ENROLMENT APPLICATION
APPLICATION TO ENROL STUDENT

Student and Parent Information

STUDENT
Surname: ____________________________________________
Christian Names: ___________________________________
Residential Address: ___________________________________
Postcode: ___________________________________________
Postal Address: (if different from above) __________________________
Postcode: ___________________________________________
Phone: _____________________________________________
Date of Birth: __________________________ Male / Female
Country of Birth: __________________________ Australian Citizen: YES / NO
Aboriginal: ☐ Torres St Islander: ☐ (please indicate if applicable)
Religious Denomination: __________________________
Home Congregation: __________________________
Has the student been:  ☐ Baptised  ☐ Dedicated
Kindergarten or previous school attended (if applicable):
__________________________________________Year Level: __________________________
Proposed year of entry: __________________________
Proposed level of entry: Year: 1 2 3 4 5 6
Does your child have special needs? (Physical, emotional, medical, or learning)
YES / NO  If yes, please describe: __________________________

FATHER
Full name (Mr/Rev/Dr): ___________________________
Or Address (if different from above): ___________________________
Postcode: ___________________________________________
Telephone: __________________________ Mobile: __________________________
Email: __________________________
Religious Denomination: __________________________
Lives with child: YES / NO
If NO, has mother knowledge of this application? YES / NO
(This information is required by the School under the Family Law Act)

MOTHER
Full name (Mrs/Ms/Rev/Dr): ___________________________
Or Address (if different from above): ___________________________
Postcode: ___________________________________________
Telephone: __________________________ Mobile: __________________________
Email: __________________________
Religious Denomination: __________________________
Lives with child: YES / NO
If NO, has father knowledge of this application? YES / NO
(This information is required by the School under the Family Law Act)
Student and Parent Information

**SIBLINGS**
Please list names and ages of other children who may enrol at St. Michael's School at a later date:

Name: ___________________________ DOB: ______
Name: ___________________________ DOB: ______
Name: ___________________________ DOB: ______

**RATIONALE**
Parents are asked to express their main reasons for seeking enrolment for their child at St. Michael's Lutheran school.

________________________________________
________________________________________
________________________________________
________________________________________

Please indicate factors influencing your decision to seek enrolment at St. Michael's Lutheran school.

- Christian education
- Curriculum choice
- Family involvement
- Academic reputation
- Caring environment
- Newspaper Advertisement
- Discipline
- Open Day
- Recommendation of a friend

Other (please specify):
________________________________________
________________________________________
________________________________________

Other comments:
________________________________________
________________________________________
________________________________________

**STANDARD**
The school expects parents to support all school policies and cooperate with teachers and administrators. The school also asks parents to require their children to uphold the rules of the school.

In order to uphold the ethos of this school, and for the mutual benefit of all students, their families and members of the community, the expectations of students and their parents/guardians have been clearly set out in the Enrolment Agreement on the following page.
AGREEMENT

We have read the information contained in the Prospectus of St. Michael’s Lutheran school. We understand the information contained therein, and should our child be enrolled as a student at St. Michael’s Lutheran school:

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

b) We agree to abide by the policies and rules of the school, and will ensure to the best of our ability that our child will likewise conform to those policies should the enrolment be accepted.

c) We agree to pay the fees and charges set out in the Prospectus, as adjusted from time to time at the discretion of the School Council, and within the terms of those payments as specified.

d) We understand to pay fees and charges associated with fee collection.

e) Failure to accurately complete all sections of this form may result in the school’s inability to accommodate your child’s individual needs and may affect your child’s continued enrolment.

Signed: ______________________ (Father / Legal Guardian)

Signed: ______________________ (Mother / Legal Guardian)

Date: / / 

CORNERSTONE COLLEGE

On your child’s commencement at St. Michael’s Lutheran school there will be the option for automatic “registration of interest” to attend Cornerstone College through the association of LEAH (Lutheran Education Adelaide Hills), which provides Christian Education from Foundation to Year 12.

Do you wish to activate this registration of interest?

Yes ☐ No ☐

If yes

I/We authorise that the Enrolment Application details provided here may be forwarded to Cornerstone College for “registration of interest”. I/We understand that when my child is in Year 4, I/we will be contacted by Cornerstone College to initiate an enrolment process.

Signed: ………………………………………. Date: …………………

Signed: ………………………………………. Date: …………………

Note: Even though the ‘Registration of Interest’ is forwarded to Cornerstone College, families are still required to complete and lodge a Cornerstone College Application Form for each student.

Please return this form to 68:

The Principal
St. Michael’s Lutheran School
6 Balhannah Road
Hahndorf SA 5245