



STUDENT DETAILS

Family Name: Given Names:

Preferred Name: Male Female Date of Birth : / /

Please provide a copy of your child's Birth Certificate

Home Address: Post Code :

Postal Address: Post Code :

Country of Birth : Language/s spoken at home:

Nationality : Religion: Place of Worship:

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

Is your child fully toilet trained and independently uses the toilet? No Yes

Is your child immunised? No Yes

PARENT/GUARDIAN DETAILS

PARENT / GUARDIAN 1

Title Family Name: Given Name:

Preferred Name: Relationship to Child: (ie mother / father)

Home Address: Post Code :

Postal Address: Post Code :

Email :

Phone : Mobile: Home: Work:

Occupation : Employer :

Nationality : Language/s spoken at home:

Religion: Place of Worship:

PARENT / GUARDIAN 2

Title Family Name: Given Name:

Preferred Name: Relationship to Child: (ie mother / father)

Home Address: Post Code :

Postal Address: Post Code :

Email :

Phone : Mobile: Home: Work:

Occupation : Employer :

Nationality : Language/s spoken at home:

Religion: Place of Worship:



ADMISSION DETAILS

Proposed Program (Please tick all applicable to your application)

PreKindy Year of Entry

Kindy Year of Entry

Do you intend to enrol your child at Loxton Lutheran School in the future? Yes No

Siblings currently enrolled at Loxton Lutheran School or Early Learning Centre

Name:	<input type="text"/>	Year Level:	<input type="text"/>
Name:	<input type="text"/>	Year Level:	<input type="text"/>
Name:	<input type="text"/>	Year Level:	<input type="text"/>
Name:	<input type="text"/>	Year Level:	<input type="text"/>

SPECIAL NEEDS AND CONDITIONS

Does your child have a known disability or any additional needs? Yes No

If 'yes' please specify Emotional Social Physical Medical Academic

Name of Disability / Needs: Diagnosed by:

Has your child been assessed by a specialist, psychologist, occupational therapist, speech therapist?

If so, Please provide recent reports from relevant professionals. (Please attach copies with application)

PARENT / GUARDIAN SIGNATURE

I / We acknowledge that by completing the Application for Enrolment form, a place is not guaranteed.

I / We have read and accept the relevant Enrolment Policies.

Parent / Guardian 1 Signature Date:

Parent / Guardian 2 Signature Date:

Office Use only

Date Received:	Acknowledgement sent:
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