



115 Eumundi Road, Noosaville, QLD 4566
PO Box 1288, Noosaville DC QLD 4566

Phone: 07 5455 8600 Fax: 07 5449 8086
 Web Address: www.gslc.qld.edu.au
 Email: registrar@gslc.qld.edu.au

OFFICE USE ONLY

Parent Number:
 Student Number:
 Date of Application:
 Interview:
 Receipt Number:
 Date:
 Received by:

THE INFORMATION ENCLOSED WILL BE TREATED IN THE STRICTEST CONFIDENCE AS OUTLINED IN THE GOOD SHEPHERD LUTHERAN COLLEGE PRIVACY POLICY.
PLEASE COMPLETE AND RETURN THIS FORM WITH ALL REQUIRED DOCUMENTATION AND THE APPLICATION FEE OF \$120.00 PER FAMILY TO THE COLLEGE.

STUDENT DETAILS

Surname: _____

Given Names: _____

Preferred Name: _____

(Please attach a copy of students birth certificate) Male Female

Date of Birth: _____	Nationality: _____	Sub Class Visa Details if Non Australian Citizen
Entry Year Level: (e.g. Year 1)	Entry Year: (e.g. 2014)	Entry Term: (e.g. Term 1 or 2 or 3 or 4)

School Currently Attending: Current Year Level:

Suburb/Town: State: Country:

Religious Affiliation:

Would you like more information on the Lutheran Church? No Yes

Major Health Issues: No Yes **If 'yes', please attach details**

SCHOOL REPORT/TEST RESULTS

Please attach a copy of your child's two most recent school reports and any Year 3, 5, 7 or 9 NAPLAN Tests results (where applicable). Also attach copies of any recent test results both internal and external (e.g. Diagnostic testing) which will help Good Shepherd Lutheran College assist/extend your child.

FAMILY DETAILS (please tick the appropriate boxes)

<input type="checkbox"/> Mother and/or <input type="checkbox"/> Female Guardian Living with child: Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> Name (including title eg. Mr, Dr) Occupation..... <input type="checkbox"/> Self Employed <input type="checkbox"/> Employee Employer.....	<input type="checkbox"/> Father and/or <input type="checkbox"/> Male Guardian Living with child: Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> Name (including title eg. Mr, Dr) Occupation <input type="checkbox"/> Self Employed <input type="checkbox"/> Employee Employer
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FAMILY ADDRESS DETAILS

1. Postal (must be completed) Name (e.g. Mr J Brown & Ms S Brown-Jones) Post Code: Home phone number: Mothers Mobile Phone Number: Mothers Work Phone Number: Mothers email address:	2. Residential (only if different to Postal) Name (e.g. Mr J Brown & Ms S Brown-Jones) Post Code: Home Phone Number Fathers Mobile Phone Number: Fathers Work Phone Number: Fathers Email Address:
Are the student's parents separated? Yes <input type="checkbox"/> No <input type="checkbox"/> Please detail any special home circumstances that you wish to record:	
Are there any Family Court Orders or Protection Orders relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/> Copies Attached Yes <input type="checkbox"/> No <input type="checkbox"/> Details of Non-Custodial Parent (if applicable) Name: Occupation: Employer: Home address: Home phone number: Work phone number: Email:	

OTHER CHILDREN IN YOUR FAMILY

Children who have previously attended, are presently attending, or are/may be registered for future entry to GSLC:

Name..... DOB..... Year level & year of entry

Name..... DOB..... Year level & year of entry

Name..... DOB..... Year level & year of entry

(Please complete a separate Application for Enrolment for each child.)

FINANCIAL DETAILS

Who is responsible for the fees?

Account Mailing Address:

	Postcode:	State/Country:
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To be completed by Debtor (if other than parent)

I (Full Name)..... of

(Address).....

..... Post Code:..... undertake to pay the school fees for the abovementioned student in accordance with the Financial Policies of Good Shepherd Lutheran College.

Signature of Debtor

Signature of Witness Witness to print full name.....

Date:.....

STUDENT NEED PROFILE

Surname:	
Given Names:	Date of Birth:

Our school offers a broad range of curricula and extra-curricula activities with which all students become involved from time to time. Many of these activities necessarily challenge the students and, on occasion, any student with a disability may require special facilities or consideration in the student's own best interests. Likewise any student with a particular strength or talent may require special attention and nurturing. Information is required to assist the school in its aim to achieve success for each student enrolled. We ask that you complete the following details to assist the school in planning for the educational needs of your child.

Has your child ever received 'Learning Support' Assistance? Yes No

(Ongoing assistance for the child and/or teacher provided by a specialist teacher, psychologist or other suitably trained professional practitioner).

Does your child have a disability that affects their learning? Yes No If Yes, please identify what type of disability:

- | | | | | | |
|--------------|--------------------------|---------------------|--------------------------|-----------------------------|--------------------------|
| Intellectual | <input type="checkbox"/> | Autism/Aspergers | <input type="checkbox"/> | Vision | <input type="checkbox"/> |
| Physical | <input type="checkbox"/> | Social/Emotional | <input type="checkbox"/> | Hearing | <input type="checkbox"/> |
| A.D.D | <input type="checkbox"/> | Learning Difficulty | <input type="checkbox"/> | Nonverbal Learning Disorder | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

If your child has one of the above disabilities, how does it impact on him/her as a learner?

Has your child ever been 'Ascertained'? Yes No

If Yes, please state their current level

Has your child ever repeated a Year? Yes No

Has your child ever been accelerated (skipped a Year)? Yes No

Does your child have an extra-curricula strength or talent? If so, please specify:-

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sport | <input type="checkbox"/> Art |
| <input type="checkbox"/> Music | <input type="checkbox"/> Speech & Drama..... |
| <input type="checkbox"/> Other | |

Has a specialist ever assessed your child for developmental, learning or behavioural problems?

- Yes No If Yes, please specify:
- | | | | | | |
|--------------------|--------------------------|------------------------|--------------------------|---------------------------|--------------------------|
| Guidance Officer | <input type="checkbox"/> | Occupational Therapist | <input type="checkbox"/> | Paediatrician | <input type="checkbox"/> |
| Child Psychologist | <input type="checkbox"/> | Speech Therapist | <input type="checkbox"/> | Developmental Optometrist | <input type="checkbox"/> |
| Other: | | | | | <input type="checkbox"/> |

Does your child have any social difficulties with other children? Yes No

If Yes, please specify:

Has behaviour management ever been an issue with your child in the school setting? Yes No

If YES, please specify:

Do you have a report/s from specialist/s which relate to the above information provided? Yes No

If YES, please attach.

The College reserves the right to determine its ability to meet the needs of students with special needs.

REASON FOR APPLICATION TO GOOD SHEPHERD LUTHERAN COLLEGE

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How did you hear about Good Shepherd Lutheran College?

- Word of mouth Newspaper Open Day Internet
- Other.....

PRIVACY POLICY – STANDARD COLLECTION NOTICE

1. The College collects personal information, including sensitive information, about pupils and parents or guardians before and during the course of a pupil's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide Schooling for your son/daughter.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Certain laws governing or relating to the operation of Schools require that certain information is collected. These include Public Health and Child Protection Laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the *Privacy Act*. We ask you to provide medical reports about pupils from time to time.
5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other Schools, government departments, system education offices, your local diocese and the parish, medical practitioners, and people providing services to the College, including specialist visiting teachers, sports coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in College newsletters, magazines (and on our website). This may include photographs.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Pupils may also seek access to personal information about them. 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 pupil, or where pupils have provided information in confidence.
9. The College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you (it may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. This includes the Tuckshop joint operator SSL Services). We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. **We may include your contact details in a class list, however if you do not agree to this, the College will need to be notified.**

PARENT UNDERTAKING

Parents who wish to apply for their child to be enrolled at Good Shepherd Lutheran College are asked to complete this application and return it with the required non-refundable Application Fee (refer to Fee Schedule). The payment of this fee does not guarantee enrolment at the college as is an administration fee only.

The submission of this application implies that both you and your child will support the Christian ethos of the College and will co-operate with the College in matters of policy e.g. behaviour, uniform. Further, that you accept the terms of the Standard Collection Notices as stated above.

The College reserves the right to review / terminate the enrolment of a child, when a disclosure of a student's needs has not been provided.

I/We warrant the truth and accuracy of the above information. I / We authorise for the College to contact the previous schools and other specialist personnel who may have information to assist in meeting the needs of my/our child, if necessary.

Signature:

Print Name:

Mother/Legal Guardian

Father/Legal Guardian

Date:

Date: