**Sunshine Christian School**

**A SCHOOL OF THE LUTHERAN CHURCH OF AUSTRALIA**



‘Live as children of the light’

Ephesians 5:8

**Enrolment Application**

 **Address**

81-83 Westmoreland Road

Sunshine North

Victoria 3020

**Phone**

(03) 9312 1253

**Web**

www.scs.vic.edu.au

**Email**

[admin@scs.vic.edu.au](mailto:admin@scs.vic.edu.au)

*As a Christian school, Sunshine Christian School bears witness to God in all aspects of school life. To apply for the enrolment of your child in our school, please complete, sign this form, and forward it with an administration fee of $50, which is non-refundable. The school will contact you the year prior to intended commencement to arrange a suitable interview time with the Principal. Please note that the receipt of this application does NOT constitute enrolment accepted.*

**A community loving God, loving others, loving learning**

# Sunshine_CS_RGB APPLICATION FOR ADMISSION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1 Student Details | | | | | | | | | | | | | | | |
| Enrolment Grade | Prep | 1 | | | 2 | | | 3 | | 4 | | | 5 | | 6 |
| Year of admission | 2020 | | 2021 | | | 2022 | | | 2023 | | | 2024 | | Other: | |
| Surname | | | | Given names | | | | | | | | | | | |
| Preferred name | | | | Gender | | | Male | | Female | | | Date of birth / / | | | |
| Place and country of birth | | | | | | | | | | | | | | | |
| Residential address | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Postcode | | | | |
| Postal address (if same as residential please write as above) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Postcode | | | | |
| Last school/kindergarten attended | | | | | | | | | | | | | | | |
| Phone number of last school/kindergarten attended | | | | | | | | | | | | | | | |
| Does the student speak a language other than English at home? (if more than one language, indicate the one that is spoken most often.)  No English only Yes- please specify | | | | | | | | | | | | | | | |
| Religious affiliation | | | | | | | | | | | | | | | |
| Place of worship | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 2 Family Information | | | | | |
|  | Parent/Guardian 1 | | | Parent/Guardian 2 | |
| Title (Mr/Mrs/Ms/Miss) |  | | |  | |
| Given name |  | | |  | |
| Surname |  | | |  | |
| Relationship to student  (e.g. father, mother) |  | | |  | |
| Lives with student | Yes | No | | Yes | No |
| Home phone number |  | | |  | |
| Mobile number |  | | |  | |
| Residential address if different from student | Postcode | | | Postcode | |
| Postal address if different from student | Postcode | | | Postcode | |
| Requires a translator for interview? | Yes | | No | Yes | No |
| Did your family arrive in Australia as Refugee? If yes what Year approximately? | Yes  \_\_\_\_\_\_\_\_\_\_\_ | | No | Yes  \_\_\_\_\_\_\_\_\_\_\_\_ | No |
| Preferred communication language |  | | |  | |
| Email address |  | | |  | |
| Current Health Care Card | Yes | | No | Yes | No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 3 Sibling Information | | | | | | | | |
|  | Sibling 1 | | Sibling 2 | | Sibling 3 | | Sibling 4 | |
| Given Name |  | |  | |  | |  | |
| Surname |  | |  | |  | |  | |
| Date of birth | / / | | / / | | / / | | / / | |
| Currently at SCS | Yes | No | Yes | No | Yes | No | Yes | No |

MEETING YOUR CHILD’S NEEDS

Our school offers a broad range of curricula activities with which all students become involved from time to time. Many of these activities necessarily challenge the students and, on occasion, any student with special needs may require specific facilities or consideration in the student’s own best interests. Likewise, any students with a particular strength or talent may require special attention and nurturing. For these reasons, it is important that the School is made aware of your child’s needs so that all appropriate measures can be taken for the welfare and benefit of the student. Information is required to assist the School in achieving success for all enrolled students. We ask that you complete the following details to assist the school in planning for the educational needs of your child.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 4 Additional Information | | | | | | | | |
| All students | | | | | | | | |
| Does your child wear glasses/contact lenses | | | Yes | No | | | | |
| Does your child have a disability that may affect their learning or participation in the school community | | | | | | | | |
| Don’t know | No | | | Yes | | | | |
| If yes please identify what type of disability Kliponious-green-tick[3] | | | | | | | | |
| Intellectual | Autism/Aspergers | | | Vision | | | | |
| Physical | Social/Emotional | | | Hearing | | | | |
| A.D.D/A.D.H.D | Learning Difficulty | | | Other | | | | |
| Has a specialist ever assessed your child | | | | No | | | Yes | |
| If yes please identify identify Kliponious-green-tick[3] | | | | | | | | |
| Guidance Officer | Occupational Therapist | | | | Paediatrician | | | |
| Child Psychologist | Speech Therapist | | | | Other | | | |
| Do you have report/s from the above specialist  You may be asked to share the report/s with the school | | | | | Yes | | | No |
| Only complete if enrolling your child Years 1-6 ( Not PREPS) | | | | | | | | |
| Does your child have an extra-curricular strength or talent? If so, please identify Kliponious-green-tick[3] | | | | | | | | |
| Sport | | Art | | | | Music | | |
| Speech & Drama | | Other | | | | Details | | |
| Has your child ever repeated a year | | Yes | | | | No | | |

|  |  |  |
| --- | --- | --- |
| Section 5 Declaration |  |  |
| We are aware of the Christian ethos, values and aims of Sunshine Christian School and the Lutheran Church of Australia. We will support and partner with the school in pursuit of these aims and agree that our child shall treat these aims with respect. We agree to abide by the rules and regulations of the school and to pay fees on receipt of the fee accounts. | | |
|  | Parent/Guardian 1 | Parent/Guardian 2 |
| Signature |  |  |
| Name |  |  |
| Date |  |  |

**Collection Notice**

***All information collection is dealt with in accordance with the Commonwealth Privacy Act, the Victorian Health Records Act (2001) and Sunshine Christian School’s Privacy Policy. This information is collected in order for Sunshine Christian School to carry out its duty of care fully and to meet legislative requirements. This information may be disclosed to third parties in the course of a student requiring medical assistance while under Sunshine Christian School’s duty of care or to meet legislative reporting requirements. Parents may access their child’s information held on file by making an application to the Principal. Grievances will be dealt with following the process outlined in the school’s Privacy Policy, which can be accessed via the schools website.***

### Our mission

To provide a quality Christian education in the Lutheran tradition which assists parents to enable their children to grow and flourish as lifelong learners.

To work towards individual and community wellbeing and wholeness – cognitive, social, emotional, physical and spiritual.

To engender the responsibility to serve others, the appreciation of cultural inclusivity and to foster the individual God-given talents of all in our community.

To keep enrolment at Sunshine Christian School available to all, regardless of financial status, cultural background or academic ability.

Our values

We seek to operate by the values shared by all Lutheran schools in Australia as expressed in the Lifelong Qualities of Learners document lived out in our context and community. These values are:

* Love
* Justice
* Compassion
* Forgiveness
* Service
* Courage
* Humility
* Hope
* Quality
* Appreciation

***Office only:***

Date application received / / Year of admission………………………

Surname…………………………… First name…………………………

Date of birth………………………. Grade ………………………

Fee paid………………………. Receipt no…………………………

Interview Date / /

Place offered Yes or No Date place offered / /

Translator required Yes/No

Language …………………………………………….

Date Entered into SAS …………………………..