



### ENROLMENT APPLICATION

#### STUDENT DETAILS

Surname:	Address:
First Name:	Suburb:
Preferred Name:	Postcode:
Middle Name:	Home Phone No.:
Date of Birth:    /    /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Religion:	

#### PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

Name of previous school/pre-school:	
Year level at previous school:	Victorian School Number (VSN):
I/We give permission for St Augustine's P.S. to contact previous school or pre-school: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Signature:

#### PARISH/SACRAMENTAL INFORMATION

			Certificate Supplied:
Baptism	Date :	Parish :	<input type="checkbox"/>
Reconciliation	Date :	Parish :	<input type="checkbox"/>
Eucharist	Date :	Parish :	<input type="checkbox"/>
Confirmation	Date :	Parish :	<input type="checkbox"/>
Current Parish :			

#### NATIONALITY

<b>GOVERNMENT REQUIREMENT:</b>	Nationality:
In which country was the student born:	Australia <input type="checkbox"/> Other – please specify:
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin mark "Yes" to both)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

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			

Does the student attend Language School? Yes  No  If Yes, please list:

#### IMPORTANT INFORMATION

*Please return all these forms, fully completed, to the school with attached copies of Birth Certificate, Immunization Certificate, Sacramental Certificates and a copy of a current rates notice or rental documents. If these documents are not supplied this may delay your application*

#### OFFICE USE ONLY

Date Received:    /    /

Year Level: \_\_\_\_\_

VSN: \_\_\_\_\_

**IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED – Government requirement****Please tick the relevant category below and record the Visa Subclass number:**

(original documents to be sighted and copies to be retained by the school)

**Australian Citizen not born in Australia**

<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia)	
<input type="checkbox"/>	Australian Passport Number: (If applicable)	Passport No:
<input type="checkbox"/>	Naturalisation Certificate Number :	Certificate No:
	Visa Subclass recorded on entry to Australia	Visa Subclass No:
	Date of Arrival into Australia	Date:

**Not currently an Australian Citizen please provide further details as appropriate below:**

<input type="checkbox"/>	Permanent resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Temporary resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number)	Visa Subclass No:

**\*Please attach Visa/document of travel/letter of notification and passport photo page.****MEDICAL INFORMATION**

Doctor's name:		Phone:
Address:		
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 eg. asthma, diabetes and/or any prescribed medications taken by the student. A Medication Action Plan will be sent home for you to complete. It is the parent's/guardian's responsibility to check that your child's medication is kept up to date.</i>	
Allergies:	<i>Please list any known allergies the student has eg. allergy to nuts, penicillin, bee stings including specific details.</i>	

**Has the student been diagnosed as being at risk of anaphylaxis?**Yes  No **If yes, does the student have an EpiPen or Anapen?**Yes  No **IMMUNISATION (please indicate if the student has been immunized against the following) CERTIFICATE ATTACHED YES  NO** 

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date
Diphtheria/Tetanus/Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Haemophilus Influenza type B (Hib)	<input type="checkbox"/>	<input type="checkbox"/>		Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Measles-Mumps-Rubella	<input type="checkbox"/>	<input type="checkbox"/>		Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	
Meningococcal C disease	<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	
Human Papillomavirus (HPV) (12- 18yrs)	<input type="checkbox"/>	<input type="checkbox"/>		Pneumococcal disease	<input type="checkbox"/>	<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 this enrolment may be revised.

**ADDITIONAL NEEDS****Does your child have:**

autism	<input type="checkbox"/>	behaviour disorders	<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>
intellectual disability	<input type="checkbox"/>	language disorder	<input type="checkbox"/>	mental health issues	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>
giftedness	<input type="checkbox"/>	other (please specify)	<input type="checkbox"/>		

**Has your child ever seen a:**

behavioural optometrist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>
educational psychologist	<input type="checkbox"/>	paediatrician	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>
psychologist	<input type="checkbox"/>	other specialist	<input type="checkbox"/>		

**If your child does have a special need, please can you assist us by providing the following information:**

	Yes	No
Details of additional learning needs/additional needs provided (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>
Medical/allied health professional reports attached (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY DETAILS				
Details	Mother / Guardian 1		Father / Guardian 2	
Title (eg. Mrs/Ms)				
First Name				
Surname				
Relationship to Student				
Address – Street				
Suburb & Post Code				
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Phone Number				
Work Phone Number				
Mobile				
Would you like to receive SMS Messaging (for emergency & reminder purposes)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	No <input type="checkbox"/>		No <input type="checkbox"/>	
Email Address				
Occupation				
Employer				
GOVERNMENT REQUIREMENT:				
Occupational Group: <i>(Please select the appropriate parental occupation group from the attached list provided (A, B, C, D or N). If person has not been in paid work in the last 12 months, enter N)</i>	Group A <input type="checkbox"/>		Group A <input type="checkbox"/>	
	Group B <input type="checkbox"/>		Group B <input type="checkbox"/>	
	Group C <input type="checkbox"/>		Group C <input type="checkbox"/>	
	Group D <input type="checkbox"/>		Group D <input type="checkbox"/>	
	Group N <input type="checkbox"/>		Group N <input type="checkbox"/>	
Highest Year of School Education: <i>For persons who have never attended school, mark 'Year 9 or equivalent or below'</i>	Year 12 or equivalent <input type="checkbox"/>		Year 12 or equivalent <input type="checkbox"/>	
	Year 11 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
	Year 10 or equivalent <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>	
	Year 9 or equivalent or below <input type="checkbox"/>		Year 9 or equivalent or below <input type="checkbox"/>	
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/>		Bachelor degree or above <input type="checkbox"/>	
	Advanced Diploma/Diploma <input type="checkbox"/>		Advanced Diploma/Diploma <input type="checkbox"/>	
	Certificate I to IV (incl Trade Cert) <input type="checkbox"/>		Certificate I to IV (incl Trade Cert) <input type="checkbox"/>	
	No post school qualification <input type="checkbox"/>		No post school qualification <input type="checkbox"/>	
Religion				
Country of Birth				
Nationality				
Australian Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Working with Children Check Y/N	Card No:	Expiry:	Card No:	Expiry:
Pensioner Concession Card OR Health Care Card	Card No:		Card No:	
Who will be responsible for the payment of the school fees and levies? Please tick a box				
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other:

