APPLICATION FOR ENROLMENT FORM
APPLICATION FOR ENROLMENT FORM

STUDENT NAME  SURNAME: ...........................................GIVEN NAME: ............................

PARENT/CARER  SURNAME: ...........................................GIVEN NAME: ............................

PARENT/CARER  SURNAME: ...........................................GIVEN NAME: ............................

STUDENT’S CURRENT SCHOOL: ..........................................................................................

ENROLMENT SOUGHT FOR YEAR ..................................... OF 20..........................

Prior to offers being made, an enrolment interview will be scheduled between the School / College and the student and parents/guardians.

In the process of the enrolment interview, we will endeavour to ascertain your desire for the education of your son/daughter in relation to the:

- School / College Mission Statement and
- The Values and Ethos of this School / College.

It is essential that this enrolment document is completed prior to the interview.

It is not possible to canvas every issue in this document at interview, but in the process of completing the document, you may decide on key questions that you would particularly like to raise with the interviewer.

If for language or due to other considerations you have difficulties completing this enrolment document prior to the enrolment interview, please contact the School / College Office for assistance.

Thank you.

Please Note:

- Full and frank disclosure of requested information is required.
- Failure to disclose all relevant and correct information could result in cancellation of enrolment.
- A confirmation deposit may be requested on offer of a place at the School / College.
- ........ Prep Enrolments are only considered where the child turns 5 years of age on or before 30 June of the year of intended commencement at the School

The purpose of these questions is to ascertain the educational and physical needs of your child and to determine our ability to best meet those needs.

PLEASE ACCOMPANY THIS FORM WITH AN ENROLMENT / ADMINISTRATION FEE (IF APPLICABLE)

OFFICE USE ONLY

Date Issued ............................................... Date Commenced........................................... Interview Date ..........................................................

Application Received ..........................................

House ........................................................ Teacher ......................................................... Class ..........................................................

Interviewed By ........................................... Special Circumstances  ☐ Yes ☐ No Family Key ..........................................................

Date Left .......................................................
Name of Student: 
Current School: 

Family Mailing Details

Mail to [e.g. Mr & Mrs Smith]:
Greeting Names [e.g. John & Mary]:
Address:
Suburb/City:
Post Code:

Family Phone Number: Other :

Relationship: Married □ Divorced □ Separated □ Single □ Other □
Current Parish:

Health Fund Number: Expiry Date: ___ / ___ / ______
Health Care Card No. (if applicable):
Medicare Number:

Do you require an interpreter? Yes □ No □

Children in your Family at other Schools
Please list below all the children in your family attending other Schools

<table>
<thead>
<tr>
<th>Full Student Name</th>
<th>School Year</th>
<th>Birth Order</th>
<th>Current School Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Details

First Name: 
Middle Name: 
Surname: 
Preferred Name: 
Gender: □ Male □ Female (please tick one)

Date of Birth:

Religion: Does the student speak a language(s) other than English at home?
Country of Birth: Nationality: Yes □ No □ If Yes □ Please List Below:
Ethnic Origin: 1.
Commencement Calendar Year or Date:
Special Needs: Yes □ No □ (If Yes □ Please provide details on page 3)
School Year Start [e.g.: Prep, Year7]:

Indigenous Identifier Aboriginal \ Torres Strait Islander: Yes □ No □
Aboriginal □ Torres Strait Islander □ Both Aboriginal & Torres Strait Islander

Visa Student
1. Is the Student residing in Australia on a Visa? Yes □ No □
2. If 'no' has the student spent 2 years or more in a non-English speaking country? Yes □ No □
3. If 'yes' what was the date of departure from Australia? ___ / ___ / ____ Date of return to Australia? ___ / ___ / ____
4. Visa Sub Class (3 Digits): ___________ Temporary / Permanent
5. Actual Visa Number: ___________________ Visa expiry Date: ___ / ___ / ___
6. Passport Number: ___________________ Passport expiry Date ___ / ___ / ___ Passport Issued By (Country): _______________

Does the Student’s passport expire before the Visa? Yes □ No □
If 'Yes' please renew passport at least 6 months before the expiry date via your consulate / embassy.

