



ST. JOSEPH'S CATHOLIC SCHOOL

45 FERRIER STREET

LOCKHART NSW 2656

Phone: 02 6920 5437

Fax: 02 6920 5666

Email: info@sjloww.catholic.edu.au

APPLICATION TO ENROL IN A CATHOLIC SCHOOL

DIOCESE OF WAGGA WAGGA

When you come to the school to enrol please bring each of these documents with you:

- **Proof of student's residential address** (eg. original copies of council rates notice, residential lease, electricity accounts, statutory declaration etc)
- **Birth certificate or identity documents**
- **Copies of any family law or other relevant court orders** (if applicable)
- **Immunisation history statement** (only required for students enrolling in primary schools for the first time).

In addition, if your Child is not a permanent resident, you will need to provide:

- **Passport or travel documents**
- **Current visa and previous visas** (if applicable).

In addition, if your child is a temporary visa holder you will also need to provide:

- **Authority to Enrol** issued by the Temporary Visa holders Program Unit. This is required for visitor and temporary visa holders (other than sub class 571P referred to below)
- **Authority to Enrol or evidence of permission to transfer** issued by the International Student Centre (if holding an international full fee student visa, sub class 571P)
- **Evidence of the visa the student has applied for** (if the student holds a bridging visa).

Your privacy protected

The school and the Catholic Schools Office are subject to the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002.

The information you provide will be used to process your child's application for enrolment, which may include a risk assessment.

Photographs at school

Taking photographs of students can constitute a collection of their personal information. Occasionally photographs are taken of individual students and classes of students at school.

If you **do not wish** your child to be photographed under any circumstances, please make sure you have specified this.

Your child's information will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents or carers
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

The health-related information collected is subject to the *Health Records and Information Privacy Act 2002*. It is being collected for the primary purpose of ensuring the health and safety of all students, staff and visitors to the school. It may be used and disclosed to medical practitioners, health workers, other government departments and/or schools for this primary purpose, or for other, related purposes.

Do parents have to answer the questions?

We are required by law to ensure the health and safety of students, staff and visitors on our premises. It is therefore necessary for you to answer all questions on this form except those about your occupation and education.

The information you provide will assist the school to communicate with you and to care for your child while at school. Should you choose to submit an incomplete form, processing your application may be delayed and the quality of our service to you may be affected.

Giving false or misleading information is a serious offence. In the event that statements made in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Why have we asked for information about your occupation and education?

Improving educational outcomes for all young Australians is central to the nation's social and economic prosperity and will position young people to live fulfilling, productive and responsible lives.

National Declaration on Educational Goals for Young Australians state:

Goal 1:
Australian schooling promotes equity and excellence.

Goal 2:
All young Australians become:

- successful learners
- confident and creative individuals
- active and informed citizens.

Achieving these educational goals is the collective responsibility of governments, school sectors and individual schools as well as parents and carers, young Australians, families, other education and training providers, business and the broader community.

To help us to make sure we are achieving these goals, all parents across Australia, no matter which school their child attends, are being asked to provide information about family background. The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

We use the information to evaluate whether our policies are effective and to ensure that no group is experiencing undue disadvantage because of their economic or social background.

Providing information about your occupation and education is voluntary but your information will help us to ensure that all students are being well served by Australian schools.

The four groups listed on page '2' are used by the Australian Bureau of Statistics to classify occupations. Please choose the group that you think best describes you. If you have retired or stopped work in the past year please choose the group in which you used to work.

APPLICATION FOR ENROLMENT

Diocese of Wagga Wagga Systemic Schools

ST JOSEPH'S CATHOLIC SCHOOL LOCKHART

45 Ferrier Street
Lockhart NSW 2656

Phone: 02 6920 5437

Fax: 02 6920 5666

email address: info@sjloww.catholic.edu.au

website: www.sjloww.catholic.edu.au

Office use only	Family code:	Student ID number:
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STUDENT DETAILS

STUDENT NAME

Surname:	Entry Year (eg 2009)	Entry Level/Grade (eg Yr 7)
First Name/s:		
Preferred first name:		
Date of Birth:	Religion:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

