Enrolment Application Form

Student Family Name:

Student First Name:

Known as: 

This name will appear on the Class Roll

Student Date of Birth: / /  

□ Male  □ Female

OFFICE USE
Receipt Number: ___________________________ Date: _____________________
Student Information

Surname: ____________________________
First Names: ________________________
Address: ___________________________
Postcode: __________________________
Date of Birth: ______/_____/______
Religious Denomination: ______________
Home Congregation / Parish: __________
Present School (if applicable): __________
Present Year Level: __________________
Preferred Year of Entry: ______ ______
Preferred Year Level of Entry:
ELC or Reception or Year 1 2 3 4 5 6 or Year 7 8 9 10 11 12
(You may choose up to two alternate points of entry – one in ELC to Year 6 and another in Year 7 to 12)
Is the student a permanent resident of Australia? □ Yes □ No
Is student of Aboriginal or Torres Strait Islander origin? □ No □ Yes, Aboriginal □ Yes, Torres Strait Islander
Have siblings previously attended St John’s Lutheran or Concordia College? □ Yes □ No

Learning Information

I give my consent for Concordia College to obtain, from the student’s present and previous schools, information which will assist in the provision of an appropriate educational program. □ Yes □ No

Does your child have a known disability or learning difficulty? (Intellectual, physical, emotional, hearing or vision) □ Yes □ No
If yes, please provide the name of the disability or learning difficulty: ________________________________
Diagnosed by: ____________________________ (Please attach a copy of the relevant Report)

I give my consent for Concordia College to obtain, from the above mentioned person/organisation, information which will assist in the provision of an appropriate educational program. □ Yes □ No

Has your child been assessed in the ‘gifted’ range? □ Yes □ No
Diagnosed by: ____________________________ (Please attach a copy of the relevant Report)

I give my consent for Concordia College to obtain, from the above mentioned person/organisation, information which will assist in the provision of an appropriate educational program. □ Yes □ No

Does your child have any known medical condition that may require first aid assistance? (Include Epipen use) □ Yes □ No
Name of Condition: ____________________________
## Family Information

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<tr>
<th></th>
<th>Mother (Guardian)</th>
<th>Father (Guardian)</th>
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<tr>
<td><strong>Title</strong></td>
<td>Mrs / Ms / Miss / Dr / Rev / Prof</td>
<td>Mr / Dr / Rev / Prof</td>
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<td><strong>Surname</strong></td>
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<td><strong>First Names</strong></td>
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<td><strong>Employer</strong></td>
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<td><strong>Religious Denomination</strong></td>
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<td><strong>Old Collegian</strong></td>
<td>Yes</td>
<td>No</td>
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<td><strong>Maiden Name</strong></td>
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<td>No</td>
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## Family Circumstances

Have any other family members attended Concordia College (eg. Grandparents, Aunts, Uncles, etc)? □ Yes □ No  
If so, please give details:  

Names and ages of other children in the family:

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<th>Name</th>
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Conditions

Concordia College is a school of the Lutheran Church of Australia and seeks to provide an education that has a distinctive Christian character. Concordia offers its program of Christian education to students whose parents undertake to support its aims and purposes.

Parents whose child has special learning needs are invited to meet with staff from the Learning Support faculty to discuss how we are able to best cater for your child’s needs.

Lodging this ‘Enrolment Application Form’ does not guarantee your child’s enrolment at Concordia College. An offer of a place will be made by the Principal in accordance with the Enrolment Policy of the College.

A separate ‘Enrolment Application Form’ should be completed for each child.

Please note that 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 delay the enrolment process for your child.

A non-refundable application fee of $75 (or $100 per family if you would like to enrol all your children at this time) is included with this application to cover administration costs.

Please advise the Enrolment office of any change of address to ensure that you can be contacted at the next stage of enrolment.

Signatures

I have read the conditions of Concordia College listed above and hereby apply for enrolment of my child as a student of your College and I declare that the information supplied in this application is true and correct.

Signature of father/guardian:   Date:

Signature of mother/guardian:  Date:

Payment

Amount $                  ($75 single application or $100 family)

Cheques/money orders should be made payable to ‘Concordia College’.

☐ Cheque   ☐ Mastercard   ☐ Visa    ☐ Money Order   ☐ Cash

Number:        /        /        /        /        Expiry date:        /        /

Name on Card:   Signature: