



CROSSWAYS LUTHERAN SCHOOL

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“Crossways Lutheran School is a Christ-Centred School, culturally diverse learning community; empowering students to develop attitudes of respect, empathy and social awareness and building skills for service and leadership”

Application for Enrolment

STUDENT DETAILS

Name

 First name

Other name(s)

Family/Surname

Preferred Name

Place of Birth

Gender : Male Female

Country of Birth

Date of Birth / /

Religion

Baptised : Yes No

Languages Spoken

School Year Level

Previous School

Date Last Attended

School Card

Yes No

Is student of Aboriginal or Torres Strait Islander origin?

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

Yes, Aboriginal

Yes, Torres Strait Islander

No

Do you identify with a cultural group other than Australian?

If so, specify here

Siblings currently at Crossways

PARENT/GUARDIAN INFORMATION

Fill out details below if you have primary day to day responsibility for the care of the child/children and they usually reside with you?

Parent① /Guardian①

Name

First name

Other name(s)

Family/Surname

Relationship to child

Child resides with

Residential Address

Mailing address (if different)

Work Phone

Mobile Phone

Email

Occupation

Parent② /Guardian②

Name

First name

Other name(s)

Family/Surname

Relationship to child

Child resides with

Residential Address

Mailing address (if different)

Work Phone

Mobile Phone

Email

Occupation

Is this student under the guardianship of the Minister for Families and Communities or alternative care? Yes No

Are there any family/court orders that apply to the student/child?

Yes No

Please provide details of the people who have legal custody or legal guardianship of child/student. Please attach copies of the order.

Name of person	Contact details	Relationship to child/student

Emergency contact if Parent /Guardian can not be contacted

Name of person	Contact details	Relationship to child/student

SPECIAL STUDENT NEEDS AND CONSIDERATIONS

Does your child have any special medical concerns or allergies? Yes No

If yes, please provide information or details below. A special Medical Form will require completion after Enrolment.

Does your child have any known disability, special needs which may affect their learning and requires support from others? Yes No
(eg intellectual, physical, emotional, hearing, vision)

If yes, please provide information or details below.

FUTURE PLANNING FOR SCHOOL

What prompted you to enrol your child at Crossways?

- | | | |
|--------------------------------------------|----------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Location |
| <input type="checkbox"/> Positive Feedback | <input type="checkbox"/> Community Spirit | <input type="checkbox"/> Other |
-

How did you learn about Crossways?

- | | | |
|----------------------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Current Crossways Parents | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other |

COLLECTION NOTICE

The primary purpose of collecting this information is to enable Crossways Lutheran School to provide services to students, schools or others.

Crossways Lutheran School may from time to time disclose personal information to others for advisory, administrative or educational purposes. Such disclosures will only be in relation to the primary purpose of collection, or for secondary purpose, related to the primary purpose, and which the individual would reasonably expect.

If Crossways Lutheran School does not receive the information referred to above, it may not be able to provide the relevant service to the school, student, school employee or others.

Any questions in relation to the collection, use, disclosure and retention of personal information collected by Crossways Lutheran School can be directed to the Principal.

PARENT/GUARDIAN DECLARATION

In enrolling my child ;

- ① I/we accept that he/she will be educated in accord with Lutheran schooling and within a Christian educational environment.
- ② I/we accept that support of school staff and cooperation concerning school activities is essential.
- ③ I/we accept we will abide by school policies as amended from time to time.
- ④ I/we accept that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory, eg. camps, excursions, etc.
- ⑤ I/we accept that the School reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the School.
- ⑥ I/we accept the standards the School sets regarding grooming, uniform and personal presentation.
- ⑦ I/we accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the School (except where exemptions/ remissions have been sought and granted).
- ⑧ I/we agree that we are both jointly and individually liable for the payment of all fees charged by the school, including any costs incurred in the recovery of such fees, should the need arise.
- ⑨ I/we understand that in the event of leaving the school, we are to give one term's written notice in advance or that term's fees will become due and payable.
- ⑩ I/we give consent for the School to contact any other schools which my child has previously attended for the purpose of ascertaining my/our fee-paying record.
- ⑪ I/we accept that the School does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my responsibility.

PARENT/CAREGIVER AGREEMENT

I hereby declare that the information provided is true and correct. I agree to the terms and condition and give my permission for the Principal to seek further information if required.

Parent① /Guardian① _____

signature

Date / / _____

Parent② /Guardian② _____

signature

Date / / _____

Principal Use Only

Enrolment Accepted by Principal _____

Date / / _____

Person/s responsible for fees _____

Office Use Only

Registration No _____

Start Date / / _____

Class/Yr Level _____

House Team Kingfisher / Osprey / Sea Eagle _____

Entered PC Schools

Fees Charged