

NO-FEE-APPLICATION



NO FEE APPLIES
TO THIS APPLICATION
FORM

37 Hampden Rd
Mt Barker SA 5251
Phone: (08) 8391 0444
Fax: (08) 8398 3505
Email: contact@stmarks.sa.edu.au
Website: www.stmarks.sa.edu.au

APPLICATION TO ENROL STUDENT

Student and Parent Information

STUDENT

Surname: _____

Christian Names: _____

Residential Address: _____

_____ Postcode: _____

Date of Birth: _____ Male/Female

Country of Birth: _____ Australian Citizen: Yes/No

Ethnicity: _____

English First Language? Yes/No (If No, please state First Language _____)

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: Foundation 1 2 3 4 5 6

Does your child have special needs? (Physical, emotional, medical or learning)

Yes/No If yes, please describe: _____

(Please forward copies of any relevant reports, action plans or assessments if applicable)

FATHER

Full Name (Mr/Rev/Dr): _____

OR

Occupation: _____ Employer: _____

GUARDIAN

Postal Address (if different from above): _____

_____ Postcode: _____

Telephone: (h) _____ (w) _____ (m) _____

Email: _____

Religious Denomination: _____

Marital Status: Single/Married/Separated/Divorced/Widowed/De Facto (please circle)

Lives with child: Yes/No

If No, has the child's father knowledge of this application? Yes/No

(This information is required by the School under the Family Law Act)

MOTHER

Full Name (Mrs/Ms/Miss/Rev/Dr) _____

OR

Occupation: _____ Employer: _____

GUARDIAN

Postal Address (if different from above): _____

_____ Postcode: _____

Telephone: (h) _____ (w) _____ (m) _____

Email: _____

Religious Denomination: _____

Marital Status: Single/Married/Separated/Divorced/Widowed/De Facto (please circle)

Lives with child: Yes/No

If No, has the child's mother knowledge of this application? Yes/No

(This information is required by the School under the Family Law Act)

FAMILY INFORMATION

If parents are separated, do both parents require copies of all correspondence (eg newsletters, school reports etc)? YES/NO (please circle)

Are there any custodial or legal arrangements of which the school should be aware?

SIBLINGS

Please list names and ages of other children who may enrol at St Mark's Lutheran School at a later date:

Note: Each child requires an individual application form.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

RATIONALE

Please indicate reasons influencing your decision to seek enrolment at St Mark's Lutheran School.

| | | | | | |
|---------------------|--------------------------|-------------------------|--------------------------|----------------------------|--------------------------|
| Christian education | <input type="checkbox"/> | Curriculum choice | <input type="checkbox"/> | Family Involvement | <input type="checkbox"/> |
| Academic reputation | <input type="checkbox"/> | Caring environment | <input type="checkbox"/> | Open Day | <input type="checkbox"/> |
| Discipline | <input type="checkbox"/> | Newspaper advertisement | <input type="checkbox"/> | Recommendation of a friend | <input type="checkbox"/> |

Comments: _____

STANDARD

The school expects parents to support all school policies and cooperate with teachers and administrators. The school also requires children to uphold the ethos and rules of the school for the mutual benefit of all members of the school community.

The expectations of students and their parents/guardians have been clearly set out in the Enrolment Agreement on the following page.

AGREEMENT I/We have read the information contained in the Prospectus of St Mark's Lutheran School. I/We understand the information contained therein, and should our child be enrolled as a student at St Mark's Lutheran School:

- (a) I/We agree to support the aims and the ethos of the School with respect to the education of our child on whose behalf this application is made.
- (b) I/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) I/We agree to pay the fees and charges within the payment terms as determined by the School.
- (d) I/We understand that I/we may be liable for any extra cost that the School incurs in recovering unpaid fees.

I/We acknowledge that the enrolment of our child may be withdrawn if any of the above conditions are not complied with.

Signed: _____ (Father/Legal Guardian)

Signed: _____ (Mother/Legal Guardian)

(both parents to sign if applicable) Date: _____

CORNERSTONE COLLEGE

On your child's commencement at St Mark's Lutheran School, there will be the option for automatic "registration of interest" to attend Cornerstone College at Year 7 from 2014 through LEAH (Lutheran Education Adelaide Hills), which provides Lutheran Education from Reception to Year 12.

Will 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" in Year 4.

I/We understand that when my child is in Year 4, I will be contacted by Cornerstone College to formalise this "registration of interest".

Signed: _____ Date: _____

Signed: _____ Date: _____

Please return this form to:

The Principal
St Mark's Lutheran School
37 Hampden Rd
Mt Barker 5251

(NO FEE APPLIES TO THIS APPLICATION)

For Office Use Only

Date

Action by Initial

Acknowledgement of Application

Interviewed

Enrolment Offer