



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: (include rite)	Entry Year:	Entry Level:

PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

Name of kindergarten/pre-school:		
Name of previous school:	Year level at previous school:	Victorian School Number:
I/We give permission for St Augustine's P.S. to contact previous school or pre-school and to gather relevant reports and information to support educational planning: Yes <input type="checkbox"/> No <input type="checkbox"/>		

PARISH/SACRAMENTAL INFORMATION

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

NATIONALITY

GOVERNMENT REQUIREMENT:	Nationality:	Ethnicity:
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 parent(s)/guardian(s) speak a language other than English at home? Note: Record all languages spoken

		Student	Parent A/Guardian 1	Parent B/Guardian 2
No	English Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify			

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* Please tick the relevant category below and record the Visa Subclass number as per government requirements. (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/ImmiCard/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 Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.</i>			
Allergies:	<i>Please list specific details for any known allergies that do not lead to anaphylaxis, eg, hay fever, rye grass, animal fur.</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 attach an immunisation history statement for your child.

All vaccines are recorded on the Australian immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit myGov) and provide it to the school with this enrolment form.	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide explanation:
If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

ADDITIONAL NEEDS

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes No

Does your child present with:

Autism (ASD)	<input type="checkbox"/>	behaviour disorders	<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>
Intellectual disability/developmental delay	<input type="checkbox"/>	mental health issues	<input type="checkbox"/>	oral language/communication difficulties	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>
giftedness	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>	other condition (please specify)	<input type="checkbox"/>

Has your child ever seen a:

paediatrician	<input type="checkbox"/>	physiotherapist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>
psychologist/counsellor	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>
psychiatrist	<input type="checkbox"/>	continence nurse	<input type="checkbox"/>	other specialist (please specify)	<input type="checkbox"/>

Please attach documentation provided by the specialist

FAMILY DETAILS (Please Print)				
Details	Parent A/Guardian 1		Parent B/Guardian 2	
Title (eg. Mr/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"/>	
Email Address				
Occupation				
Employer				
GOVERNMENT REQUIREMENT:				
Occupational Group: (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)	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: For persons who have never attended school, mark 'Year 9 or equivalent or below'	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:	
SCHOOL FEES AND LEVIES PAYMENT ARRANGEMENTS				
Account to be paid by (please tick):				
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other:
<input type="checkbox"/> Split between Father _____% and Mother _____%				
Please indicate your preferred email address for contact regarding your account. All statements and receipts will be emailed to this address.				
Name:		Email:		

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Single parent: Parent A / Parent B (please circle)
<input type="checkbox"/> Living in a step family	<input type="checkbox"/> Shared parenting eg. One week with each parent Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
<input type="checkbox"/> Guardian	<input type="checkbox"/> Out-Of-Home Care
<input type="checkbox"/> Other (please specify):	

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 OR PARENTING ORDERS (IF APPLICABLE)

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

If yes, copies of these court orders/parenting 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 CONTACTS – OTHER THAN PARENT/GUARDIAN

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.

PARENT A/GUARDIAN 1 SIGNATURE:

PARENT B/GUARDIAN 2 SIGNATURE:

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on the school website

PARENTAL OCCUPATION GROUPS

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.

If a parent/guardian has been unemployed for more than 12 months please tick **GROUP N**.

Group A: Senior management in large organizations, government administration and defence and qualified professionals.

Senior executive/manager/department head in industry, commerce, media or other large organization

Business (eg, chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager)

Media (eg, newspaper editor, film/television/radio/stage producer/director/manager)

Government Administration

Public service manager (Section head or above), regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research/facility manager, police/fire services administrator)

Defence Forces Commissioned Officer

Qualified Professionals generally have degree or high 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 Business, Air/Sea transport professionals

Health (eg, GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician)

(management consultant, business analyst, accountant, auditor, policy analyst)

Education (eg, school teacher, university lecturer, VET/special education/ESL/private teacher, education officer)

Law (eg, judge, magistrate, barrister, coroner, solicitor, lawyer)

Social Welfare (eg, social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator)

Engineering (eg, architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer)

Science (eg, scientist, geologist, meteorologist, metallurgist)

Computing (eg, IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer)

Business (eg, management, consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

Air/sea transport (eg, aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot)

Group B: Other business managers, arts/media/sportspersons and association professionals

Owner/manager

Farm/business owner/manager (eg, crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business),

Specialist manager (eg, works manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations)

Financial services manager (eg, bank branch manager, finance/investment/insurance broker, credit/loans officer)

Retail sales/services manager (eg, shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station)

Arts/media/sportspersons

Artist/writer (eg, editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor)

Sports (eg, 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, Business/administration

Medical, science, building, engineering, computer technician/associate professional

Health/social welfare (eg, enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)

Law (eg, police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, law clerk, court officer, bailiff)

Business/administration (eg, recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors)

Defence Forces (eg, senior non-commissioned officer)

Other (eg, library technician, museum/gallery technician, research assistant, proof reader)

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, customer services clerk, admissions clerk)

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).

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 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 attendance, crossing supervisor).

Agreement

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 there are certain expectations, obligations and guarantees required of parents/guardians of the school's students, so that a harmonious relationship may be established:

- I will support and abide by school policies and rules, as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the school;
- I will ensure that the information 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 three instalments (and will pay in full by the end of Term 3 each year), or I will otherwise notify the school immediately if I am experiencing financial difficulties.
- I will support my 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.
- As a parent/guardian, I understand that if this application is successful, I will support the vision of the school and parish. In accepting the enrolment, I agree to abide by all of the school's policies, procedures and protocols (Policies). These Policies are reviewed regularly and may be subject to change at the school's discretion. I will work with the school to support any academic/social/behavioural needs of my child. I agree to support my child's participation in the religious life of the school (eg, school liturgies, Masses etc). The consequence of not complying with the school's Policies may result in the termination of the enrolment.
- 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.

Parent/Guardian 1		Date:	
Name & Signature:			
Parent/Guardian 2		Date:	
Name & Signature:			