



APPLICATION FOR ENROLMENT

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Port Lincoln SA 5606

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www.navigator.sa.edu.au

Starting Year

REC	1	2	3	4	5	6	7	8	9	10	11	12
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Intended Starting Term

Term One Term Two Term Three Term Four

Calendar Year of Entry

(i.e. 2024) _____

Upon your reception enrolment acceptance, your child will be eligible to access the below programs that are available to our college families.

Please indicate if you will be requiring these services.

ELC PLAYGROUP

Starting Term _____

Calendar Year of Entry (i.e. 2024) _____

ELC LONG DAY CARE

(3 to 5 year old)

Starting Term _____

Calendar Year of Entry (i.e. 2024) _____

ELC KINDERGARTEN

(4 to 5 year old)

Starting Term _____

Calendar Year of Entry (i.e. 2024) _____

COLLECTION NOTICE

Navigator College collects personal information about students, school employees, school governors and others who interact with the organisation. The primary purpose of collecting this information is to enable the organisation to provide services to students, schools or others. The organisation may from time to time disclose personal information to others for advisory, administrative or educational purposes. Such disclosures will only be in relation to the primary purpose of collection, or for secondary purpose related to the primary purpose, and which the individual would reasonably expect. If the organisation does not receive the information referred to above, it may not be able to provide the relevant service to the school, student, school employee or others. Any questions relating to the collection, use and disclosure and retention of personal information collected by the organisation can be directed to the Principal.
(Version: 100817)

STUDENT DETAILS

GENDER: Male Female

DATE OF BIRTH: ____/____/____

FAMILY NAME: _____

PLACE OF BIRTH _____

GIVEN NAMES: _____

PREFERRED NAME: _____

IS YOUR CHILD BAPTISED? Yes No

PREVIOUS NAVIGATOR SCHOLAR: Yes No

RELIGION: _____

CONGREGATION: _____

CURRENT/INTENDED KINDERGARTEN ATTENDED _____

CURRENT SCHOOL ATTENDING _____

DOES THE STUDENT RECEIVE SCHOOL CARD? Yes No CRN NO _____

PARENT/GUARDIAN INFORMATION

FAMILY DETAILS	PARENT/CAREGIVER A	PARENT/CAREGIVER B	GUARDIAN
TITLE (MR/MRS/MS/MISS)			
SURNAME			
GIVEN NAMES			
PREFERRED NAME			
ADDRESS - HOME			
ADDRESS – POSTAL (IF DIFFERENT FROM ABOVE)			
TELEPHONE - HOME			
TELEPHONE - WORK			
MOBILE			
EMAIL			
OCCUPATION			
EMPLOYER			

FAMILY CIRCUMSTANCES

MARRIED DEFACTO SEPARATED DIVORCED SINGLE WIDOWED

APPLICANT LIVES WITH: BOTH PARENTS MOTHER FATHER GUARDIAN OTHER _____

IS THERE A CUSTODY ORDER IN PLACE FOR YOUR CHILD? YES NO

Name of custody parent (if applicable) _____

SHOULD CORRESPONDENCE BE ADDRESSED TO BOTH PARENTS/GUARDIANS YES NO

If no, please specify name of parent to receive correspondence _____

IS THERE A GUARDIANSHIP OF THE MINISTER (GOM) IN PLACE FOR THIS STUDENT? YES NO

(If yes, please attach a copy of the order)

SIBLINGS CURRENTLY AT NAVIGATOR COLLEGE

NAME _____ YEAR LEVEL _____

NAME _____ YEAR LEVEL _____

SIBLINGS ON WAITING LIST (INCLUDING ACCOMPANYING APPLICATIONS)

NAME _____ YEAR LEVEL _____ YEAR OF ENTRY _____

NAME _____ YEAR LEVEL _____ YEAR OF ENTRY _____

COLLEGE BLOG

The college newsletter is issued fortnightly. It is available on the college blog via our website and twice a term. As part of completing this application form, we will subscribe you to the college website using the email address entered on page 1.

If you DO NOT wish to be subscribed to the college website, please tick

STUDENT EDUCATIONAL NEEDS

The following information is requested by navigator college, from parents to help establish the educational needs of your child and give consideration to how the college can best meet those needs.

The principal/heads of school will arrange a meeting with parents and (if necessary) other relevant/appropriate professionals to discuss the educational program the college can offer

SPECIAL STUDENT NEEDS/CONSIDERATIONS

DOES YOUR CHILD HAVE A KNOWN DISABILITY AND/OR LEARNING DIFFICULTY?

(i.e. Intellectual, physical, emotional, hearing, vision etc.)

YES

NO

If yes, please provide details of the disability or learning difficulty

DOES YOUR CHILD RECEIVE SUPPORT FROM OTHERS?

(i.e. Tutor, psychologist, speech pathologist, occupational therapist etc.)

YES

NO

If yes, please provide details of support received:

DOES YOUR CHILD REQUIRE ANY SPECIAL PROVISIONS TO BE MADE BY THE SCHOOL?

(i.e. Asthma, allergies, required medications, restrictions on physical activities etc.)

YES

NO

If yes, please provide details (including details of any regular prescribed medication):

IS YOUR CHILD FROM AN INDIGENOUS BACKGROUND?

YES, Aboriginal

YES, Torres Strait Islander

NO

INDEPENDENCE

Can your child manage personal care needs independently? (i.e. Dressing, eating, toilet)

YES

NO

ENGLISH SPEAKING:

YES

NO

Languages spoken at home (other than English) _____

SECOND LANGUAGE EXPERIENCE

Has your child attended formal classes in a language other than English?

