



Enrolment Form

ST. MARY'S CATHOLIC PRIMARY SCHOOL

Office use only	Family code:	VSN:
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STUDENT DETAILS		
Surname:	Entry Year	Entry Level/Grade
First Name/s:		
Date of Birth:	Religion:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

HOME ADDRESS OF STUDENT	
Street number & name:	
Suburb:	Post Code:
Home phone:	

EMERGENCY CONTACT INFORMATION – OTHER THAN PARENT			
Name :		Name :	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	

SACRAMENTAL INFORMATION		
Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current Parish:		

PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION	
Name of previous school/pre-school:	
I/We give permission for school to contact previous school or pre-school:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:	

NATIONALITY			
Government requirement		Nationality:	
In which country was the student born:		Australia <input type="checkbox"/>	Other – Please specify _____
Government requirement		Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal or Torres Strait Islander origin mark both 'Yes' both)	
		No <input type="checkbox"/>	
		Yes, Aboriginal <input type="checkbox"/>	
		Yes, Torres Strait Islander <input type="checkbox"/>	

Government requirement		Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)		
		Student	Mother/guardian	Father/guardian
No	English Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify			

CITIZENSHIP STATUS -Please indicate below: (original documents to be sighted and copies to be retained by the school)	
<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport if Country of Birth is not Australia)
<input type="checkbox"/>	Permanent resident (passport if Country is not Australia)
<input type="checkbox"/>	Temporary resident (passport and visa)
<input type="checkbox"/>	Foreign National without residential status (passport and visa)
<input type="checkbox"/>	Other/Visitor/Student/Passport/Other/Visa (passport and visa)

MOTHER/GUARDIAN					
Surname:		Title: (eg. Mrs/Ms)		First Name:	
Address:					
Home Phone:		Work Phone:		Mobile:	
SMS Messaging: (for emergency & reminder purposes)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email:					
Government Requirement	Occupation:			What is the occupation group? (select from list of parental occupation groups on page)	
				<input type="checkbox"/> A	<input type="checkbox"/> B
Religion:			Nationality:		
Country of Birth:		<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)	
Government Requirement	What is the highest year of primary or secondary school the mother/guardian has completed: (for persons who have never attended school, mark 'Year 9 equivalent or below')				
Year 9 or equivalent or below <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
Year 12 or equivalent <input type="checkbox"/>					
Government Requirement	What is the level of the highest qualification the mother/guardian has completed: (mark one box only)				
No non school qualification <input type="checkbox"/>		Certificate I to IV (including trade certificate) <input type="checkbox"/>		Advanced diploma/Diploma <input type="checkbox"/>	
				Bachelor degree or above <input type="checkbox"/>	

FATHER/GUARDIAN				
Surname:		Title: (eg. Mrs/Ms)		First Name:
Address:				
Home Phone:		Work Phone:		Mobile:
SMS Messaging: (for emergency & reminder purposes)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email:				
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups on page)		
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> D
Religion:	Nationality:			
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify)		
Government Requirement	What is the highest year of primary or secondary school the father/guardian has completed: (for persons who have never attended school, mark 'Year 9 equivalent or below')			
	Year 9 or equivalent or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
Government Requirement	What is the level of the highest qualification the father/guardian has completed: (mark one box only)			
	No non school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL			
List all children in your family attending school or preschool (oldest to youngest) – include applicant			
Name	School/Pre-school	Year/Grade	Date of Birth

MEDICAL INFORMATION			
Doctor's Name:			
No. and Street:			
Suburb:		Post Code:	Phone:
Medicare No.:		Ref No:	Expiry:
Private Health:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Medical Condition:	<i>Please specify any medical conditions the student suffers from e.g. asthma, diabetes and/ or any prescribed medications taken by the student. A Medication Action Plan will be sent home for you to complete.</i>		
Allergies:	<i>Please list any known allergies the student has e.g. allergy to nuts, penicillin, bee stings including specific details.</i>		
Has the student been diagnosed as being at risk of anaphylaxis?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, does the student have an EpiPen or Anapen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

IMMUNISATION – please indicate if the student has been immunized against the following:					
		Date			Date
Diphtheria/Tetanus/Whooping Cough	Yes <input type="checkbox"/> No <input type="checkbox"/>		Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Haemophilus Influenzae type B (Hib)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Polio	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Measles-Mumps-Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>		Rotavirus	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Meningococcal C disease	Yes <input type="checkbox"/> No <input type="checkbox"/>		Chicken Pox	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Human Papillomavirus (HPV) (12-18yrs)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Pneumococcal disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

