



Lutheran Ormeau Rivers District School

APPLICATION FOR ENROLMENT

NAME OF STUDENT _____ SURNAME _____ CHRISTIAN NAMES _____

Sex Male.....
 Female.....

DATE OF BIRTH ____ / ____ / ____ YEAR OF ENTRY 20 ____

APPLICATION FOR YEAR Prep 1 2 3 4 5 6 7 8 9 10 11 12
 (Circle One)

FAMILY DETAILS

Home Address		
Postal Address		
City	QLD	
Home Telephone Number		
E-Mail Address		
	Mother/parent1/guardian1	Father/parent2/guardian2
Name		
Parent/Guardian		
Occupation		
Employer's Address		
Work Telephone Number		
Mobile Number		
Lives with Child?	Yes / No	Yes / No
Where parents are separated, does the other parent have knowledge of this application?		Yes / No

BROTHERS AND SISTERS

CHRISTIAN NAME	DATE OF BIRTH	CURRENT SCHOOL
1.		
2.		
3.		

RELIGIOUS DENOMINATION

	DENOMINATION
Father	
Mother	
Child	

HISTORY

	INFORMATION
Pre-School Attended	
Last School Attended	
Reason For Application	

MEETING YOUR CHILD'S NEEDS

Does your child have an extra-curricula strength or talent?	<input type="checkbox"/> Sport <input type="checkbox"/> Art <input type="checkbox"/> Other	<input type="checkbox"/> Speech & Drama <input type="checkbox"/> Music
Has your child ever been Verified (EAP Process)?	If 'Yes', please give details.	
Has your child ever been 'Ascertained'?	If 'Yes', please give current level.	
Has your child ever repeated a year or been accelerated (skipped a year)?	If 'Yes', please give details.	
Does your child have a disability that affects their learning?	<input type="checkbox"/> Intellectual <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> A.D.D. <input type="checkbox"/> If 'Other', please give details	<input type="checkbox"/> Autism/Aspergers <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Speech
Has a specialist ever assessed your child for developmental, learning or behavioural problems?	<input type="checkbox"/> Paediatrician <input type="checkbox"/> Child Psychologist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> If 'Other', please give details	<input type="checkbox"/> Developmental Optometrist <input type="checkbox"/> Guidance Officer <input type="checkbox"/> Occupational Therapist
Does your child need help in the following areas?	<input type="checkbox"/> Social Difficulties <input type="checkbox"/> Behaviour Management <input type="checkbox"/> Taking Medication on a regular basis <input type="checkbox"/> If 'Other' please give details	

Please supply any reports that may be of assistance to your child's teacher.

MEDICAL HISTORY (Please give only relevant details and year if possible)

Were there any complications before or during your child's birth?
Any congenital abnormalities?
Does your child require the use of a wheel chair?
Major illness?
Any allergies?

INFECTIOUS DISEASES

Is your child a sufferer from an infectious disease?	YES	NO
Is your child a carrier of an infectious disease?	YES	NO
If 'yes' to either of the above questions about infectious diseases, please supply information or request an interview with the Principal.		

IMMUNISATIONS

Hepatitis A	YES	NO	Date:
Hepatitis B	YES	NO	Date:
Chicken Pox	YES	NO	Date:
Meningococcal C	YES	NO	Date:
MMR	YES	NO	Date:
Measles	YES	NO	Date:
Mumps	YES	NO	Date:
Rubella	YES	NO	Date:
DTP	YES	NO	Date:
Diphtheria	YES	NO	Date:
Whooping Cough	YES	NO	Date:
ADT	YES	NO	Date:
Tetanus	YES	NO	Date:
Poliomyelitis	YES	NO	Date:

Data Collection

**This information is required for assessment and reporting purposes
(National Goals for Schooling)**

All information collected will be covered by LORDS Privacy Policy (Privacy Act 1988.)

1 Is the student of Aboriginal or Torres Strait Islander origin?

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

- [4] No.....
- [1] Yes, Aboriginal.....
- [2] Yes, Torres Strait Islander.....
- [3] Yes, Aboriginal and Torres Strait Islander.....

2 In which country was the student born?

- [1101] Australia.....
- [1201] New Zealand.....
- [1502] Fiji.....
- [2102] England.....
- [2401] Denmark.....
- [3207] Greece.....
- [7103] India.....
- [8000] United States of America.....
- [9225] South Africa.....
- Other – please specify.....

3 Does the student or their mother/guardian or their father/guardian speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

	student	mother/parent1/ guardian1	father/parent2/ guardian2
[1201] No, English only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[1501] Yes, Danish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[2201] Yes, Greek.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[5203] Yes, Hindi.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[9202] Yes, Afrikaans.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[9301] Yes, Fijian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[9304] Yes, Maori.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other - please specify	<input style="width: 350px; height: 15px;" type="text"/>		

I have read the School Prospectus and I agree with the Christian Foundations of the school and will abide by its rules and regulations, to pay all fees as they become due, unless satisfactory arrangements to the contrary have been made.

The information on this form was correct at the time of signing. *(Both parties must sign)*

Mother/parent1/guardian1 _____ **Date** _____

Father/parent2/guardian2 _____ **Date** _____

**Please return completed form to LORDS Principal PA/Registrar
PO Box 1475 Beenleigh QLD 4207**