St Mary's Catholic Primary School Enrolment Form





St Mary's is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

ENROLMENT	FOR	M														
Name of studen	t:															
Address where s	Address where student lives:															
Current school f	amily:	YES] N	O 🗌												
Phone Number:																
	Da	ate receiv	ved:							Birth	certifica	te atta	ched	: Yes		No 🗌
	Enro	olment d	late:					Eng	dish as	an Ac	dditiona	l Lang	uage	Yes 🗌		No 🗌
OFFICE USE			Start	date:							House	e colou	ır:			
ONLY		St	tuden	t ID:								VSI	V:			
		munisati tatement		-	Yes [No [V	isa info	ormatio	n attac f <i>releva</i>		Yes 🗌	N	0
	3	tatemen	ı attac	iicu.							(11	TCICVA	1111).			
Student Conta	ct 1 (PAREN	VT 1/	/GUA	RDL	AN 1	/CA	RER	1)							
Title: (Dr/Mr/Mrs	/Ms)		S	urnar	ne:					G	iven na	ıme:				
House Numb	er:			St	reet 1	Name	2:									
Suburb:						State	e: Postcode:				:					
Telephone:	Hom	ome:				Wo	ork:			Mobil			bile:			
Silent numb	er:	Yes No No			SN	AS m	messaging: (for emergency and reminder purp					r purpos	es)	Yes 🗌		No 🗌
Email:																
Relationship t	o stu	dent:														
Government Requirement	Oce	cupatio	n:				What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)									
Religion:	i		•			National					onalit	ty:				
(include rite)							Et	hnicit	y if n	ot bor	rn in Aı	ıstrali	ia:			
Country of birth		Austr	ralia		Other	(please .	specify):					l			
What is the high completed? (Pers										ct 1 (Pa	arent 1/	Guard	ian 1/	Carer 1) h	as	
Year 9 or below Year 10 (or equivalent			Year 11 or equivalent				Year 12 or equivalent						
What is the level	of the	e highest	t qual	ificatio	on Stu	dent (Conta	ct 1 (I	arent	1/Gua	ırdian 1/	'Carer	1) ha	s complete	ed?	
No post-school qualification Certific				I to IV		ding	Adv	vanced	diplon	na/Diplo	oma	Bachelor degree or above				

Student Con	tact 2 (PARE	NT 2/6	GUARD	IAN 2/0	CARE	CR 2)					
Title: (Dr/Mr/M	Irs/Ms)	Surname:					Given na				
House Nun	nber:	Street Name									
Suburb:	1	'		State:			Postcode	•			
Telephone:	Home:		<u>'</u>	Work				Mobile	2:		
Silent nun	nber: Yes [No		MS mes	sagin	g: (for emer	gency and reminde	r purposes)	Yes 🗌	No 🗌	
Email:											
Relationship to student:											
Government Requirement	Occupati	Occupation:					ation group? groups in the ndex)				
Religion							Nati	onality:			
(include rite)]	Ethni	city if no	ot born in Au	ıstralia:			
Country of birt	th: Aus	stralia	Other	(please spec	cify):						
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? (Persons who have never attended secondary school, tick Year 9 or below)											
Year 9 o	r below	Yea	Year 10 or equivalent			Year 11 or equivalent			Year 12 or equivalent		
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?								!?			
No post-school qualification Certificate				N (including cate)	g Advanced diploma/Diploma			oma I	Bachelor degree or above		
STUDENT D	ETAILS										
Surname:			Er	ntry year:	ar: Entry level/grade:			/grade:			
Given name/s	:				referre	d name:					
Date of birth:	1	Rel	igion: (ind	lude rite)							
Male:		Fen	nale:		Unspecified/Indeterminate/X:						
PREVIOUS SO											
Name of previous school/preschool:											
Address of previous school/preschool: Phone Number of previous school/preschool:											
Days and times child attends presechool											
Monday	Tue	esday		Wednes		promus pro	Thursday		Friday		
I/We give permission for the school to contact the previschool or preschool and to gather relevant reports and information to support educational planning:				previous		No 🗌			Yes Complete the Conng Information fo		