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 FTE with Mother: FTE with Father:
<input type="checkbox"/> Guardian	<input type="checkbox"/> Out-Of-Home Care

**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

**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. AVOs, 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?

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**EMERGENCY DETAILS**

Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.

Details	Emergency Contact 1	Emergency Contact 2
Title		
First Name		
Surname		
Address - Street		
Suburb & Post Code		
Home Phone No.		
Business Phone No.		
Mobile Phone No.		
Relationship to Student		

**PERMISSIONS:**

- I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.
- I give permission for school staff to apply sunscreen on my child during P.E lessons, at sporting events and on excursions in Terms 1 & 4.
- I give permission for the Parish of Airport West to use personal information obtained from the school for a range of Parish activities, including fundraising.
- I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policies change.

**MOTHER'S SIGNATURE:****FATHER'S SIGNATURE:**

## Parent Occupation Groups

GROUP A	GROUP B	GROUP C	GROUP D
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sports persons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p><i>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</i></p> <p><i>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</i></p> <p><i>Other administrator (school Principal, faculty head/dean, library/museum/gallery director, research facility director).</i></p> <p><i>Defence Forces Commissioned Officer.</i></p> <p><i>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.</i></p> <p><i>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</i></p> <p><i>Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer).</i></p> <p><i>Air/sea transport (aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller).</i></p>	<p><i>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</i></p> <p><i>Specialist manager (finance/engineering/production/ personnel/ industrial relations/ sales/ marketing).</i></p> <p><i>Financial services manager (bank branch manager, finance/ investment/insurance broker, credit/loans officer).</i></p> <p><i>Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency).</i></p> <p><i>Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author).</i></p> <p><i>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official).</i></p> <p><i>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</i></p> <p><i>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</i></p> <p><i>Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager).</i></p> <p><i>Defence Forces senior Non-Commissioned Officer.</i></p>	<p><i>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</i></p> <p><i>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).</i></p> <p><i>Skilled office, sales and service staff</i></p> <p><i>Office (secretary, personal assistant, desktop publishing operator, switchboard operator).</i></p> <p><i>Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher).</i></p> <p><i>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).</i></p>	<p><i>Drivers, mobile plant, production/processing machinery and other machinery operators Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper).</i></p> <p><i>Office assistants, sales assistants and other assistants</i></p> <p><i>Office (typist, word processing/data entry/business machine operator, receptionist, office assistant).</i></p> <p><i>Sales (sales assistant, motor vehicle/caravan/parts salesperson, check-out operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker).</i></p> <p><i>Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant).</i></p> <p><i>Labourers and related workers</i></p> <p><i>Defence Forces ranks below senior NCO not included in other groups.</i></p> <p><i>Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand).</i></p> <p><i>Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).</i></p>

These categories have been determined nationally and are designed as broad occupational groupings.

# Agreement

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I acknowledge that I understand and accept the terms and conditions of enrolment as set out in the Explanatory Statement and, if enrolment is accepted, I agree that:

- I will support school policies in relation to program of studies, sports, pastoral care, school uniform, acceptable behaviour, discipline and general operations of the school;
- I will ensure that the information that I have provided is kept up to date throughout the period of enrolment and I will notify the school promptly of any changes to that information (e.g. change of residential address, changes to parenting orders);
- I will pay the current school fees and levies for my child/children and also pay any variation or increase of fees and levies as required upfront at the beginning of the school year or in instalments), or I will otherwise notify the school immediately if I am experiencing financial difficulties.
- I will support our child's participation in the religious life of the school (e.g. school liturgies, sacramental programs);
- I will attend parent/teacher and information evenings which relate to my child;
- In the event I have any concerns, I will raise them initially with the relevant teacher or the school Principal;
- I also understand that enrolment at this Parish Primary School does not guarantee automatic enrolment of my child/ren in any Catholic Secondary School.
- I will treat all members of the school community with respect as befits a Catholic primary school; and abide by the school's Code of Conduct
- If, in time of emergencies, accidents or serious illness, I cannot be contacted I give permission for the Principal (or his/her representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I also understand that the signatories below are required to meet any costs incurred.
- I acknowledge that I have read all the information in the enrolment package and understand the policies that the signatories below will need to abide by should the enrolment application be successful.
- I understand that if any misleading information has been provided, or any omission of significant information is made in the application for enrolment, acceptance will not be granted; or if discovered after acceptance enrolment may be withdrawn.

<b>Parent/Guardian 1</b>		<b>Date:</b>	
Name & Signature:			
<b>Parent/Guardian 2</b>		<b>Date:</b>	
Name & Signature:			