St Peters Lutheran School Inc

71 Cumming Street
BLACKWOOD SA 5051
Phone: 8278 0800 Fax: 8370 0414 Email: admin@stpeterslutheran.sa.edu.au

Application Fee
Paid_____
Date_____
Receipt No._____

Preliminary Application for Enrolment

(A separate application form is required for each child)

Name of Child.....*(please print)* Male / Female
(Family Name) *(Given Names - underline preferred name)*

Address of Child..... Postcode.....……

Date of Birth.....……

Present Pre-School/Kindergarten/School *(if applicable)*…….....

Home Congregation.....…… Name of Minister…….

Religious Denomination.....…..... Baptised (yes/no)……...

Is this student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait origin, mark both 'yes' boxes) ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Proposed Level of Entry (ELC – Year 7)…… *(if ELC, please complete section over)*

Proposed Year of Entry 2 0 _ _ **Term**……

Other Children in the Family

Name	Date of Birth	School/Kindergarten currently attending
……..	……..	……..
……..	……..	……..
……..	……..	……..

Medical Problems: *Physical or mental disabilities affecting schooling (please give details and if relevant, a medical report*)
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Details of Parents/Guardians

Father

Family Name.....

Given Names.....Dr/Rev/Mr……

Address.....

.....Postcode.....

Telephone Home.....

Business.....Mobile.....

Email……

Mother

Family Name.....…..

Given Names.....Dr/Mrs/Ms……

Address.....…

.....Postcode.....…

Telephone Home.....…

Business.....Mobile.....…

Email……

ELC session preferences:

Children will need to be three years of age and fully toilet trained to be eligible to commence.

Please use a *tick* to indicate *first preference.* Please use a *cross* to indicate *second preference*.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school care (SPLOSHC) 7.30am–8.00am					
Morning session 8.00am–12noon					
Afternoon session 12.30pm–4.30pm					
Full Day = 2 sessions 8.00am–4.30pm					
After school care (SPLOSHC) 4.30pm–6.00pm					

We anticipate sending our child to St Peters Lutheran School in …….. to begin Reception *Yes/No/Unsure*
(year) ***(please circle)***

Family Statement

Please include a brief statement of your reasons for wishing to send your child to St Peters Lutheran School / Early Learning Centre.

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Signatures

Father.....…..... Date…….. Mother.....…..... Date……

Please return this form when completed, together with the non-refundable application fee of $50