



**FAITH LUTHERAN SECONDARY SCHOOL**

Post Office Box 296

Tanunda, South Australia 5352

Telephone: 08 8561 4201 Fax: 08 8563 2408

mail: [office@faith.sa.edu.au](mailto:office@faith.sa.edu.au)

Website: [www.faith.sa.edu.au](http://www.faith.sa.edu.au)

**ENROLMENT APPLICATION FORM**

• **STUDENT DETAILS**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Preferred Christian Name \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Language spoken at home (if other than English) \_\_\_\_\_

To commence in Year 8, 9, 10, 11,12 \_\_\_\_\_ in Term \_\_\_\_\_ of Year 20 \_\_\_\_\_

Present School \_\_\_\_\_ Present Year Level \_\_\_\_\_

Other schools attended (include year levels) \_\_\_\_\_

**Is this student of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both Yes boxes)

No  Yes, Aboriginal  Yes, Torres Strait Islander

**Does this student have a known disability** e.g. intellectual, physical, hearing, vision, emotional?

Nature of disability \_\_\_\_\_

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• **FATHER OR GUARDIAN**

Surname \_\_\_\_\_ Title (Mr, Dr, Rev) \_\_\_\_\_

Christian Names \_\_\_\_\_ Preferred Christian Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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• **MOTHER OR GUARDIAN**

Surname \_\_\_\_\_ Title (Miss, Mrs, Ms, Dr) \_\_\_\_\_

Christian Names \_\_\_\_\_ Preferred Christian Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**If parents have separate addresses, please indicate address for correspondence**

• **OTHER CHILDREN IN FAMILY WHO ARE LIKELY TO ATTEND FAITH**

Name of child	Date of Birth	First year at Faith
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**N.B. A separate application form and deposit is required for each child.**

• **FAMILY'S CHURCH AFFILIATION (If Applicable)**

**Christian Denomination** (e.g. Lutheran, Anglican, Uniting, ....) \_\_\_\_\_

**If Lutheran - name of home congregation** \_\_\_\_\_

If more than one denomination within the family, please specify:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Student: \_\_\_\_\_

***In making this application I/we agree to***

- support the Christian aims of the school
- an interview with the principal at a mutually convenient time
- cooperate and support the school in matters of school policy and practice
- cooperate with and support the school in matters of discipline
- complete and sign a Payment Plan, indicating the preferred method of payment of all fees and charges
- honour fully my/our financial obligations to the school by the due date, unless satisfactory alternative arrangements have been made before the due date for payment of fees. In default, to pay all costs incurred by the school in the collection of overdue amounts.
- abide by the School Policy in relation to student enrolment and the current School Council Policy on Fee Account Payments.
- the summoning of the school doctor, dentist and ambulance, as required, in emergency situations
- disclose to the school relevant medical information about the applicant
- give the school one term's notice in writing of the withdrawal of the student from the school. If such notice is not given one term's tuition fees will be charged to the fee account.

**Signature of Father/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Mother/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**A NON-REFUNDABLE DEPOSIT OF \$30.00 MUST ACCOMPANY THIS FORM BEFORE THE APPLICATION CAN BE REGISTERED.**

**FOR OFFICE USE ONLY:** Application Fee: \$

Batch No:

Date: