



OCEAN FOREST
LUTHERAN COLLEGE
 A K-10 CO-EDUCATIONAL CHRISTIAN SCHOOL



STUDENT INFORMATION

(one per student)

Date of application: ___/___/___ Student Record ID _____

Student Surname: _____ Girl or Boy

Student first and other names: _____ Preferred Name: _____

Present Year level: _____ Present school: _____

Calendar Year of entry to Ocean Forest: _____ Date of birth: ___/___/___

Requested Year level: Kindergarten Pre-primary Year: 1 2 3 4 5 6 7 8 9 10

Nationality: _____ Are you: Aboriginal OR Torres Strait Islander

Place of Birth: _____ If not Australian, date of entry to Australia: ___/___/___

Language(s) spoken at home: _____

Residential address: _____

Residential telephone: _____

Mailing address if different from above: _____

Religious affiliation: _____ Has been Baptised / Christened? Yes No

Has been Dedicated? Yes No Date if yes to any of these: ___/___/___

Most recent church attending(ed): _____ Dates: _____

How did you hear about our school? _____

Declaration by Parent(s)/Guardian(s):

I / We understand that Christian instruction according to the doctrine of the Lutheran Church of Australia will be given. I / We have read the aims of the College and will do all that we can to support those aims both at home and in other places. I / We further promise to support the teachers of the College in a positive manner, abide by the rules and policies of the College and encourage our child(ren) in matters pertaining to College life.

Name: _____ Signature: _____ Date: ___/___/___

Name: _____ Signature: _____ Date: ___/___/___

ADMINISTRATION ONLY

Application Fee Paid <input type="checkbox"/>	Bond Paid <input type="checkbox"/>
\$ ___/___/___	\$ ___/___/___
Receipt No: _____	Receipt No: _____



FAMILY INFORMATION

(one per family)

Student Name: _____

Different from Caregiver / Guardian? Yes No **Residential telephone:** _____

Residential address: _____

Title and Relationship to student	Caregiver / Guardian #1	Caregiver / Guardian #2	Caregiver / Guardian #3
Full Name			
Marital Status			
Address (if different from above)			
Mobile			
Email			
Occupation			
Employer			
Work Contact Phone numbers			
Work Mobile			
Work Email			
Nationality			
Language/s spoken			
Highest year of school completed <i>(Tick one)</i>	<u>Less</u> <u>Yr9</u> <u>Yr10</u> <u>Yr11</u> <u>Yr12</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Less</u> <u>Yr9</u> <u>Yr10</u> <u>Yr11</u> <u>Yr12</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Less</u> <u>Yr9</u> <u>Yr10</u> <u>Yr11</u> <u>Yr12</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Highest level of Qualifications <i>(Tick one)</i>	<input type="checkbox"/> Degree <input type="checkbox"/> <input type="checkbox"/> Certificate I to IV / Diploma <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Degree <input type="checkbox"/> <input type="checkbox"/> Certificate I to IV / Diploma <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Degree <input type="checkbox"/> <input type="checkbox"/> Certificate I to IV / Diploma <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>
Religious Affiliation			



HEALTH INFORMATION

(one per student)

Student Name: _____ Year Level: _____

Today's Date: ___/___/___ Student Birth Date: ___/___/___

Name and address of family Doctor or Clinic: _____

Phone: _____

Name and address of specialist (if applicable): _____

Phone: _____

Medicare Number: _____

Do you have private health cover? Yes No

Do you have ambulance cover? Yes No

ALTERNATIVE EMERGENCY CONTACTS (during school hours)

Name	Contacts	Relationship

Does this student have any diagnosed medical or physical condition? Yes No

If so, please describe

Treatment or care required

(Please attach any additional information and speak to your student's teacher and school administration staff)

Student Record ID _____

P.T.O.→

Has your child had Measles, Mumps, Rubella injections? 12 months 4 years not at all

Has your child had a tetanus injection? Yes No

Has your child ever had penicillin? Yes No

If so, is he/she allergic to it? Yes No

Is he/she allergic to any other medication? Yes No

If so, please list _____

Are there any health factors that make it advisable for your child to follow a limited program of physical activity? If so, please explain:

Does your child have any diet restrictions, e.g. allergies, vegetarian, etc.? If so, please explain:

Are there any conditions (e.g. allergies, vision, hearing, physical, etc.) that might affect your child's learning or participation in college activities? Please give details:

Condition	Signs/Symptoms	Treatment/Care

MEDICATION

If medication is required, it will be administered from Student Services and an 'Authority to Administer Medication' form MUST be completed. Medication WILL NOT be given without this consent. Please note that students are NOT allowed to carry or administer their own medication unless prior arrangements have been made.

FOR EMERGENCY USE ONLY

In the event of an accident, do you give permission for the staff of Ocean Forest Lutheran College to contact a doctor, hospital or ambulance, and/or transport them to medical facilities as is deemed necessary? Yes NO

Parents will be contacted as soon as possible.

Parent / Caregiver signature: _____



STUDENT NEEDS PROFILE

(one per student)

All information on this form will be treated with the highest confidentiality.

Consideration will be given as to the ability of the College to meet the needs of each child. Parents must fully inform the College of any special needs of their child and the College reserves the right to determine its ability to meet those needs.

Date completed: ___/___/___ Student Name: _____

Has your child participated in enrichment programs? Yes [] No []

(If yes please attach documentation)

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)

Has your child ever been 'ascertained'? Yes [] No []

If yes, please state his/her current level: _____

(Ascertainment is based on an educational need arising from a disability. It is a collaborative decision-making process used to recommend the level of specialist educational support needed by students with learning disabilities. This educational support is provided by or accessed through specialist teaching personnel).

Has your child ever repeated a year? Yes [] No []

Has your child ever been accelerated (skipped a year)? Yes [] No []

Has your child ever had an assessment for disabilities/difficulties? Yes [] No []

- Intellectual, Physical, A.D.D., Other, Specific medical condition, Autism/Aspergers, Social/Emotional, Learning difficulty, Degenerative condition, Vision, Hearing, Non-verbal learning disorders, Epilepsy

Is this a disorder that requires medication? Yes [] No []

Please detail 'Other' or 'Specific medical condition': _____

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

Has a specialist ever assessed your child for exceptional development, learning difficulties or behavioural issues? Yes [] No []

If yes, please specify:

- Guidance Officer, Child Psychologist, Other, Occupational Therapist, Speech Therapist, Counselling, Pediatrician, Developmental Optometrist, Psychiatrist

Do you have a report from the above specialist? Yes [] No []

If yes, would you be willing to share the report/s with the College? Yes [] No []

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

If yes, please specify: _____

Has there been a need for behaviour management strategies to be implemented in relation to your child conforming with school regulations or Codes of Conduct? Yes [] No []

If yes, please specify: _____

Do you give your approval for the school to contact individuals or agencies referred to in your application? Yes [] No []



CONSENT FORM

(one to be filled out for each student)

MEDIA

I, _____, of _____, hereby:

1. confirm that I am the parent or guardian of _____ ('the Student'); and
2. authorise and consent both on my own behalf and on behalf of the student, to the use of Ocean Forest Lutheran College Inc. ('the College') or Lutheran Education Australia (LEA), of any photographic representation or depiction of the Student on condition that the photograph or depiction of the Student is:
 - (a) of the student engaging in the activities of or associated with the College;
 - (b) solely for the purpose of promotion for or by the College or Lutheran Education Australia.
3. understand that if I later revoke this authority and consent, the College will be at liberty to continue use after the date of revocation all and any photographs or depictions of the student provided always that such continuing use will be strictly limited to material published by or on behalf of the College prior to the date of revocation.

PRIVACY

1. The College collects personal information, including sensitive information about students and parents or guardians before and during the course of enrolment at the College. The primary purpose of collecting this information is to enable the College to provide education for your son or daughter.
2. Some of the information we collect is to satisfy Ocean Forest Lutheran 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 students is sensitive within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about your child(ren) from time to time.
5. The College from time to time may disclose personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Lutheran Education Australia, the Lutheran Schools Association SA/NT/WA, medical practitioners and people providing services to the College, including specialist visiting teachers, sport 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 son or daughter.
7. Personal information collected about students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements and other news is published in College newsletters, magazines and on the website.
8. Parents may seek access to personal information collected about them and their son or daughter by contacting the school. Students may also seek access to personal information about them. However, there will occasions when access is denied. Such occasions would include where access would have unreasonable impact on the privacy of others, where access may result in a breach of the College's care of duty to the students, or where students 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. We will not disclose your personal information to third parties for their own marketing purpose without your consent.
10. If you provide Ocean Forest Lutheran College with the personal information of others, such as doctors, or emergency contacts, we encourage you to inform them that you are disclosing the information to the College, and why, that they can access that information if they wish, and that the College does not usually disclose the information to third parties.

P.T.O.→

SPECIAL EXCURSIONS OR VISITS

Whenever a special excursion or visit away from the College is planned, parents will receive prior notice and a special consent form will be provided.

However, from time to time, teachers may wish to take their students on short incidental visits, outside of, but within walking distance of the College grounds. Notice of such visits will be given to parents through a diary or via the newsletter. Please complete the following if you would like such visits to include your child.

I give _____ (name of child) **permission to partake in incidental visits outside the college grounds when transport is not used and while in the care of a teacher or responsible adult aiding the teacher.**

OCEAN FOREST LUTHERAN COLLEGE PAYMENT PLAN

I / We _____ of _____, hereby:
(address)

1. confirm that I/we am/are the parent/s or guardian of _____ ('the Student'); and
2. confirm that I / we will be responsible for payment of all College fees. I/we also acknowledge, understand and agree to abide by the following:
 - a. If I/we fail to make any payment due to the College, or commit any breach of my/our obligations to the College, our account will be deemed to be in default and the full amount shall become due and payable,
 - b. should it be deemed necessary by the College to incur legal and/or other expenses, including liquidated debt collection costs which the College has incurred or will incur, in obtaining, or attempting to obtain payment of an amount due by me/us, I/we expressly undertake to be liable for and reimburse to the College the whole amount of such expenses,
 - c. that interest at current bank rate overdraft rates may be charged on any overdue account and I/we expressly undertake to pay all such interest, and
 - d. that the College is entitled to undertake all and any necessary enquiries and assessments to ensure the accuracy of the information provided above; and further, that such information, as verified, may be used by the College and any authorised agent, employee, or subcontractor engaged by the College, for the purpose of reviewing, vetting, monitoring and if necessary, the recovery of any outstanding account balance.
3. agree to give the College one term's written notice of intent to leave the College or be charged one term's fees and forfeit the bond paid upon enrolment in lieu of notice.
4. agree to meet my financial obligations in full and when due, as per Ocean Forest Lutheran College's Fees Payment Policy, by the following method:

Annual Lump Sum Fee Payment	<input type="checkbox"/>	(Early payment discount applies – YES <input type="checkbox"/> NO <input type="checkbox"/>
Quarterly Term Payment	<input type="checkbox"/>	Monthly Payment <input type="checkbox"/>
Fortnightly Payment	<input type="checkbox"/>	Weekly Payment <input type="checkbox"/>

DECLARATION

I / we have read the information on the consent form and state that I/we:

- a) understand the information contained therein,
- b) agree to abide by the policies and rules as set out therein.

First Caregiver name: _____ Signature: _____ Date: ___ / ___ / ___

Contact Phone Number: _____

Second Caregiver name: _____ Signature: _____ Date: ___ / ___ / ___

Contact Phone Number: _____