7. Is the Student a Full Fee Paying Overseas Student (FFPOS)? Yes □ No □
8. Confirmation of Enrolment – Course Code: ___________ Course Description: ___________________
9. Confirmation of Enrolment Number: ___________ Course Start Date: ___ / ___ / ___ Course End Date: ___ / ___ / ___
10. OSHC Provider: ___________ Membership Number: ___________ OSHC Expiry Date: ___ / ___ / ___
### Medical Details

<table>
<thead>
<tr>
<th>Doctor / Medical Centre Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Medicare Number:</td>
<td>Date of Last Tetanus Injection/Booster:</td>
</tr>
<tr>
<td>Medicare Expiry Date:</td>
<td></td>
</tr>
</tbody>
</table>

#### Allergies / Medical Alert

Please specify any allergies / medical alerts, particularly ANAPHYLAXIS, relating to the student applying for enrolment (example: Allergies to Nuts, Penicillin, Bee Stings, Asthma, Diabetes, Epilepsy management etc).

#### Immunisations

Has the Immunisation Certificate been submitted? [Yes] [No]

### Special Needs

Please indicate whether the student applying for enrolment has any known or suspected special needs (please tick Yes or No for each of the following):

<table>
<thead>
<tr>
<th>Physical Needs</th>
<th>Medical Needs</th>
<th>Educational Needs</th>
<th>Behavioural Needs</th>
<th>Sensory Needs</th>
<th>Any other special needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/support that he/she may be currently receiving (Supporting documentation MUST be provided).

__________________________________________________________________________________________

__________________________________________________________________________________________

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__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

### Parish/Sacramental Details

<table>
<thead>
<tr>
<th>Sacraments</th>
<th>Date Received</th>
<th>Parish Received</th>
<th>Copy of Certificate supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Reconciliation</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Eucharist</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Confirmation</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

### Media Consent

1/We consent /do not consent (delete as applicable) to the Student being photographed and/or named in publications of the school, including but without limitation, any internet or web site, year book, newsletter, advertising or promotional material or press release.

Consent □ Do Not Consent □
<table>
<thead>
<tr>
<th>Details</th>
<th>Father/Carer Residing at the Same Address</th>
<th>Mother/Carer Residing at the Same Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address – Residential:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb &amp; Post Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address (if applicable):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Guardian Y/N?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Home Phone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Phone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Group</td>
<td>Group 1 ☐</td>
<td>Group 1 ☐</td>
</tr>
<tr>
<td>(Refer to list of occupations codes attached)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2 ☐</td>
<td>Group 2 ☐</td>
<td></td>
</tr>
<tr>
<td>Group 3 ☐</td>
<td>Group 3 ☐</td>
<td></td>
</tr>
<tr>
<td>Group 4 ☐</td>
<td>Group 4 ☐</td>
<td></td>
</tr>
<tr>
<td>Group 8 ☐</td>
<td>Group 8 ☐</td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Suburb &amp; Post Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of Birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nationality:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic Origin:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest Year of School Education:</td>
<td>Year 12 or equivalent ☐</td>
<td>Year 12 or equivalent ☐</td>
</tr>
<tr>
<td>Year 11 or equivalent ☐</td>
<td>Year 11 or equivalent ☐</td>
<td>Year 11 or equivalent ☐</td>
</tr>
<tr>
<td>Year 10 or equivalent ☐</td>
<td>Year 10 or equivalent ☐</td>
<td>Year 10 or equivalent ☐</td>
</tr>
<tr>
<td>Year 9 or equivalent or below ☐</td>
<td>Year 9 or equivalent or below ☐</td>
<td>Year 9 or equivalent or below ☐</td>
</tr>
<tr>
<td>Do you speak a language(s) other than English at home?</td>
<td>Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2.</td>
<td>Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2.</td>
</tr>
<tr>
<td>Level of Highest Qualification:</td>
<td>Bachelor degree or above ☐</td>
<td>Bachelor degree or above ☐</td>
</tr>
<tr>
<td>Diploma/Advanced Diploma ☐</td>
<td>Diploma/Advanced Diploma ☐</td>
<td>Diploma/Advanced Diploma ☐</td>
</tr>
<tr>
<td>Certificate I to IV (incl trade cert) ☐</td>
<td>Certificate I to IV (incl trade cert) ☐</td>
<td>Certificate I to IV (incl trade cert) ☐</td>
</tr>
<tr>
<td>No non-school qualification ☐</td>
<td>No non-school qualification ☐</td>
<td>No non-school qualification ☐</td>
</tr>
<tr>
<td>Medicare Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE**
## Contact Details