HOME ADDRESS OF STUDENT (road name & number must be supplied under Government requirements – not farm name)

No. and Street Name:		
Suburb:	Home Ph:	Emergency G.E.O. Coding:
Postcode:	Email:	

EMERGENCY CONTACT INFORMATION

(to be used in the event of an emergency if parents cannot be contacted, eg grandparent or friend)

Contact 1	Contact 2
Name:	Name:
Relationship to student:	Relationship to student:
Ph: Mobile:	Ph: Mobile:

SACRAMENTAL INFORMATION:

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

KINDERGARTEN ENROLMENTS ONLY

What type(s) of care outside of home did this student have prior to enrolling at school? (Choose the type accessed in the year prior to school.)

Long day care..... <input type="checkbox"/> Family day care..... <input type="checkbox"/> Occasional care..... <input type="checkbox"/> Pre-school..... <input type="checkbox"/> Playgroup..... <input type="checkbox"/> Other care (please specify).....	<p>Extent of prior to school care</p> Up to 6 hours per week..... <input type="checkbox"/> Up to 12 hours per week..... <input type="checkbox"/> 12 hours to fulltime each week..... <input type="checkbox"/> Write the name of the pre-school or long day care or other prior to school service used <input style="width: 100%;" type="text"/>
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STUDENT DETAILS

Student's surname and first name

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 No **NATIONALITY**

Government requirement

Nationality.....

In which country was the student born?Australia

Other – please specify

Government requirement

Is the student of Aboriginal or Torres Strait Islander origin?*(For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes)*No Yes, Aboriginal Yes, Torres Strait Islander **RESIDENTIAL STATUS – please indicate below:***(original documents to be sighted and copies to be retained by school)*

- Australian citizen (Naturalisation Certificate or Australian passport if Country of Birth is not Australia)
- Permanent resident (passport if Country of Birth is not Australia)
- Temporary resident (passport and visa)
- Other/Visitor/Student/Passport/Other/Visa (passport and visa)

Office Use Only:Residence Status: Permanent Non Permanent Refugee

Visa Sub Class

Date of Arrival in Australia

Visa Number

Passport Number

Visa Expiry Date

OSHC Membership Number

OSHC Expiry Date

Confirmation of Enrolment – Course Code

Course Description

Confirmation of Enrolment Number

Course Start Date

Course End Date

OS BRVS RSVS ETV PRS LBOTE ESL ESLASSIST NA/CIEC CSS SSCL OHS

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)*

No	English only	student <input type="checkbox"/>	mother/guardian <input type="checkbox"/>	father/guardian <input type="checkbox"/>
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Yes	Other – please specify
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MEDICAL INFORMATION

Doctor's Name:

No. and Street Name:

Suburb:

Postcode:

Phone:

Medicare No:

Private Health Fund:

Medical Conditions: *Please specify any medical conditions the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student.*

STUDENT DETAILS

Government requirement	<p>Allergies: <i>Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details:</i></p> <p>.....</p> <p>.....</p> <p>Has the student been diagnosed as being at risk of anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does the student have an EpiPen? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Government requirement	<p>Immunisation: <i>Please indicate if the student has been immunised against the following:</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">please circle</th> <th style="width: 20%; text-align: center;">Date of Immunisation</th> </tr> </thead> <tbody> <tr> <td>Hepatitis B</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Diphtheria-Tetanus-Whooping Cough</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Haemophilus Influenzae type b (Hib)</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Polio</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Pneumococcal disease</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Rotavirus</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Measles-Mumps-Rubella</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Meningococcal C disease</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Chickenpox</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Human Papillomavirus (HPV) (12-18 yrs)</td> <td style="text-align: center;">Yes / No</td> <td style="text-align: center;">.....</td> </tr> </tbody> </table>		please circle	Date of Immunisation	Hepatitis B	Yes / No	Diphtheria-Tetanus-Whooping Cough	Yes / No	Haemophilus Influenzae type b (Hib)	Yes / No	Polio	Yes / No	Pneumococcal disease	Yes / No	Rotavirus	Yes / No	Measles-Mumps-Rubella	Yes / No	Meningococcal C disease	Yes / No	Chickenpox	Yes / No	Human Papillomavirus (HPV) (12-18 yrs)	Yes / No
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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