YES

NO

If yes, Language: _____ Number of Years Learnt _____

CURRICULUM ISSUES

WHAT SUPPORT DID YOUR CHILD RECEIVE IN THEIR PREVIOUS SETTING?

WHAT SUPPORT DID YOUR CHILD RECEIVE FOR BEHAVIOUR, LEARNING OR EMOTIONAL ISSUES?

DOES YOUR CHILD REQUIRED PARTICULAR SUPERVISION OR MANAGEMENT?

- To and from school
- In the classroom
- Moving between classrooms
- In the yard

WILL YOUR CHILD REQUIRE PARTICULAR ARRANGEMENTS FOR PARTICIPATION?

(i.e. In sports, games, camps, excursions If so, please provide details _____)

HOMESTAY

WILL YOUR CHILD REQUIRE NAVIGATOR COLLEGE HOMESTAY ACCOMODATION?

- YES NO If yes, have you completed a homestay application form? YES NO

TRANSPORT/BUS FACILITIES

WILL YOUR CHILD BE NEEDING TO APPLY TO USE ONE OF THE NAVIGATOR COLLEGE BUS RUNS?

(Tumby Bay – North Shields) (Cummins – Wanilla) YES NO

WILL YOUR CHILD BE NEEDING TO APPLY TO USE THE DECD BUS?

(Government Schools Bus) YES NO

IF NO TO THE ABOVE, WHO WILL TRANSPORT YOUR CHILD TO SCHOOL? PARENTS OTHER

If other, please list names below _____

ARE THERE ANY FURTHER ISSUES THAT NEED TO BE ADDRESSED BY THE SCHOOL? YES NO

(Please tick any applicable boxes below)

- Access to Classrooms (i.e. Ramp)
- Access to Play Areas
- Access to Toilet Facilities
- Access to General School Facilities (i.e. Library)

WHAT ARE THE OCCUPATIONAL HEALTH, SAFETY AND WELFARE, AND DUTY OF CARE ISSUES FOR YOUR CHILD AND OTHERS?

TO ASSIST US WITH FUTURE PLANNING, PLEASE COMPLETE THE FOLLOWING

WHAT HAS PROMPTED YOU TO ENROL YOUR CHILD AT NAVIGATOR COLLEGE?

- Reputation/Academic Excellence of the College Christian Education
 College community Location Positive feedback Other _____

HOW DID YOU LEARN ABOUT THE COLLEGE?

- Family/friends Newspaper/Other advertisements Cleve Field Days
 Website Current Navigator Parents Other _____

CONDITIONS OF ENROLMENTS

In enrolling my child at this school:

- I/We accept that they will be educated within the Lutheran faith in a Christian Educational Environment
- I/We accept that support of College staff and co-operation concerning college activities is essential.
- I/We accept that we will abide by College Policies as amended from time to time.
- I/We accept that participation in all curricular and extra-curricular activities prescribed as part of the learning program is compulsory. E.g. camps/excursions etc.
- I/We accept that the College reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations/policies, including conduct which brings into disrepute the good name and reputation of the College.
- I/We accept the standards the College sets regarding grooming, uniform and personal presentation.
- I/We accept the responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the College.
- I/We agree that we are both jointly and severally liable for the payment of all fees (including Navigator Bus fees, if applicable), charged by the College, including any costs incurred in the recovery of fees, should the need arise.
- I/We give consent for the College to contact any other schools which my child has previously attended for the purpose of ascertaining my/our fee-paying record.
- I/We accept that the College does not accept liability for damage/loss of any personal possessions of students and that insurance for students' personal possessions is my/our responsibility.
- I/We give permission for the College to access information about my child from a previous school, kindergarten or specialist.
- I/We accept that if a student is to be withdrawn from the College, at least on terms full notice must be provided in writing to the College, otherwise, we accept that one full terms tuition fee will be charged in lieu of notice.
- I/We accept that if the College needs instructions from the parent, then if more than one parent/guardian has signed the Application for Enrolment as Parent/Guardian, the College may, in its discretion, act upon the instruction of either or both parents.

Upon completion, please forward this form to the College with the non-refundable \$25.00 Registration Fee*.

***Please note: this application does not guarantee a placement for your child.**

Upon acceptance of your child's enrolment, a \$200.00 (non-refundable) deposit will be required, of which, \$150.00 will be redeemable against the student's first term's fees and the other \$50.00 will be held as payment for the College Old Scholars lifetime membership fee.

- I/We hereby declare that the information provided is true and correct and that I/we have read and understand the College's Conditions of Enrolment and agree to abide by these conditions.

SIGNED PARENT/CAREGIVER

NAME

1. _____ Date ____/____/____
2. _____ Date ____/____/____

This application must be signed by each parent/guardian listed on the application form. Where only one person has signed, he/she acknowledges that they will be responsible for all fees and charges.

PLEASE BRING A COPY OF THE FOLLOWING DOCUMENTS TO YOUR INTERVIEW

- A copy of the birth certificate or extract from it
- Latest school report/reference from previous schools (if applicable)
- Documentation relating to special needs (reports/action plans/assessments, etc. if applicable)

Before forwarding this Application Form, please ensure that ALL sections are completed. If necessary N/A (not applicable) should be used where appropriate. Failure to accurately complete all sections of the Application Form may result in the school's inability to accommodate your child's needs and may affect your child's continued enrolment.

OFFICE USE ONLY

Date Received: ____/____/____ \$25 Application Fee Paid MAZE Entry Date: _____ Enquiry ID number: _____

Application Received letter sent to the family Copy of letter in student file