

application for admission

student information



good shepherd
Lutheran Primary School

FULL NAME OF STUDENT:

(Please use block letters) _____
Surname Given Names

Preferred name: _____
(leave blank if as above) _____
Surname Given Names

Residential Address: _____
_____ **Postcode:** _____

Postal Address: (leave blank if as above) _____
_____ **Postcode:** _____

Home Phone No: _____

Date Of Birth: ____/____/____ **Sex:** _____

Place of Birth: _____

Language spoken at home: _____

PLEASE NOTE: A COPY OF THE STUDENT'S BIRTH CERTIFICATE CONFIRMING DATE OF BIRTH WILL BE REQUIRED AT TIME OF ADMISSION.

OFFICE USE ONLY:
Receipt No: _____
Date Application Received: _____

Address:
53 - 57 Plymouth Road
Croydon Hills
Victoria 3136
Telephone:
03 9725 8255
Facsimile:
03 9725 7061
Email:
goodshp@gsmps.vic.edu.au
Web:
www.gsmps.vic.edu.au
Greg Schneider
PRINCIPAL

Brothers & Sisters:	Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this student a child or sibling of a **past or present student** of The Good Shepherd Lutheran Primary School ? Yes/No

Name(s): _____	Years Attended: _____
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Religious Denomination (if applicable): _____

Is this student a child or sibling of a **past or present student** of Luther College? Yes/No

Name(s): _____	Years Attended: _____
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Home Congregation (where family is in membership—if applicable):

I have requested a testimonial from _____ of _____

* Where possible the testimonial should be supplied by the Minister of the Church to which the applicant belongs. This may be attached to the application or forwarded directly to the school.

Apply for entry to Year : Prep 1 2 3 4 5 6 in the year 20.....

Name of Kindergarten and/or Primary Schools attended	Name of Kindergarten/School	Date	Year Level(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Particular Issues:
Is there anything about the student that you should bring to the School's attention? For example, particular gifts, disabilities, medical conditions.

Reasons for seeking entrance: Please rate each item on the following 1-5 scale 1 = not at all important, 5 = very important

___ Religious Foundation & Influence	___ Pastoral Care
___ Academic Reputation	___ Siblings in School
___ Broad/Balanced Program	___ Friends in School
___ Co-education	___ Fee Level
___ Music/Performing Arts Program	___ Locality
___ Father/Mother attended GSLPS/Luther College	

How did you learn about The Good Shepherd Lutheran Primary School? (Please tick)

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Media—advertising
<input type="checkbox"/> Media—editorial	<input type="checkbox"/> Open Day
<input type="checkbox"/> Letter Box Drop	<input type="checkbox"/> Prospectus
<input type="checkbox"/> Social Occasions	<input type="checkbox"/> Website
<input type="checkbox"/> Other : _____	

Please turn over & complete reverse side



application for admission

parent information



Father's Full Name: _____ Dr/Mr/Other: _____
(Please use block letters) Surname Given Names

Residential Address: (if it varies from the student) _____
_____ **Postcode:** _____

Telephone: (H) _____ Facsimile (H): _____ Mobile: _____

Telephone: (W) _____ Facsimile (W): _____

Email: (H) _____ Email (W): _____

Religious Denomination: (if applicable) _____ Congregation: _____

Occupation: _____ Employer: _____

Mother's Full Name: _____ Dr/Mrs/Ms/Miss/Other: _____
(Please use block letters) Surname Given Names

Residential Address: (if it varies from the student) _____
_____ **Postcode:** _____

Telephone: (H) _____ Facsimile (H): _____ Mobile: _____

Telephone: (W) _____ Facsimile (W): _____

Email: (H) _____ Email (W): _____

Religious Denomination: (if applicable) _____ Congregation: _____

Occupation: _____ Employer: _____

Please note: In the event of more applications being received than enrolment places available, the following priorities will apply as per the School's Enrolment Policy:

1. Members of the Outer Eastern Lutheran Church, other Lutheran Congregations, and siblings of children already at The Good Shepherd Lutheran Primary School.
2. Siblings and children of former students of The Good Shepherd Lutheran Primary School and siblings and children of current and former students of Luther College.
3. Children of the wider community.

- Note:**
- a) Enrolment is subject to a satisfactory enrolment interview with the School.
 - b) Date of receipt of application will be taken into account when considering applications.
 - c) The School Council may exercise discretionary powers in special circumstances.
 - d) Enrolment priorities are determined from time to time by the Outer Eastern Lutheran Church and The Good Shepherd Lutheran Primary School Council.

I am aware of the Christian character and aims of the School as a Lutheran Primary School. I will support and co-operate with the School in the pursuit of these aims and I agree that my child shall treat these with respect. I agree to abide by and support the rules and regulations of the School, and to pay the fees on receipt of the fee account.

I am also aware that a refundable Family Deposit of \$400 per family will be lodged with the School on acceptance of a place for the first child in the family.

The registration fee of \$70.00 (which confirms this application and is not refundable) is enclosed. (Cheques are to be made out to "The Good Shepherd Lutheran Primary School").

I wish to apply for enrolment of this child in The Good Shepherd Lutheran Primary School. To the best of my knowledge this information is correct.

Signature of Parents/Guardians

Date