Government requirement	<p>Does your child have:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">autism</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> <td style="width: 33%;">behaviour disorders</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> <td style="width: 33%;">a hearing impairment</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>an intellectual disability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>a language disorder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>mental health issues</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>a physical disability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>a vision impairment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>ADD / ADHD</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>giftedness</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4">difficulties in the basic areas of learning</td> </tr> <tr> <td>acquired brain injury</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4">other (please specify).....</td> </tr> <tr> <td>none of the above</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4"></td> </tr> </table> <p>What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school/pre-school?</p> <p>alternative teaching and learning strategies <input type="checkbox"/> signing <input type="checkbox"/> braille <input type="checkbox"/></p> <p>a reader or scribe <input type="checkbox"/> access to technology <input type="checkbox"/></p> <p>modifications to equipment, furniture and learning spaces <input type="checkbox"/> personal carer support <input type="checkbox"/></p> <p>other (please specify)</p> <p>.....</p> <p>.....</p> <p>.....</p>	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 physical disability	<input type="checkbox"/>	a vision impairment	<input type="checkbox"/>	ADD / ADHD	<input type="checkbox"/>	giftedness	<input type="checkbox"/>	difficulties in the basic areas of learning				acquired brain injury	<input type="checkbox"/>	other (please specify).....				none of the above	<input type="checkbox"/>				
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STUDENT DETAILS

HEALTH AND SAFETY

Government requirement

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school? Yes No

If yes please provide a brief description:

.....

.....

.....

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues

.....

.....

Does your child have any history of violent behaviour? Yes No

Does your child have any history of behavioural problems (including verbal bullying)? Yes No

Has your child ever been suspended or expelled from any previous school? Yes No

If yes, was this for

- Actual violence to any person? Yes No
- Possession of a weapon or any items used to cause an injury? Yes No
- Intimidation, bullying or harassment of students or staff at a school? Yes No
- Threats of violence? Yes No
- Illegal drugs? Yes No
- Other (please specify).....

I / We will provide written consent to the school on request to contact health professionals or other relevant agencies Yes No

FAMILY DETAILS**FAMILY MAILING DETAILS**

Leave address blank if same as student home address

School mail to be sent to:

Name:

Address:

Postcode:

FAMILY BILLING DETAILS

Leave address blank if same as student home address

School accounts to be sent to:

Name:

Address:

Postcode:

STUDENT DETAILS

Student's surname and first name

MOTHER / GUARDIAN

Surname: _____ Title: (eg Mrs/Ms/Dr) _____ First Name: _____

Address: *(leave blank if same as student address)*

Home Ph: _____ Business Ph: _____ Mobile: _____ Email: _____

Occupation: _____ Government Requirement _____ What is the occupation group?
(select from list of parental occupation groups on page 10)

Religion: _____ Nationality: _____ Marital Status: _____

Country of Birth: Australia 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 or equivalent or below')*Year 9 or equivalent or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent Government requirement **What is the level of the highest qualification the mother/guardian has completed:**
*(mark one box only)*No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/Diploma Bachelor degree or above **FATHER / GUARDIAN**

Surname: _____ Title: (eg Mr/Dr) _____ First Name: _____

Address: *(leave blank if same as student address)*

Home Ph: _____ Business Ph: _____ Mobile: _____ Email: _____

Occupation: _____ Government Requirement _____ What is the occupation group?
(select from list of parental occupation groups on page 9)

Religion: _____ Nationality: _____ Marital Status: _____

Country of Birth: Australia 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 or equivalent or below')*Year 9 or equivalent or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent Government requirement **What is the level of the highest qualification the father/guardian has completed:**
*(mark one box only)*No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/Diploma Bachelor degree or above

STUDENT DETAILS

Student's surname and first name

SIBLINGS ATTENDING A SCHOOL / PRE-SCHOOL

List all children in your family attending school or preschool (from oldest to youngest) – include applicant.