NATIONALITY								
Government Requirement	Nationality	•		Ethnicity:				
In which country was the student born? Australia Other (please specify):								
0	Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)							
No Yes, Aboriginal Yes, Torres Strait Islander								
Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? <i>Note: Record all languages spoken</i> .								
		Student		dent Contact 1 /Guardian1/Carer1)	Student Contact 2 (Parent2/Guardian2/Carer2)			
No English only								
Yes Other – please specify all	! languages							
IF NOT BORN IN AUST	DALIA CITIZ	ENCLID C	I' A'T'I I C*					
Please tick the relevant cat (original documents to be sighted a	egory below an	d record the	e visa subclas	s number as per gove	rnment requirements:			
Australian citizen not born	in Australia:							
Australian citizen (Au.	stralian passport or	naturalisation	certificate numbe	r/document for travel if cou	untry of birth is not Australia)			
Australian passport number:								
Naturalisation certificate nun	nber:							
Visa subclass recorded on en	try to Australia:							
Date of arrival in Australia:								
Not currently an Australian	n citizen, please	e provide fu	rther details a	s appropriate below:				
Permanent resident: (a	f ticked, record the	visa subclass ni	umber)					
Temporary resident: (a	if ticked, record the	visa subclass n	umber)					
☐ Other/visitor/oversea	s student: (if tick	ed, record the v	isa subclass num	ber)				
* Please attach visa/Immi	Card/letter of n	otification	and passport	photo page				
SACRAMENTAL INFORMATION								
	MATION	1 ,	D : 1					
Baptism Date: Confirmation Date:			Parish:					
Confirmation Date: Reconciliation Date:								
Communion Date:			Parish:					
Parish where the student	lives:		411311.					

1. I vallic.				2.11	allic.				
Relationship to student:			Relation	nship to stu	dent:				
Home telephone:			F	Home telepl	none:				
Mobile:				Mo	bile:				
ACEDICAL INFORMATIO									
MEDICAL INFORMATIO	DN								
Doctor's name:									
Telephone:			D 4	. 1		1			
Medicare number:			Ref nur	nber:	1			xpiry:	
Private health insurance:	Yes 🗌	No 🗌	Fund:	I		Numb	er:		
Ambulance cover:	Yes 🗌	No 🗌	Number:						
Health Care Card	Yes 🗌	No 🗌		re Card No:				Expiry:	
Medical Condition:	A Medica required for the second seco	t specific de animal fur	etails for any	ed for the studed by a releve conditions list	ies that	do not le	ead to anap	octor/nur	g. hay fever,
Has the stude:	nt been di	agnosed a	s being at ri	sk of anaph	vlaxis?		Yes 🗌		No 🗌
			nt have an E		-		Yes 🗌		No 🗌
	-					1			

EMERGENCY CONTACTS – other than student contacts (PARENT/GUARDIAN/CARER)

