



Application for Enrolment

A \$50 non-refundable fee per child must accompany this form.

The information provided on the enrolment form is being obtained for the purpose of processing prospective student's application for enrolment and is governed by the Privacy Policy of St Martins Lutheran College.

Please enclose a copy of; student's birth certificate, most recent school report (if applicable), student's passport and visa (if applicable), Medicare card, and documentation relating to special needs.

STUDENT INFORMATION	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Surname:				
Given Name/s:				
Preferred Name:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:				
Enrolling for:	Year Level:	Year Level:	Year Level:	Year Level:
	Year: 20....	Year: 20....	Year: 20....	Year: 20....
Country of Birth:				
Nationality:				
Language Spoken at Home:				
Aboriginal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Torres Strait Islander:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current School:				
Current Year Level:				
Do you give permission for your current school to forward relevant information to the College?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student accelerated a year level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student repeated a year level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student previously been enrolled in a SA School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been enrolled in SACE? If yes, provide SACE No:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion:				
Student lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver

PARENT / GUARDIAN INFORMATION

Family and address details where student resides

Title:	Parent / Carer 1 Mr Mrs Ms Miss		Parent / Carer 2 Mr Mrs Ms Miss	
Full Name:				
Relationship to Student:				
Mobile:				
Phone:	H:	W:	H:	W:
Email:				
Occupation:				
Employer:				
Religious Affiliation:				
Nationality:				
Country of Birth:				
Language Spoken:				
Home Address:				
Postal Address:				
SMLC Old Scholar:	<input type="checkbox"/> Yes <input type="checkbox"/> No Year Left:		<input type="checkbox"/> Yes <input type="checkbox"/> No Year Left:	

MEDICAL AND SPECIAL NEEDS INFORMATION

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Will the student require special education assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have any known or suspected special needs or health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to either of the above, please provide full details and documentation of those needs or health issues and any interventional support that the child may be currently receiving. <i>Failure to disclose this information may impede our ability to cater to the student's needs.</i>				
CHILD 1:			
			
CHILD 2:			
			
CHILD 3:			
			
CHILD 4:			
			
Documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHAT PROMPTED YOU TO ENROL AT SMLC AND/OR HOW DID YOU LEARN ABOUT US?

<input type="checkbox"/> Reputation	<input type="checkbox"/> Academic Excellence	<input type="checkbox"/> Christian Education	<input type="checkbox"/> College Community	<input type="checkbox"/> Positive Feedback	<input type="checkbox"/> Location
<input type="checkbox"/> Other					
<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Printed Media	<input type="checkbox"/> Radio	<input type="checkbox"/> Other

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Is this student a sibling to an existing St Martins Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No NAME:	<input type="checkbox"/> Yes <input type="checkbox"/> No NAME:	<input type="checkbox"/> Yes <input type="checkbox"/> No NAME:	<input type="checkbox"/> Yes <input type="checkbox"/> No NAME:

TERMS AND CONDITIONS

This application form should be completed and returned together with the non-refundable fee of \$50

To: ENROLMENT REGISTRAR, ST MARTINS LUTHERAN COLLEGE,

3 ST MARTINS DRIVE, MOUNT GAMBIER SA 5290

1. Upon receipt of the completed form and registration fee, the applicant's name will be added to the list of applicants seeking entry to the College in the year and at the level designated.
2. The completion of the Application for Enrolment form and payment of the fee will not necessarily result in the applicant being offered enrolment at the College or the opportunity for an interview.
3. When offering places to applicants, St Martins Lutheran College may give first priority to Lutheran families. It may also give priority to brothers and sisters of current students. It may also give priority to brothers and sisters of past students and children of staff and old scholars. Consideration may also be given to achieving an optimal gender balance when enrolment decisions are being taken. Students who do not fall into any of the above categories will be offered places in the order in which their registration for enrolment was received. The main points of entry to the College are Foundation and Year 7. Students may be admitted at other year levels provided places are available.
4. Applicants may elect to alter the status of their application (e.g.: to defer or bring forward the point of entry to the College). Applicants will then be added to the waiting list for that year level according to the date on which the enrolment was altered. A deferral made after a formal offer has been made does not guarantee a place in another year level, although every reasonable attempt will be made to facilitate this.
5. The College requires Parents/Caregivers to provide information relevant to any special needs that an applicant may have at the time of the application and/or prior to enrolment.
6. It is the responsibility of the Parent/Caregivers to advise the College of changes to address and/or contacts after registration. Failure to do so may preclude an applicant from offers of enrolment.
7. Enrolments are processed in the year prior to the commencement date. Prior to confirmation of enrolment and admission of a student, parents/caregivers are asked to attend an interview with the Principal or Head of School.
8. While enrolled at the College, one term's written notice of intention to withdraw the student is required. One term's fees in lieu of notice will be charged.

For further information please refer to our Fees Policy which is available on our website.

RELEASE OF INFORMATION

1. The College respects the privacy of personal and sensitive information regarding your family. The College collects personal information, including sensitive information about the student and parent(s)/caregiver(s) before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for the student. A copy of the College's privacy policy is available from the College website.
2. In situations where parents are separated, it is the policy of the College to release school reports to the mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interviews upon request. However, the College will abide by any Court orders which prevent the release of such information.
3. Some of the information the College collects is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.

4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about the student from time to time.
5. The College from time to time discloses personal information to others for administrative and educational purposes. This includes government departments, Lutheran Education Australia, Lutheran Schools Association SA/NT/WA, medical practitioners, dental clinic, and people providing services to the College including specialist visiting consultants, sports coaches and volunteers.
6. In the event of default of payment of fees, the College may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
7. The College from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
8. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.
9. Personal information collected from students is regularly disclosed to their parents or caregivers. On occasions information such as academic and sporting achievements, student activities and other news is published in the College newsletter, College magazine, College promotional material, newspapers, special events, and our website.
10. Parents/caregivers may seek access to personal information collected about them and the enrolled student by contacting the College. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.

SIGNATURES

I have read the above Terms and Conditions and Release of Information and agree to be bound by them. I have also read the Privacy Policy on the College website. (Both parent/caregiver signatures are required for the application to proceed except where the Family Court has ordered sole responsibility for education matters to one parent/caregiver. In such instances, a copy of the applicable Court Orders must be included with this application).

Signature:	Signature
Name:	Name:
Date:	Date:

OFFICE USE

Receipt No:	Date:	Acknowledged:
Entry Year:	Year Level:	Confirmation:

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