



Waikerie Lutheran Primary School Inc.

6 McIntosh St
Waikerie SA 5330

Phone: (08) 8541 2344
Fax: (08) 8541 2140

Mrs Sue Beelitz
Interim Principal

Email: office@wlps.sa.edu.au

Website: www.wlps.sa.edu.au

APPLICATION FOR ENROLMENT

STUDENT DETAILS

| | | | | | | | |
|--|--|---|--------|---|------------------------------------|---|--------------------------------|
| SURNAME: | | | | FIRST NAME (s): | | | |
| Date of Birth: | | Day: | Month: | Year: | Student's country of birth: | | Nationality of student: |
| Residential Address: | | | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Postal Address: | | | | Is the student of Aboriginal or Torres Strait Islander Origin? (For persons of both aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.) | | | |
| E-Mail Address: | | Is the child the subject of a Custody Order? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, has a copy of the Custody Order been given to the school?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> NO | | <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander | |
| ☎ (Home) | | | | | | | |
| It is intended that the child will start at Waikerie Lutheran: Year: 20____ Term: 1 2 3 4 (please circle) | | | | Child to commence in Year Level: Foundation 1 2 3 4 5 6 7 (please circle) | | | |
| School where child last attended: | | | | | | | |
| Has this student or any other family members been a student at Waikerie Lutheran? | | | | | | | |

FATHER / GUARDIAN DETAILS:

| | | | | | | | |
|---|--|------------|--|--|--|------------|--|
| SURNAME: | | | | Employer: | | | |
| FIRST NAME: | | | | Occupation: | | | |
| ☎ (Home) | | ☎ (Mobile) | | ☎ (Work) | | ☎ (Mobile) | |
| Marital Status of Father: Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent with custody <input type="checkbox"/> | | | | | | | |
| Is the above named Father a step-parent of the child: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Religious Affiliation: | | | | Do you attend worship: | | | |
| Is this child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | regularly <input type="checkbox"/> occasionally <input type="checkbox"/> only on special occasions <input type="checkbox"/> never <input type="checkbox"/> | | | |

MOTHER / GUARDIAN DETAILS:

| | | | | | | | |
|---|--|------------|--|--|--|------------|--|
| SURNAME: | | | | Employer: | | | |
| FIRST NAME: | | | | Occupation: | | | |
| ☎ (Home) | | ☎ (Mobile) | | ☎ (Work) | | ☎ (Mobile) | |
| Marital Status of Mother: Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent with custody <input type="checkbox"/> | | | | | | | |
| Is the above named mother a step-parent of the child: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Religious Affiliation: | | | | Do you attend worship: | | | |
| | | | | regularly <input type="checkbox"/> occasionally <input type="checkbox"/> only on special occasions <input type="checkbox"/> never <input type="checkbox"/> | | | |
| As priority is given to Lutherans in accordance with the school's Enrolment Policy, please provide the name of your Church Pastor as a referee: | | | | | | | |
| Pastor: | | | | Parish: ☎ | | | |

OTHER FAMILY MEMBERS – Brothers and Sisters –

| | | | |
|-------|----------------|-------|----------------|
| Name: | Date of Birth: | Name: | Date of Birth: |
| Name: | Date of Birth: | Name: | Date of Birth: |

EMERGENCY CONTACT DETAILS

| | | | |
|-----------------|--------------------|----------------------|------------------|
| Surname: | First Name: | Relationship: | Phone No: |
|-----------------|--------------------|----------------------|------------------|

To complete this application for enrolment, the following documents must be attached.

- child's birth certificate child's current immunisation details any relevant health assessments, reports

Please note that Commonwealth Government regulations require schools to collect certain data pertaining to parents, including data from the following questions.

(For further information, please refer to the Collection and use of Personal Information Handout for Parents)

| Please complete the following: | | | If you identify with the following, please tick ✓ | |
|--------------------------------|------------------|-------------|---|------------------------|
| | Country of Birth | Nationality | Aboriginal | Torres Strait Islander |
| Mother/Guardian | | | | |
| Father/Guardian | | | | |

| As well as speaking English, does the student or their Mother/Guardian or their Father/Guardian speak another language other than English at home? Please tick ✓ | | | |
|--|---------|-----------------|-----------------|
| | Student | Mother/Guardian | Father/Guardian |
| No, English only | | | |
| Yes, Other - please specify | | | |

| What is the highest year of primary or secondary school the parents/guardians have completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below.') Please tick ✓ | | | | |
|---|-------------------------------|-----------------------|-----------------------|-----------------------|
| | Year 9 or equivalent or below | Year 10 or equivalent | Year 11 or equivalent | Year 12 or equivalent |
| Mother/Guardian | | | | |
| Father/Guardian | | | | |

| What is the highest qualification the parents/guardians have completed? Please tick ✓ | | | | |
|---|-----------------------------|--|---------------------------|--------------------------|
| | No non-school qualification | Certificate I-IV (including trade qual.) | Advanced Diploma/ Diploma | Bachelor Degree or above |
| Mother/Guardian | | | | |
| Father/Guardian | | | | |

| What is the occupation group of the parent/guardian? (To assist with your answer, please refer to the list of occupation groups attached at the back of this application). | | | |
|--|--|-----------------|--|
| Mother/Guardian | | Father/Guardian | |
| If the person is not currently in <u>paid</u> work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. | | | |
| If the person has not been in <u>paid</u> work in the last 12 months, enter '8' in the box above. | | | |





Waikerie Lutheran Primary School Inc.