Name	School / Pre-school	Year/Grade (current calendar year)	Date of Birth (preschool only)

COURT ORDERS (if applicable)

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

If yes, copies of these court orders eg AVOs, Family Court/Federal Magistrate Court orders or other relevant court orders must be provided.

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

.....

.....

.....

.....

.....

.....

.....

Parent occupation groups

<p>Group 4</p> <p>Machine operators, hospitality staff, assistants, labourers and related workers</p>	<ul style="list-style-type: none"> • Drivers, mobile plant, production/processing machinery and other machinery operators • Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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] 	<ul style="list-style-type: none"> • 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 Force ranks below senior NCO not included below • 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]
<p>Group 3</p> <p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<ul style="list-style-type: none"> • 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] 	<ul style="list-style-type: none"> • 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]
<p>Group 2</p> <p>Other business managers, arts/media/sportspersons and associate professionals</p>	<ul style="list-style-type: none"> • 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, 	<ul style="list-style-type: none"> • proof reader, sportsman/woman, coach, trainer, sports official] • Associate professionals 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
<p>Group 1</p> <p>Senior management in large business organisation, government administration and defence, and qualified professionals</p>	<ul style="list-style-type: none"> • 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 generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complete system; identify, treat and advise on problems; and teach others 	<ul style="list-style-type: none"> • Health, Education, Law, Social Welfare, Engineering, Science, Computing professional • Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] • Air/sear transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]
<p>Please note</p>	<ul style="list-style-type: none"> • If the person is not currently in paid work but had a job or 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, please write '8' in the box. 	

AGREEMENT
Please circle your choices

1. I / We agree to support school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.
2. I / We have included copies of the following documents with this application for enrolment:
(please tick appropriate boxes)
 - Birth Certificate *
 - Sacramental Certificates 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)
 - Parish Priest Reference Form (unless priest has indicated he will forward form direct to school)

*** PLEASE NOTE: ORIGINALS WILL NEED TO BE PRODUCED DURING THE ENROLMENT PROCESS**

3. If this enrolment application is successful I / we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
4. 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, eg change of address, court orders.
5. If this enrolment is accepted I / we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).
6. **Media / Communications Permission:**
I / we authorise the school to take and use photographs, video or sound recordings of the student / student's work .These items may be used by the school or the Catholic Schools Office Diocese of Wagga Wagga for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriate by the school / Catholic Schools Office that portray the student in a positive light. If circumstances change, I / we undertake to inform the school if there is a need to rescind this media and communications permission.

Yes No

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.

Yes No

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 / We have read the Standard Collection Notice about the collection and management of the personal information contained in this form. 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.

Signature: _____ Signature: _____
Father / guardian *Mother / guardian*

Date: _____ Date: _____

Please note: Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee.
Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).

Record of evidence

Original documents must be sighted and photocopied.
All students:

Student Identity (name and age e.g. birth certificate, passport etc)

Yes No

Residential address (e.g. rates notice, rental agreements, electricity accounts etc)

Evidence supplied Yes No In area? Yes No

In addition, for students who are not permanent residents they have to produce more information.

Passport or travel documentation no.

Country of issue

Current visa sub-class (if applicable)

Previous visa sub-classes (if applicable)

In addition (for temporary visa holders) Authority to Enrol no.

Student groups

Scripture group

Enrolment Notes

Other issues

Immunisation certificate/history statement sighted (Primary Schools only)

Yes No Complete Incomplete

Any family law, AVOs or other relevant court order (if applicable)

Yes No

English as a Second Language (ESL) support

Does the student need to be assessed for (ESL) support?

Yes No

If already assessed, what ESL phase is the student?

(1, 2, 3 or Not requiring support [N])

Is the student receiving ESL support?

Yes No

For parent not living with student (p6)

Receive invoice Receive academic report

Receive Back to School Allowance Shared parental responsibility

Principal's checklist and certification

Special Circumstances and Student History assessed?

Yes No

Risk Assessment required?

Yes No

Risk Assessment conducted?

Yes No

Risk Management Plan and Resources in place?

Yes No

On the basis of the information provided on this form and gained from the required assessments, I **accept** or **decline** this application to enrol.

Signature of principal

Print name

Date

day month year