SPECIAL NEEDS

Does your child have:

autism	<input type="checkbox"/>	behaviour disorders	<input type="checkbox"/>	a hearing impairment	<input type="checkbox"/>
an intellectual disability	<input type="checkbox"/>	a language disorder	<input type="checkbox"/>	mental health issues	<input type="checkbox"/>
a particular disability	<input type="checkbox"/>	a vision impairment	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>
giftedness	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>	difficulties in basic areas of learning	<input type="checkbox"/>
none of the above	<input type="checkbox"/>	other (please specify)			

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:

<input type="checkbox"/> Living with Mother & Father	<input type="checkbox"/> Single parent – Mother / Father (please circle)
<input type="checkbox"/> Living in a step family	<input type="checkbox"/> Shared parenting eg. One week with mother , next with father

COURT ORDERS (if applicable)

Are there any current court orders relating to the student? Yes No

If yes, copies of these court orders e.g AVO's, Family Court/Federal Magistrates Court orders or other relevant court orders must be provided.

Is there any other information you wish the school to be aware of:

Acknowledgements and permissions (please tick all boxes)	
<input type="checkbox"/>	I give the permission for my child's hair to be checked for head lice in the event of an outbreak or when required.
<input type="checkbox"/>	I give permission for St Mary's to share personal information with Westernport Parish for the purposes of building community and support the works of the Parish, in accordance with the St. Mary's Privacy Policy.
<input type="checkbox"/>	I understand that in accepting a place for my child(ren) at St. Mary's, I agree to meet the requirement of paying all school fees, levies and designated charges.
SIGNATURE:	

AGREEMENT

1. I/We agree to support school policies in relation to program of studies, sports, pastoral care, school uniform, discipline and general operations of the school
2. I/We understand that if this application is successful the information that I/We have provided must be kept up to date throughout the period of enrolment, e.g change of address, court orders.
3. I / We understand that St. Mary's is a Catholic school. As such I understand that by enrolling, my child will participate in the Religious Education program and take part in the various events and traditions that come with being a member of a Catholic community.
4. If this enrolment is accepted I/We agree to attend parent/teacher and information evenings which relate to my child.
5. If this enrolment is accepted I/We agree to address any concerns I/We have to the relevant teacher or the school principal.
6. If this enrolment is accepted I/We agree to treat all members of the community with respect as befits a catholic primary school.
7. If, in time of emergencies, accidents or serious illness, I/We cannot be contacted I/We give permission for the principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle. I/We also understand that we are to meet any costs incurred.
8. I/We have read all the information in the enrolment package and understand the policies that we will need to abide by should the enrolment application be successful.
9. I/We have read the Standard Collection and Photograph Notice about the collection and management of the personal information contained in this form.
10. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in the application for enrolment, acceptance will not be granted; or if discovered after acceptance enrolment may be withdrawn.
11. I/We have included copies of the following documents with this application for enrolment:
(please tick appropriate boxes)

	Birth Certificate
	Sacramental Certificate to date
	Passport, visa, citizenship documentation (if applicable)
	Most recent previous school reports and external test results
	Current Family Court Orders (if applicable)
	Relevant medical and/or special needs information (if applicable)
	Immunisation Certificate
	Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)

Mother/Guardian Signature:		Date:	
Father/Guardian Signature:		Date:	

Occupation Groups

Please select the appropriate group from the following list. If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation' field on the enrolment form.

Occupation Group A

Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive/Manager/Department Head in industry commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health/education/police/fire services administrators

Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)

Defence forces Commissioned Officer

Professionals – generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing professional*
- *Business (management consultant, business analyst accountant, auditor, policy analyst, actuary, valuer)*
- *Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)*

Occupation Group B

Other business managers, arts/media/sportsperson and associate professional

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager

(finance/engineering/production/personnel/industrial relations/sales/marketing)

Financial Services Manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)

Retail sales/Service manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts/Media/Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professional - generally have diploma/technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional*
- *Business/administration (recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)*
- *Defence Forces senior Non-Commissioned officer*

Occupation Group C

Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customers services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office (secretary, personal assistant, desktop publishing operator, switchboard operator)*
- *Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)*
- *Service (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)*

Occupation Group D

Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office Assistants, sales assistants and other assistants:

- *Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)*
- *Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)*
- *Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)*

Labourers and related workers:

- *Defence Forces – ranks between senior NCO not included above*
- *Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)*
- *Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).*