff and co-operation concerning school activities is essential.
3. I/we accept that I/we will abide by school policies as amended from time to time.
4. I/we accept that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory. Eg. Camps, excursions etc.
5. I/we accept that the School reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the School.
6. I/we accept the standards the School sets regarding grooming, uniform and personal presentation.
7. I/we accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the School (except where exemptions/remissions have been sought and granted).
8. I agree that I am/we agree that we are both jointly and severally liable for the payment of all fees charged by the School, including any costs incurred in the recovery of such fees, should the need arise.
9. I/we give consent for the School to contact any other schools which my child has previously attended for the purpose of ascertaining my/our fee-paying record.
10. I/we accept that the School does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my/our responsibility.

I acknowledge and accept all of the above terms and conditions (clauses 1 to 11 and 1 to 10 respectively)

Mother/Guardian (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian (signature) \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child/ren to go on excursions that Requires walking or bus within the local area. Parents will be informed should this occur.

Signature: \_\_\_\_\_

I give permission for my child/ren to be photographed while at school for promotional purposes with local newspapers and the school's website.

Signature: \_\_\_\_\_

I/We give permission for my/our home phone number and my/our residential address to be published in the School's Family Directory. ( If separated please indicate which or both addresses are to be used.)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Please state your reasons for choosing St. John's Lutheran Primary School for your child's education.

Any other family circumstances of which you wish to advise the School.

How did you hear about our school?

Recommended by others [ ] Through Church [ ] Open Day [ ] Newspaper [ ] Other [ ]

I/we declare that all of the information provided in this application is, to the best of my/our knowledge, true and correct.

(Both parents/guardians to sign)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** Approximately twelve months prior to a child commencing school, applicants will be contacted regarding their application for enrolment. Upon acceptance of your child's enrolment, a fee of \$100.00 will be required to guarantee your child's place at St. John's Lutheran Primary School. This amount will be credited to your first school fee account which you will receive when your child commences. In the event that you accept an offer of enrolment, but do not commence at the school, the enrolment fee is not refundable.

For your application to be considered **ALL** sections must be correctly completed. If you have any questions, please do not hesitate to contact the school before returning the form.

**Completed Application Forms should be forwarded to:** **The Principal**  
**St. John's Lutheran Primary School**  
**43-55 Trangmar Street**  
**PORTLAND VIC 3305**