6 McIntosh St
Waikerie, SA 5330

Email: office@wlps.sa.edu.au

Phone: (08) 85412344
Fax: (08) 85412140

Website: www.wlps.sa.edu.au

Mrs Sue Beelitz
Interim Principal

DETERMINING A STUDENT'S EDUCATIONAL NEEDS

The following information is requested by Waikerie Lutheran Primary School from the parents to help both groups establish the educational needs of the child. This will enable the school to consider how it can meet the student's needs.

The Principal will arrange a meeting with parents and (if necessary) other relevant/appropriate professionals to discuss the educational program the school can offer.

1. Educational Needs

Does your child have a known disability, e.g. intellectual, physical, hearing, vision or emotional? Yes No

Name of disability:

Diagnosed by:

Date of diagnosis:

Report for the school.

Yes No

2. Support

Please tick here if this section is not applicable

Does your child receive support from others, e.g. tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist, access assistants? Yes No

Which services are involved:

e.g. Crippled Children Association (CCA), Intellectual Disability Services Council (IDSC), Service, Down Syndrome Society, Autism Association, Family and Youth Services, Cora Barclay, hospital-based child development units, community health services, private practitioners.

What is the type and amount of support?

Will this support continue in this school? Yes No

Will these agencies provide financial or consultancy support in school? Yes No

Are the reports from these agencies available to the school? Yes No

3. Curriculum Issues

Please tick here if this section is not applicable

What support did your child receive in his/her previous setting?

What support did your child receive for behaviour, learning or emotional issues?

Does your child require particular supervision or management?

• To and from school? Yes No

• Moving between classrooms? Yes No

• For participation in sport? Yes No

• In the classroom? Yes No

• In the yard? Yes No

Will your child require particular arrangements to participate in sports, camps, excursions? Yes No

What are the patterns of school attendance?

What are the Occupational Health, Safety and Welfare and Duty of Care issues for your child and others?

4. Medical / Health Issues

Is there a history of hearing or ear problems? Yes No

Vision

Have your child's EYES been tested by an optometrist or eye specialist? Yes No

Did the Eye test indicate that your child needs to:

Wear glasses Have vision aids Have scribes, tutors, etc.

If there is any written information regarding past history and other information that would assist the school, has this been provided? Yes No

Hearing

Has your child had a HEARING test by a hearing specialist? Yes No

Did the Hearing test indicate that your child needs any of the following in the classroom?

Aids Acoustic considerations Scribes, tutors, etc.

If there is any written information regarding past history and other information that would assist the school, has this been provided? Yes No

Health

Are there any other health issues that the school should be aware of? Yes No

If yes, name the health issue?

Has your child had a recent visit to the doctor regarding the above health issue? Yes No

Name of Doctor:

Date:

Does your child require: Health Care Plan Emergency Action Plan

Is your child on any regular prescribed medication for:

Epilepsy ADD Asthma Allergies Other

Name of medication:

Is your child entitled to receive a Child Disability Allowance? Yes No

Mobility

Please tick here if this section is not applicable

If this section is applicable, who will transport your child to school?

Are there any issues that need to be addressed by the school? Yes No

- Access to the classrooms, e.g. ramps Yes No
- Access to the playground Yes No
- Access to toilet facilities Yes No
- Access to general school facilities, e.g. library Yes No

Communication

Please tick here if this section is not applicable

If this section is applicable, is your child from an ESL (*English as a second language*) background? Yes No

Name the background:

Is your child from an Indigenous background? Yes No

Name the group:

Can your child communicate effectively? Yes No

Can your child communicate basic desires, e.g. toilet, drink? Yes No

If your child needs any assistance to enhance communication, please tick the appropriate box.

Sign language Message boards Makaton Other

Independence

Can your child manage personal care needs independently, e.g. toilet, dressing, eating? Yes No

If NO, What does the child require assistance with?

In enrolling my / our child at this school I / we agree to accept the following:

- *that my / our child will be educated in the Lutheran faith within a Christian educational environment.*
- *that support of school staff and co-operation concerning school activities is essential.*
- *that we will abide by school policies as amended from time to time.*
- *that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory, e.g. camps, excursions, etc.*
- *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.*
- *the standards the School sets regarding grooming, uniform and personal presentation.*

I / we also:

- *agree that I / we are responsible 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).*
- *agree that I / we are 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.*
- *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.*
- *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.*
- *give permission for the school to access information on my / our child from a previous school, pre-school or specialist.*
- *hereby declare the attached information to be true and correct.*

| | | |
|-------------------------------|------------------------------------|-------------|
| Father/Guardian's Name | Father/Guardian's signature | Date |
| Mother/Guardian's Name | Mother/Guardian's signature | Date |

Before forwarding this Application Form, please ensure that all sections are completed and a copy of the Birth Certificate, Immunisation Details and other relevant documents have been attached.

Failure to accurately complete all sections of the Application Form may result in the school's inability to accommodate your child's needs and may affect your child's enrolment.

When this application has been completed and returned, the school will:

- Undertake to establish the needs of the child to determine help and resources required.
- Arrange a meeting with you to discuss what programs and help the school can provide for your child.
- Determine if the enrolment is accepted.

FOR SCHOOL OFFICE USE ONLY:

| | | | |
|------------------------------|--------------------------|------------------------|---------------------|
| 1. Date Application received | 3. Parent(s) Interviewed | 5. Entered on Database | 7. Class/Year Level |
| 2. Acknowledgment Sent | 4. Enrolment accepted | 6. Enrolment Number | 8. Sports House |
| Comments: | | | |

List of Parental Occupation Groups

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship.

All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]