

Registration of Interest

Year Level: <small>Please circle</small>	Rec <small>Full Year</small>	Rec <small>Mid Year</small>	1	2	3	4	5	6	7	8	9	10	11	12	Year Commencing: 20
For Reception mid year intake, please tick up to four days you would like your child to attend school:															
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri															

A \$50 (INDIVIDUAL AND/OR FAMILY) NON-REFUNDABLE FEE MUST ACCOMPANY THIS FORM. A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD.

The information provided on the enrolment form is being obtained for the purpose of processing prospective student's application for enrolment and is governed by the Privacy Policy of Tatachilla Lutheran College.

If you wish to view the full Policy Information Collection Notification please contact the College.

STUDENT DETAILS

Surname:	
Given Name/s:	Preferred Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Religious Belief <i>(ie Christian, etc):</i>	
Religious Denomination <i>(ie Lutheran, Catholic, Uniting, etc):</i>	
Country of Birth:	Language Spoken at Home:
Is this child of Aboriginal or Torrens Strait Islander origin? <small>For persons of both Aboriginal and Torres Strait Islander origin tick both 'yes' boxes.</small>	<input type="checkbox"/> NO <input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Islander
If born overseas, what year did the student start school in Australia?	
If born overseas, is the student a resident or citizen? <input type="checkbox"/> Resident <input type="checkbox"/> Citizen	
If your child is a resident, please provide the visa code:	
If your child is a resident, please provide the passport number:	
If your child is a resident, please state the issuing country:	
Residential Address:	
Postal Address:	
Home Phone:	Order in family: of <i>(eg. 2nd of 2 Children)</i>
Student Lives With:	<input type="checkbox"/> Both Parents/Caregivers <input type="checkbox"/> Parent/Caregiver 1 <input type="checkbox"/> Parent/Caregiver 2 <input type="checkbox"/> Other Arrangement:
If there are two different mailing addresses please indicate which address is to receive future correspondence.	
<input type="checkbox"/> Parent/Caregiver 1 <input type="checkbox"/> Parent/Caregiver 2	

PARENT/CAREGIVER INFORMATION

Family and address details where student resides

	Parent/Caregiver 1	Parent/Caregiver 2
Title:		
Full Name:		
Relationship to Student:		
Home Phone:		
Work Phone:		
Mobile:		
Email:		
Occupation:		
Employer:		
Religion:		
Nationality:		
Country of Birth:		
Home Address:		
Postal Address:		
Are you an Old Scholar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, last year of enrolment:		
Name at time of enrolment:		

ALTERNATE PARENT/CAREGIVER INFORMATION

Family and address details where student resides part-time/shared custody.
Please indicate time spent with this parent/caregiver.

	Alternative Parent/Caregiver 1	Alternative Parent/Caregiver 2
Title:		
Full Name:		
Relationship to Student:		
Home Phone:		
Work Phone:		
Mobile:		
Email:		
Occupation:		
Employer:		
Religion:		
Nationality:		
Country of Birth:		
Home Address:		
Postal Address:		
Are you an Old Scholar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, last year of enrolment:		
Name at time of enrolment:		

SIBLING DETAILS

Siblings currently attending Tatachilla Lutheran College:	Name:	Year:
	Name:	Year:
	Name:	Year:
Past siblings of Tatachilla Lutheran College:	Name:	Last year:
	Name:	Last year:
	Name:	Last year:
Are you lodging any other Registration of Interest Forms with this registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		Year of entry:
Name:		Year of entry:

EDUCATIONAL DETAILS

Present School / Kindergarten:	Current Year Level:
Do you give permission for your current school to forward any relevant information to the College? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student accelerated a year level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student repeated a year level? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student previously been enrolled in a SA school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student previously been enrolled in SACE? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide SACE No:

MEDICAL SPECIAL NEEDS INFORMATION

Does the student currently have the support of a Special Needs Asssistant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student require special education assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please tick yes or no if the child has any known or suspected special needs or health issues.

