

Enrolment Application Form



IMMANUEL COLLEGE

A School of the Lutheran Church

Student Details

Surname: _____

Given Names: _____ Preferred: _____

Address: _____

_____ Postcode: _____ Phone: _____

Gender: _____ Date of Birth: _____

Religious Denomination: _____ Home Congregation: _____

Year Level to Enter: 7 8 9 10 11 12

Date/Year of Entry: _____

Application for: Full Boarder Weekly Boarder Day Scholar Overseas Student

Present School: _____ Previous Schools: _____

Country of Birth: _____ English Speaking: Yes / No

Languages spoken other than English: _____

Languages spoken at home, in order of frequency: _____

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

OFFICE USE ONLY

Receipt No _____

Received _____

Parent Information

Thank you for your expression of interest at Immanuel College. We look forward to meeting you in due course to discuss your child's education. In the meantime, we would appreciate you taking some time to supply the information requested on this form.

The usual procedure that follows receipt of this application is as follows:

- The College will acknowledge receipt of the application and your child/children will be placed on waiting lists for the appropriate year and year level.
- In most cases, a 'letter of offer' for enrolment will be forwarded to you or an interview arranged two years prior to the year of entry.

"Immanuel College actively strives to provide an education in a Christian context where the whole person can grow and develop. Its curricular and co-curricular programmes offer students opportunity for spiritual and moral growth, service and social involvement, excellence in academics, the arts and worthwhile physical activities to prepare them for their individual vocations and a Christian life."

Enrolling Parent or Guardian

Surname: _____ Title: Mr / Mrs / Ms / Miss / Dr

Given Names: _____ Preferred: _____

Relationship to Student: _____

Responsible for payment of fees: Yes / No

Address: _____

_____ Postcode: _____

Home Phone: _____ Home Fax: _____

Mobile Phone: _____ Home Email: _____

Work Phone: _____ Work Email: _____

Occupation: _____ Employer: _____

Religious Denomination: _____ Home Congregation: _____

Country of Birth: _____ English Speaking: Yes / No

Languages spoken other than English: _____

Languages spoken at home, in order of frequency: _____

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Other Parent or Guardian

Surname: _____ Title: Mr / Mrs / Ms / Miss / Dr

Given Names: _____ Preferred: _____

Relationship to Student: _____

Responsible for payment of fees: Yes / No

Address: _____

_____ Postcode: _____

Home Phone: _____ Home Fax: _____

Mobile Phone: _____ Home Email: _____

Work Phone: _____ Work Email: _____

Occupation: _____ Employer: _____

Religious Denomination: _____ Home Congregation: _____

Country of Birth: _____ English Speaking: Yes / No

Languages spoken other than English: _____

Languages spoken at home, in order of frequency: _____

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Family Information

The following will be taken into account when establishing priorities of acceptance.
Please answer all questions carefully, crossing out what is not relevant.

Are the parents communicant members of the Lutheran Church?

Father: Yes / No

Mother: Yes / No

Guardian: Yes / No

Are the parents full time Church Workers of the Lutheran Church?

Yes / No

Is the applicant attending Immanuel Primary School?

Yes / No

Is either parent an Old Scholar of Immanuel College?

Father: Yes / No

Last year of attendance: _____ House: _____

Mother: Yes / No

Last year of attendance: _____ House: _____

Full maiden name of mother if Old Scholar: _____

Older siblings who are currently attending or who have attended Immanuel College:

Name

First year of attendance

1. _____

2. _____

3. _____

Older and younger siblings who may attend Immanuel College are:

Name

First year of attendance

1. _____

2. _____

3. _____

Does your child have a known disability, eg. intellectual, physical, hearing, vision or emotional?

Name of Disability: _____

Diagnosed by: _____

Please include appropriate reports/assessments with this application.

Are there any particular circumstances (eg special needs, school based support programs, custody orders) of which the Principal should be aware? (If you do not wish to give details on this form, please forward a covering personal letter to the Principal.)

What prompted you to choose Immanuel College in particular?

Boarding Facilities

Christian Education

Discipline

General Facilities

Quality of Learning and Teaching

School Bus Service

Specialist Curriculums (eg. Music, Technology, Drama etc)

Sport

Other (please specify): _____

I Advise/Am Aware

That I have read the latest school information brochures, outlining fees, details of uniform and other relevant information and accept the responsibilities relating to it. I am prepared to co-operate with the school authorities in all matters of discipline and to support the requirements of the College as set out in the handbook (applicable when my child/children attend Immanuel College) and especially these conditions:

No student shall be allowed to enter a new term at the College while the fees for the previous term are unpaid, unless a reason for non-payment has been given to and accepted by the Principal. That an Annual Fee is charged, with an option to pay in one lump sum or four equal installments, due and payable on October 31st, January 31st, April 30th and July 31st in each year. A fee reduction/discount is offered to parents who opt for an annual fee payment.

I agree that in the event I do not comply with the school fee policies, the College can take all steps necessary to recover monies owed, including professional debt collection action and I agree to pay Immanuel College any cost or expenses incurred in the collection of overdue accounts.

One term's notice, in writing to the Principal, must be given by the parents before removal of a student, or transfer of a boarder to the status of a day student. If such notice is not given, one term's tuition and/or boarding fees will be charged.

I Support the school in its aims and purposes as set out in the Immanuel College Handbook and Information Brochure.

- I Agree** (a) to an interview with the Principal if requested and at an appointed time
- (b) (i) that a non-refundable deposit of \$A500 be payable on acceptance of confirmation of enrolment
- (ii) that one quarter installment of tuition and boarding fees in advance be payable in October and further installments will be due on the dates as specified above
- (iii) that on completion of schooling, \$A250 of the deposit will be transferred to the Immanuel College Old Scholars' Association as life membership. The remaining \$250 will be refunded less any outstanding monies owing.
- (c) to pay levied penalties on accounts unpaid by the due dates and any collection expenses incurred
- (d) to the terms and conditions as detailed and will support the College, teachers and administrators in ensuring our child upholds school rules and code of conduct. Failure to do so could result in the exclusion of the child and forfeiture of fees. This forms an essential term of the contract to attend Immanuel College.

Your privacy is important and our policy can be viewed at www.immanuel.sa.edu.au

Signature of Father or Guardian: _____ Date: _____

Signature of Mother or Guardian: _____ Date: _____

Signature of Principal: _____ Date: _____

Please enclose the application fee of \$80 (including GST), or the family application fee of \$120 if two or more student applications are lodged at the same time. Please make cheques payable to Immanuel College or complete credit card details below and send the completed application form(s) and fees to:

The Enrolments Officer

Immanuel College, 32 Morphett Road, Novar Gardens SA 5040
Phone: +61 8 8294 3588 Facsimile: +61 8 8294 2658
Email: immanuel@immanuel.sa.edu.au Website: www.immanuel.sa.edu.au

CREDIT CARD PAYMENT

Mastercard Visa



Name on Card: _____

Expiry: _____ / _____ Signature: _____