<table>
<thead>
<tr>
<th>Details</th>
<th>(1) Non Residential Parent (if applicable)</th>
<th>(2) Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please only complete if there is a Parent who does not reside at the Student’s Home Address.</td>
<td>Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.</td>
<td></td>
</tr>
</tbody>
</table>

### (1) Non Residential Parent (if applicable)

- **Title:**
- **First Name:**
- **Middle Name:**
- **Surname:**
- **Relationship:**
- **Address – Residential:**
- **Suburb & Post Code:**
- **Postal Address (if applicable):**
- **Home Phone Number:**
- **Work Phone Number:**
- **Mobile Phone Number:**
- **Email Address:**
- **Employer:**
- **Employer Address:**
- **Employer Suburb & Post Code:**
- **Occupation:**
  - **Occupational Group:**
    - Group 1
    - Group 2
    - Group 3
    - Group 4
    - Group 8
- **Country of Birth:**
- **Nationality:**
- **Ethnic Origin:**
- **Religion:**
- **Provide a copy of Assessment Reports etc:**
  - Yes ☐ No ☐
- **Highest Year of School Education:**
  - Year 12 or equivalent ☐
  - Year 11 or equivalent ☐
  - Year 10 or equivalent ☐
  - Year 9 or equivalent or below ☐
- **Do you speak a language(s) other than English at home?**
  - Yes ☐ No ☐ If Yes ☐ Please list below:
    - 1.
    - 2.
- **Level of Highest Qualification:**
  - Bachelor degree or above ☐
  - Diploma/Advanced Diploma ☐
  - Certificate I to IV (incl trade cert) ☐
  - No non-school qualification ☐
- **Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?**
  - Yes ☐ No ☐
  - (If Yes Supporting documentation must be provided.)
  - N/A

---

6
Please tick the following boxes and sign below

1. I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):
   - School Enrolment Policy (where applicable).
   - School Behaviour Management Policy
   - School Anti-Bullying Policy
   - Schedule of Fees and Charges
   - School Uniform Policy
   - Special Needs Enrolment Protocols (where applicable)
   - School Internet Use Policy
   - School Privacy Policy/ Standard Collection Notice/ Media Consent & Use of Student Images Policy
   - Child Protection Policy / Volunteer requirements
   - Excursion Policy

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
   - Birth Certificate
   - Baptismal Certificate
   - Citizenship documentation (where applicable)
   - Evidence of time out of the country e.g. passport, plane tickets, overseas school reports (where applicable).
   - Most recent previous school reports and external test results (where applicable)
   - Relevant Family Court Orders (where applicable)
   - Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
   - Immunisation Certificate (primary school applications only)
   - 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.
   - If this enrolment is accepted I/we agree to support our child’s participation in the religious life of the school (e.g. school liturgies, retreats).
   - If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges
   - I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

3. I/we have included the enrolment fee of $………….. with this application for enrolment and I/we understand that this money (will/ will not) be refundable if the application is unsuccessful.

DEVELOPMENT
In dealing with this application, it may be necessary for the school or the Catholic Education Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the Catholic Education Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNED ____________________________________________ (Father/Carer) DATE: ______ / ______ / ______

and / or

SIGNED ____________________________________________ (Mother/Carer) DATE: ______ / ______ / ______

Please note:
- Acceptance of this application for enrolment is subject to the approval of the School’s Principal.
- Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).
## OCCUPATIONAL GROUPS

### Parental Occupation Definition:
Parental Occupation is defined as the main work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

### Group 1: 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 administrator
- **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- **Defence Forces** Commissioned Officer

#### Professionals
- Business
- Air/sea transport

### Group 2: Other business managers, arts/media/sportspersons and associate professionals

- **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/services 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 professionals** generally have diploma/technical qualifications and support managers and professionals.
  - Business/administration
  - Defence Forces

### Group 3: Tradesmen/women, clerks and skilled office, sales and staff service

- **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, customer 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/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### Group 4: 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 below 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]

### Group 8: Currently not in paid work

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, tick Group ‘8’ in the appropriate box