HEALTH RELATED ISSUES	DIAGNOSED LEARNING DIFFICULTIES	DIAGNOSED DISABILITIES
Allergies / Chronic Illness <input type="checkbox"/> Yes <input type="checkbox"/> No Assistance with Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Chronic illness <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No Personal Care Needs <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify	A.D.D. / A.D.H.D. <input type="checkbox"/> Yes <input type="checkbox"/> No Behavioural Needs <input type="checkbox"/> Yes <input type="checkbox"/> No Specific Learning Disabilites* <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No *Please specify	Autism / Asperger's <input type="checkbox"/> Yes <input type="checkbox"/> No Global Development Delay <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No Intellectual Disability <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Disablitiy <input type="checkbox"/> Yes <input type="checkbox"/> No Social / Emotional <input type="checkbox"/> Yes <input type="checkbox"/> No Speech / Language Disability <input type="checkbox"/> Yes <input type="checkbox"/> No Visual Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify

If you answered YES to any of the above, please provide full details and documentation of those needs and any interventional support that the child may be currently receiving. Failure to disclose this information could jeopardise the student's enrolment.

ASSESSMENTS ATTACHED

Educational Psychological Medical

WHY DID YOU CHOOSE TATACHILLA LUTHERAN COLLEGE?

Signage Printed Media Cinema Advertising Social Media Website Prospectus Word of Mouth

TERMS AND CONDITIONS

This registration form should be completed and returned together with the non-refundable fee of \$50 per individual and/or family application to: ENROLMENT REGISTRAR, TATACHILLA LUTHERAN COLLEGE, PO BOX 175, MCLAREN VALE SA 5171

1. Upon receipt of the completed form and registration fee, the applicant's name will be added to the list of applicants seeking entry to the College in the year and at the level designated.
2. The completion of the Registration of Interest Form and payment of the fee will not necessarily result in the applicant being offered enrolment at the College.
3. When offering places to applicants, Tatachilla Lutheran College may give first priority to brothers and sisters of current students. It may also give priority to brothers and sisters of past students and children of staff and Old Scholars. It may also give priority to students attending a Lutheran school or to Lutheran families. Consideration may also be given to achieving an optimal gender balance when enrolment decisions are being taken. Students who do not fall into any of the above categories will be offered places in the order in which their Registration of Interest Form was received.
4. The main points of entry to the College are Reception mid year or full year (75), and Year 7 (84).
5. Formal offers of places for enrolment into Reception and Year 7 will be made approximately 14-18 months in advance. Acceptance of such offers will involve a contractual agreement and payment of an Administration Fee and a deposit towards the first year's fees.
6. Formal offers of places in other year levels will be filled as vacancies occur. Acceptance of such offers will involve a contractual agreement and payment of an enrolment fee.
7. Applicants may elect to alter the status of their application (eg: to defer or bring forward the point of entry to the College). Applicants will then be added to the waiting list for that year level according to the date on which the enrolment was altered. A deferral made after a formal offer has been made does not guarantee a place in another year level, although every reasonable attempt will be made to facilitate this.
8. The College's Special Needs Policy requires Parents/Guardians to provide information relevant to any special needs that an applicant may have at the time of the application and/or prior to enrolment. Failure to disclose this information could jeopardise the student's enrolment.
9. It is the responsibility of the Parents/Guardians to advise the College of changes to address and/or contact after Registration. Failure to do so may preclude an applicant from offers of enrolment.

SIGNATURES

I/We have read the above Terms and Conditions and agree to be bound by them. I/We have also read the Privacy Policy on the College website. *(Both parent signatures are required for the application to proceed except where the Family Court has ordered sole responsibility for education matters to one parent. In such instances, a copy of the applicable Court Orders must be included with this application.)*

Parent/Caregiver 1 Signature:	Parent/Caregiver 2 Signature:
Date:	Date:

CREDIT CARD

Please charge my credit card (Visa/Mastercard) the total amount of: \$

Name:	Expiry Date:
Card Number:	
Card Holder's Name (as appears on card):	
Contact Phone Number:	Signature:

OFFICE USE

Receipt number:
Date:
Entered into database: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:



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