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G THR	PO Box 2193 Werribee Victoria 3030	T 03 8742 9000 F 03 9748 0633	E admissions@goodnews.vic.edu.au
GROWING			VSN Number
GOOD NEWS	_	_	
LUTHERAN COLLEGE	Applicati	ion for Enre	olment

STUDENT DETAILS			
Surname	Given Name		🗌 Male 🗎 Female
Home address	Subi	urb	Postcode
Home Phone	Email		
Country of Birth	Place of Birth	Date of Birth	• •
If not born in Australia, does the studer	nt hold an Australian Permanent Re	esidency Status? 🗌 YES 🗀	minianibation contineated mast
Visa No Sub	class (A copy of Visa de	ocuments must be attached)	accompany this application)
Religious Denomination	Nationality		
Does your family have regular co	ommitment to Church? YE	S NO (If Yes, please provid	de details)
Name of Congregation	Sul	burb	
Main Language Spoken at Home			
Intended Year of Entry 20			
Year level at which student will o	commence on entry Prep 1	2 3 4 5 6 7	
.			
Present school/kindergarten		-	ne
	parents	5	
Areas in which special needs/ren	nedial help may be required		
FAMILY DATA			
Parent Details			
Father or Caregiver (please circle)			
Surname	Given Name	Title	Mr / Dr / Rev / Other
Home address (if different from above	e)	Suburb	Postcode
Mailing address (if different to home)	·)	Suburb	Postcode
Home Phone	Mobile	Business Phone	
Religious Denomination	Nationality		
Occupation	Type of In	dustry	
Employer			
Email (that you would like the College N	lewsletter / or notices sent to)		
Mother or Caregiver (please circle)			
Surname	Given Name	Title Mrs / Ms / M	iss / Dr / Rev / Other
Surname	?)	Suburb	Postcode
Surname Home address (if different from above])	SuburbSuburb	Postcode Postcode
Home address (if different from above Mailing address (if different to home)	2)) Mobile	SuburbSuburb Suburb Business Phone	Postcode Postcode
Home address (if different from above Mailing address (if different to home) Home Phone	Mobile Nationality	SuburbSuburbBusiness Phone	Postcode Postcode
Surname Home address (if different from above Mailing address (if different to home) Home Phone Religious Denomination	Mobile Nationality Type of In	SuburbSuburb	Postcode Postcode

SIBLING DETA	ILS				
Sibling 1 Name			. Date of Birth		
Sibling 2 Name	(Surname)	(Given Name)	Date of Birth		
	(Surname)	(Given Name)	Date of Birth Male Female		
Sibling 3 Name			Date of Birth		
	(Surname)	(Given Name)			
PREVIOUS AFF	FILIATION				
, ·	ation with a Lutheran School?	☐ YES ☐ NO			
If YES, please stat	e:				
HOW DID YOU	LEARN ABOUT GOOD NE	WS LIITHERAN COLLEGI	F2		
☐ Word of mouth					
OFFICE USE ONLY	Diamen and and a				
	Application for \$\text{Completed Application for Enrolment form}\$				
Receipt number	Copy of birth	Certificate or Extract (this will be nool, if child is of required age (chi	ildren must be 5 years of age by April 30 th of the year of		
	intended enro	lment into the Prep class):	states, "This child has received all vaccines required		
	by 5 years	s of age"			
			e, is payable with each student's application form een submitted, the following will occur:		
	An interv	view with the Principal will be arra	inged for both parents/caregivers and student		
			secure your child's position at the time an enrolment is accepted en the child either graduates or is withdrawn from the College.		
Payment Met	hod				
l'					
CASH CHEQUE (Made payable to Good News Lutheran College) VISA MASTERCARD BANKCARD					
VISA/MASTERCARD (three-digit code required)					
Name on Card (Please Print)					
Card Number			Expiry Date		
Amount \$					
l					
Address			Postcode Telephone		
		Data Collection	Notice		
The College collects	personal information, including se		nts and parents or caregivers before and during the course		
of a student's enrolm	ent at the College. The primary p	urpose of collecting this information	ation is to enable the College to provide schooling for your		
son/daughter. This in enrolled.	cludes satisfying the needs of pa	rents and caregivers and the n	eeds of the student throughout the whole period he/she is		
			rly to enable the College to discharge its duty of care. nation is collected. You may contact the College if you have		
certain laws governing	ig or relating to the operation of so	moois require mat certain inform	nation is collected. You may contact the College if you have		

Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We require medical reports about students from time to time.

The College from, time to time, also has to disclose certain personal information and sensitive information to others. This includes other schools, government departments, Lutheran Church of Australia departments, medical practitioners, publications and people providing services to the College including specialists, visiting teachers, sports coaches and volunteers. This does not usually involve overseas disclosure.

If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your son/daughter.

Personal information collected from students is regularly disclosed to their parents and caregivers. On occasions, it is published in College newsletters and magazines, through group photographs and on our website.

Parents may seek access to personal information collected about them and their son/daughter by contacting the College. However, there will be occasions when access is denied. Such occasions would include where the release would have an unreasonable impact on the privacy of others or where release may result in a breach of the College's duty of care to the student.

As you may know, the College from time to time engages in fundraising activities. The information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in the College's fundraising activities.) We will not disclose your personal information to third parties without your consent.

We may include your contact details in a class list and College directory (Yearbook). If you do not agree to this, you must advise us immediately. If you provide the College with the personal information of others, such as doctors or emergency contacts, you should inform them that you are disclosing that information to the College and why. They can access this information if they wish and that the College does not usually disclose

the information to third parties.
SIGNATURES OF BOTH PARENTS/CAREGIVERS
I/We warrant the truth and accuracy on the information provided. I/We have read and agree to the above Collection Notice terms and
conditions. I/We also authorise for Good News Lutheran College staff to contact the previous school listed, if necessary.
Father/Caregiver Mother/Caregiver
Date / / 20