Enrolment Application Form

Student Family Name: ____________________________________________

Student First Name: ________________________ Known as: ____________

Student Date of Birth:   /   /   Male □ Female □

OFFICE USE
Receipt Number: ________________________ Date: ________________
Student Information

Surname: __________________________ Christian Names: __________________________

Address: ________________________________________________________________

Postcode: __________________________

Date of Birth: / / __________________________ ____________ Boy ____________ Girl

Religious Denomination: ______________________________________________________

Present School: __________________________ Present Year Level: __________________________

Proposed Year of Entry: 20 __ __ Proposed Level of Entry: Year 7 8 9 10 11 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 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 you child have any known medical condition that may require first aid assistance? Yes ____________ No ____________

(Include Epipen use)

Name of Condition: __________________________

Carer A __________________________ Enquiry __________________________ Date entered __________________________

Carer B __________________________ Home __________________________ Notes __________________________

Student __________________________ Family __________________________
### Family Information

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<tr>
<th></th>
<th>Mother (Guardian)</th>
<th>Father (Guardian)</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Mrs / Ms / Miss / Dr / Rev / Prof</td>
<td>Mr / Dr / Rev / Prof</td>
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<tr>
<td><strong>Surname</strong></td>
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<tr>
<td><strong>Christian Names</strong></td>
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<td><strong>Address</strong></td>
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<td><strong>Postal address</strong></td>
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<td><strong>Telephone (Home)</strong></td>
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<td><strong>Occupation</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 ☐ No</td>
<td>☐ Yes ☐ No</td>
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<td><strong>Maiden name</strong></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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### Family Circumstances

- ☐ Married  ☐ Defacto  ☐ Separated  ☐ Divorced  ☐ Widowed

**Custody parent: (if applicable)**

- □ Yes □ No

**Do Custody Orders Apply?**

(Please attach a copy of the Custody Order)

- □ Yes □ No

**Should correspondence be addressed to both parents / guardians?**

- □ Yes □ No

If no, please specify:

**Who is responsible for fees (ie joint, mother, father, other)?**

- □ Yes □ No

**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:**

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Name</th>
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**Do other children in the family attend St John’s Lutheran School?**

- □ Yes □ No
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 Officer 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:

Please return this form to Concordia College at the following address:

Concordia College
Enrolment Manager
45 Cheltenham Street
HIGHGATE SA 5063

Telephone > 08 8272 0444
Fax > 08 8272 1463
Email > mail@concordia.sa.edu.au
www.concordia.sa.edu.au

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