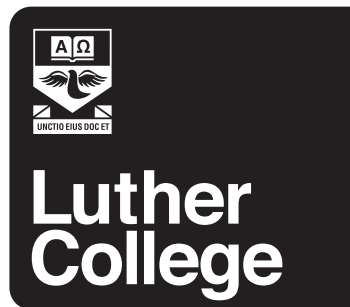


Student Application Form

Plymouth Road Croydon Hills Vic 3136
Phone (03) 9724 2000
Fax (03) 9724 2007
email enrolments@luther.vic.edu.au
www.luther.vic.edu.au



Full name of Student

(please use block letters) Surname _____ First Name _____ Second Name _____

Preferred name

(leave blank if as above) First Name _____ VSN _____

Note A copy of the Birth Certificate/Extract for this student must be attached to the Application.

Residential Address

_____ Postcode _____

Postal Address (leave blank if as above) _____

_____ Postcode _____

Home Phone No _____

Date of Birth _____ Sex _____ Australian Citizen Australian Resident Other

Country of Birth _____ Language spoken at home _____

Current School _____ Current Year Level _____

Religious Denomination _____ Congregation _____
(if applicable) (where family is in membership – if applicable)

Apply for entry to Year **7** **8** **9** **10** **11** **12** **In the Year 20** _____
(please circle)

Father

(please use block letters) Surname _____ Given names _____ Dr/Mr/Other _____

Postal Address (if it varies from student) _____

_____ Postcode _____

Telephone (H) _____ Mobile _____

Telephone (W) _____ Email _____

Occupation _____ Employer _____

Mother

(please use block letters) Surname _____ Given names _____ Dr/Mrs/Ms/Miss/Other _____

Postal Address (if it varies from student) _____

_____ Postcode _____

Telephone (H) _____ Mobile _____

Telephone (W) _____ Email _____

Occupation _____ Employer _____

Please turn over and complete reverse side

