

# Application for Enrolment

Grace Lutheran  
PRIMARY SCHOOL  
GROW IN GRACE



## STUDENT INFORMATION (A separate application form must be submitted for each child)

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ (please tick)

**Please attach a copy of birth certificate**

Religious Denomination: \_\_\_\_\_ Worship Place: \_\_\_\_\_

Present School/Centre: (if applicable) \_\_\_\_\_

Current Year Level: \_\_\_\_\_ (If the child has commenced school, please attach a copy of the latest student report)

Reason for application: (Please state briefly why you want to send your child to this school. If insufficient space, please use a separate sheet)

## PROPOSED YEAR OF ENTRY TO GRACE LUTHERAN PRIMARY: 20\_\_\_\_\_

Year level at entry: Prep / 1 / 2 / 3 / 4 / 5 / 6 (please circle)

Is this child subject to any family court custody order?  Yes  No (If YES please supply copy of relevant supporting documents)

Name of Legal Guardian: \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_ Country of birth: \_\_\_\_\_

Is this student of Aboriginal or Torres Strait Islander origin?  Yes  No

If YES, please specify \_\_\_\_\_

**IMMUNISATION STATUS** Is your child up to date?  Yes  No

**(Please provide proof of current immunisation records)**

Any child who is not fully immunized, will now be required to be excluded from school (for the appropriate period of time specified by QLD Health) when an outbreak of any contagious illness has occurred (e.g. chicken pox, whooping cough, measles etc...)

## FAMILY CONNECTIONS WITH THE GRACE COMMUNITY

**Does applicant have siblings attending Grace Primary?**

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

**Please give details of any other family members with lodged enrolment applications to attend Grace Primary in the future:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Proposed year of entry: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Proposed year of entry: \_\_\_\_\_

**Any other brothers and sisters not already mentioned on this form?**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

**Please give details of any relatives who have attended Grace ELC, Grace C & K, Grace Primary or Grace College:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years at Grace: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years at Grace: \_\_\_\_\_

## MEETING YOUR CHILD'S LEARNING NEEDS

Current School Performance: (if applicable)

<b>Literacy:</b>	Below Year Level	<input type="checkbox"/>	<b>Numeracy:</b>	Below Year Level	<input type="checkbox"/>
	At Year Level	<input type="checkbox"/>		At Year Level	<input type="checkbox"/>
	Above Year Level	<input type="checkbox"/>		Above Year Level	<input type="checkbox"/>

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

Sport \_\_\_\_\_  Art \_\_\_\_\_  Music \_\_\_\_\_  
 Speech & Drama \_\_\_\_\_  Other \_\_\_\_\_

Has your child ever received 'Learning Support' Assistance:  Yes  No (if YES please list learning areas supported)

Does your child have a support plan for these areas?  Yes  No (if YES please provide paperwork)

Has your child ever repeated a year?  Yes  No

Does your child wear glasses?  Yes  No When was your child's last vision test? \_\_\_\_\_

Has your child ever had a hearing test?  Yes  No Date of hearing test: \_\_\_\_\_

Was English the first language spoken by your child?  Yes  No

If NO, please specify language and any ESL Support that has been provided: \_\_\_\_\_

Does your child have an impairment or disability that affects his/her learning or participation in the school community?  Yes  No If YES, please identify the type of disability or impairment:

Intellectual Impairment	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Social & Emotional Disorder	<input type="checkbox"/>
Speech & Language Impairment	<input type="checkbox"/>	Multiple Impairment	<input type="checkbox"/>
Learning Disabilities/Difficulties	<input type="checkbox"/>	A.D.D./A.D.H.D.	<input type="checkbox"/>

If your child has one of the above disabilities how does it impact on him/her as a learner? (Please attach documentation if applicable)

Has your child ever had an Educational Adjustment Profile produced (are they verified in any of the abovementioned areas)?  Yes  No If YES, please list the category of the disability or impairment and attach documentation if applicable.

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

Guidance Officer	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	Pediatrician	<input type="checkbox"/>
Child Psychologist	<input type="checkbox"/>	Speech Therapist	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

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

Does your child have any social difficulties with other children?  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: \_\_\_\_\_

Does your child carry, or ever carried, a serious and life threatening infectious disease?  Yes  No

If YES, give details: \_\_\_\_\_

Please state medically required treatment: \_\_\_\_\_

## PARENTS/GUARDIANS/CARERS INFORMATION

### Parent/Guardian/Carer 1

Title (e.g. Ms, Mr, Mrs, Dr): \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name/s in full: \_\_\_\_\_

Country of birth: \_\_\_\_\_

If not Australian, do you have Australian Resident Status?  
(If you answered Yes to this question, please provide a copy of documentation.)

Yes  No

Marital Status: \_\_\_\_\_

(e.g. Married, Divorced, Separated, Single, De facto, Widowed)

Religious Denomination: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone H: ( ) \_\_\_\_\_ Silent Yes / No \_\_\_\_\_

Phone W: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax H: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Language (other than English) spoken in the home: \_\_\_\_\_

If parents are separated, with whom is the student living: \_\_\_\_\_

Please provide copies of Court Orders: (if applicable)

Name of Stepfather/Stepmother: (if applicable) \_\_\_\_\_

We, the parents or guardian, have completed fully this Application for Enrolment form. We understand that for this application to be processed, the following need to be attached **at the time of lodgment** of this form:

- non-refundable application fee payment details
- Copy of your child's birth certificate or passport
- Copy of your child's latest student report card (if applicable)
- Copy of Immunisation Status
- Australian Residency (if applicable)
- Copy of Year 3, 5, NAPLAN Report
- Court Orders (if applicable)

### PARENTS' UNDERTAKING

We have read the School Prospectus and Collection Notice and are in agreement with the philosophy and objectives of Grace Lutheran Primary School. While our children are in attendance we will make every effort to offer our full support and co-operation to the school's programs and activities.

To enable Grace Lutheran Primary School 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 Grace Community and agree to disclose promptly any emergent conditions whilst our child is in attendance.

\_\_\_\_\_  
Signature of Parent/Guardian/Carer 1

\_\_\_\_\_  
Signature of Parent/Guardian/Carer 2

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

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

