

# 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](http://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**



# APPLICATION FOR ADMISSION

## Section 1 Student Details

Enrolment Grade	<input type="checkbox"/> Prep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Year of admission	<input type="checkbox"/> 2021	<input type="checkbox"/> 2022	<input type="checkbox"/> 2023	<input type="checkbox"/> 2024	<input type="checkbox"/> 2025	Other:	
Surname	Given names						
Preferred name	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> 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.)							
		<input type="checkbox"/> No English only		<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your family arrive in Australia as Refugee? If yes what Year approximately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____		_____	
Preferred communication language				
Email address				
Current Health Care Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 3 Sibling Information

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Given Name				
Surname				
Date of birth	/ /	/ /	/ /	/ /
Currently at SCS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a disability that may affect their learning or participation in the school community		
<input type="checkbox"/> Don't know	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes please identify what type of disability ✓		
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Autism/Aspergers	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Hearing
<input type="checkbox"/> A.D.D/A.D.H.D	<input type="checkbox"/> Learning Difficulty	<input type="checkbox"/> Other
Has a specialist ever assessed your child	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes please identify identify ✓		
<input type="checkbox"/> Guidance Officer	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Paediatrician
<input type="checkbox"/> Child Psychologist	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Other
Do you have report/s from the above specialist <small>You may be asked to share the report/s with the school</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Only complete if enrolling your child Years 1-6 ( Not PREPS)</b>		
Does your child have an extra-curricular strength or talent? If so, please identify ✓		
<input type="checkbox"/> Sport	<input type="checkbox"/> Art	<input type="checkbox"/> Music
<input type="checkbox"/> Speech & Drama	<input type="checkbox"/> Other	Details
Has your child ever repeated a year	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 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 carefully 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 / /	Date place offered / /
Place offered Yes or No	
Translator required Yes/No	
Language .....	
Date Entered into SAS .....	