



PACIFIC LUTHERAN COLLEGE

APPLICATION FOR ADMISSION

This enrolment application, if accepted by the college, will form part of the enrolment contract. It is important that all sections of this Application Form are completed honestly and accurately and full disclosure is made. Pacific Lutheran College relies upon the statements made within this enrolment application. If untruthful, false or misleading statements are made or full disclosure is not made, the ongoing enrolment of your child may be jeopardised.

STUDENT'S DETAILS

Name..... Surname Given Names Male Female

Date of Birth Country of Birth.....

Preferred Name

Residential Status Australian Citizen Permanent Resident New Zealand Citizen
Temporary Visa Holder (please specify visa number and class)

Child lives with Both parents Mother Father Step Parent Guardian
 Other

Is your child subject to custody arrangements? Yes No

If **Yes**, please state

Enrolling Parent/s (Guardian) Mr/Mrs/Ms/Miss/Dr Surname Given Names

Please tick if your child is of Aboriginal Torres Strait Islander Pacific Islander descent

Is English your child's first language? Yes No

If **No**, what is your child's first language?

What language is spoken at home?

Child's Religious Denomination

If actively involved with a Christian Church, Church attended

Baptised Yes No

Where When

ENROLMENT PREFERENCES

Primary						Middle				Senior		
Prep	1	2	3	4	5	6	7	8	9	10	11	12

(Please circle as appropriate)

Desired term of entry Desired year of entry

SCHOOLS PREVIOUSLY ATTENDED

Present School or Kindergarten Present Level

Name of Previous Schools Attended	Grade(s)	Years of Attendance
.....
.....

LINKS TO PACIFIC LUTHERAN COLLEGE

Have any other family members attended, or are attending, Pacific Lutheran College? Yes No

If Yes: Full Name	Relationship to Enrolling Child	Years at PLC
.....
.....

FATHER'S OR LEGAL GUARDIAN'S DETAILS

Full Name Title
 Home Address Postcode
 Home Telephone Business Telephone
 Mobile Telephone Email Address
 Fax Number Occupation
 Employer/Business Name Country of Birth
 First Language Denomination

MOTHER'S OR LEGAL GUARDIAN'S DETAILS

Full Name Title
 Home Address Postcode
 Home Telephone Business Telephone
 Mobile Telephone Email Address
 Fax Number Occupation
 Employer/Business Name Country of Birth
 First Language Denomination

OTHER FAMILY INFORMATION

Number of children in family	Birth order of present applicant		
Names of other children	Age	School	Years attended
.....
.....
.....
.....
.....

STUDENT PROFILE

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

- Sport
- Art
- Speech & Drama
- Music
- Other

Through the enrolment process which will follow, Pacific Lutheran College will consider the educational needs of the applicant and the resources required to meet those learning needs.

Has your child ever been assessed for learning? Yes No (Please specify)

Has your child ever received learning support assistance? Yes No (Please specify)

Does your child have an impairment or disability that affects his/her learning? Yes No

If **Yes**, please identify the type of disability or impairment.

- Intellectual Impairment
- Hearing Impairment
- Visual Impairment
- Physical Impairment
- Social and Emotional Impairment
- Speech & Language Impairment
- Multiple Impairment
- Autism Spectrum Disorder
- Learning Disabilities/Difficulties
- Other

If your child has an ascertainment or an Educational Adjustment Profile for any of the above, please indicate impairment and level (if applicable)

Impairment Level

Has your child been assessed by an allied professional? Yes No (Please specify & provide copies of reports)
(eg: speech language pathologist, audiologist, psychologist, occupational therapist)

Has your child participated in a learning enrichment program? Yes No (Please specify)

Has your child ever been assessed for a learning enrichment program? Yes No (Please specify)

Has your child ever been accelerated (skipped a year)? Yes No

If **Yes**, which year level?

Has your child ever repeated a year? Yes No

If **Yes**, which year level? Reason?

Does your child have any health or medical needs?

Is a health care plan required? Yes No (Please specify)

Does your child take medication on a regular basis that may affect our duty of care?

Yes No

Does your child have any social/emotional difficulties? Yes No

If **Yes**, please specify

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

If **Yes**, please specify

Any other comments

Does your child have other additional needs which may affect the college's ability to provide an adequate duty of care and/or appropriate provision to enable him/her to participate fully in the school community?

If your child has one of the above additional needs, what is the impact on him/her as a learner?

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ADDITIONAL INFORMATION

What influenced your decision to register your child at Pacific Lutheran College?

DECLARATION

We have read the Collection Notice as per the Privacy Act and the Pacific Lutheran College Prospectus and are in agreement with the aims and objectives of the college. While our children are in attendance, we will make every effort to offer our full support and cooperation in its programmes and activities.

To enable the school to provide for our child's education, we acknowledge that as parents we will, in the initial stages of the enrolment procedure, disclose any medical or psychological condition of the child which may impinge upon the child's academic performance or ability to participate fully in the activities of the college community. We consent to the college obtaining information about the above from our child's former school/s.

We understand that this Enrolment Application, if accepted by the college, will form part of the Enrolment Contract. We have completed this Application Form honestly and accurately, and made full disclosure in respect to each question asked.

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date

A NON-REFUNDABLE APPLICATION FEE (\$50) IS REQUIRED FOR THIS APPLICATION TO BE PROCESSED.

PACIFIC LUTHERAN COLLEGE ENROLMENT POLICY AND REGISTRATION

Enrolment Policy

Pacific Lutheran College is a co-educational day school, catering for students from Kindergarten to Year 12. The registration date is a major factor when deciding offers of places at the college. In addition, there is a need to seek a balance of abilities, needs and gender. Preference is given to children of practising Lutheran families and siblings. All enrolments are at the discretion of the Principal.

Application Procedure

Parents who wish to apply for a child to be admitted to Pacific Lutheran College should return the completed Application Form and:

- a) The non-refundable application fee
- b) A copy of the prospective child's birth certificate, extract of birth entry or passport
- c) Copies of last two years school reports
- d) National testing reports ie. year 3, 5, 7 and 9 – copies can be obtained from your child's school
- e) Current relevant medical reports/information – eg. Allergies, asthma or diabetes (this is required for the purpose of enabling Pacific Lutheran College to assess how to meet any medical or health needs of the child)
- f) Other relevant allied health professional reports which may refer to social/emotional, behavioural or additional learning needs that are pertinent to the child eg. Speech, language, occupational therapy, psychologist or audiologist – in some cases an updated report may be requested by the college
- g) Any court or parenting order that exists pertaining to the guardianship arrangements for the child. This must also be provided.

The payment of the Application Fee does not guarantee enrolment or the opportunity for an interview. The Application Fee is non-refundable. When a vacancy occurs, an interview with the Principal and other appropriate staff will be arranged. Parent's whose children have been offered a place will then complete a formal Enrolment Form. Full details of medical, developmental and educational information regarding your child will be required.

Please return this form to:

The Registrar
Pacific Lutheran College
PO Box 992, Caloundra Q 4551



A School of the Lutheran Church of Australia
ARBN 051 602 996

OFFICE USE ONLY

Date Received

For Grade in

Fee

Receipt No.