Immunisation history statement attached: Sepsiers (ARD) Von are required to obtain an immunisation history statement (virit mGow) and provide it to the school with this entolenest form. Yes No If no, please provide explanation:	IMMUNISATION (please attach an immun	isation .	history s	tateme	nt)									
bistory statement (wist myGray) and provide it to the school with this corollems (form school with this corollems (form school with this corollems (form school with this corollems). If the student entered Australia on a humanitarian visa, did they receive a refugee health check? To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This 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 NIEEDS Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? autism (ASD)					Immunisation history statement attached:									
To meer dury of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This 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? Does your child present with: autism (ASID)	history statement (visit myGov) and provide it to the				_									
information. This 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		ın visa, d	id		Yes 🗌					No [
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Some continued and the region of the regio	information. This will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your													
Disability Insurance Scheme (NDIS) support? Does your child present with: autism (ASD)	ADDITIONAL NEEDS													
autism (ASD) behavioural concerns hearing impairment intellectual disability/ developmental delay mental health issues oral language/communication difficulties ADD/ADHD acquired brain injury vision impairment other condition (please specify)					Yes []				No [
intellectual disability/ developmental delay mental health issues oral language/communication difficulties ADD/ADHD acquired brain injury vision impairment giftedness physical impairment other condition (please specify) Has your child ever seen a: paediatrician physiotherapist audiologist psychologist/counsellor psychiatrist speech pathologist occupational therapist continence nurse other specialist (please specify) Have you attached all relevant information and reports? Yes No SIBLINGS ATTENDING A SCHOOL/PRESCHOOL List all children in your family attending school or preschool (oldest to youngest) − include applicant: Name School/preschool Year/grade Date of birth HOME CARE ARRANGEMENTS Shared parenting, e.g. one week with each purent: Living with immediate family Shared parenting, e.g. one week with each purent: Guardian/Carer Days with Parent 1/Guardian 1/Carer 1: Out-of-home care M T W T F Livinghi care Days with Parent 2/Guardian 2/Carer 2:	Does your child present with:													
ADD/ADHD	autism (ASD)		behaviou	ıral con	cerns		heari	ng imp	airmei	nt				
giftedness physical impairment other condition (please specify) Has your child ever seen a: paediatrician physiotherapist audiologist speech pathologist occupational therapist continence nurse other specialist (please specify) Have you attached all relevant information and reports? Yes No SIBLINGS ATTENDING A SCHOOL/PRESCHOOL List all children in your family attending school or preschool (oldest to youngest) - include applicant: Name School/preschool Year/grade Date of birth HOME CARE ARRANGEMENTS	intellectual disability/ developmental delay		mental h	ealth is	sues		oral l	anguag	ge/con	nmuni	cation	difficu	ılties	
Has your child ever seen a: paediatrician	☐ ADD/ADHD		acquired	brain i	njury		visio	n impa	irment	į .				
paediatrician	giftedness		physical	impairr	nent		other	other condition (please specify)						
psychologist/counsellor	Has your child ever seen a:	, ,												
occupational therapist	paediatrician		physioth	erapist	rapist 🔲 a			audiologist						
Have you attached all relevant information and reports? Yes No SIBLINGS ATTENDING A SCHOOL/PRESCHOOL List all children in your family attending school or preschool (oldest to youngest) – include applicant: Name School/preschool Year/grade Date of birth HOME CARE ARRANGEMENTS Living with immediate family Shared parenting, e.g. one week with each parent: Guardian/Carer Days with Parent 1/Guardian 1/Carer 1: Out-of-home care M T W T W T F S Kinship care Days with Parent 2/Guardian 2/Carer 2:	psychologist/counsellor		psychiatr	rist	t s			ch path	ologis	t				
SIBLINGS ATTENDING A SCHOOL/PRESCHOOL List all children in your family attending school or preschool (oldest to youngest) – include applicant: Name School/preschool Year/grade Date of birth HOME CARE ARRANGEMENTS Living with immediate family Shared parenting, e.g. one week with each parent: Guardian/Carer Days with Parent 1/Guardian 1/Carer 1: Out-of-home care M T W T F F Kinship care Days with Parent 2/Guardian 2/Carer 2:	occupational therapist		continen	ce nurs	se		other	specia	ılist <i>(pl</i>	lease spe	ecify)			
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HOME CARE ARRANGEMENTS Living with immediate family Guardian/Carer Days with Parent 1/Guardian 1/Carer 1: Out-of-home care M T W T F Kinship care Days with Parent 2/Guardian 2/Carer 2:	, , ,	1		st to ye			- 1	рисани		Na4a a4	داد اسداد			
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☐ Kinship care Days with Parent 2/Guardian 2/Carer 2:	☐ Guardian/Carer			I	Days w	ith Par	ent 1/	Guard	lian 1/	Carer	1:			
	Out-of-home care		M		Т		W		Т		F			
Other (please specify) M D T D W D F D	☐ Kinship care				Days with Parent 2/Guardian 2/Carer 2:									
	Other (please specify)					Т		W		Т		F		

COURT OR	DERS OR PARENTING ORDERS	S (if appli	cable)				
Are there any	Are there any current court orders or parenting orders relating to the student? Yes No No						
If yes, copies of the provided.	bese court orders/parenting orders (e.g. AVC	s, Family C	Court/Federal Magi	istrates	Court orders or other re	elevant court	orders) must be
Is there any ot	her information you wish the school to	o be aware	of?				
FAMILY DE	TAILS						
	account for school fees and levies is se	ent?					
Surname:	account for school fees and levies is se	First name:					
		riist name:					
Address:							
Email:				1			
Telephone	Rel	ationship	to the student:				
the enrolment the Enrolmen Terms and Co	that the completion, signing and lost of your child at the School, howe the Agreement is signed, following and the Enrolment Agreement to enrolment at the School, once	ver it doe an offer fo ment for f	es not guarante or enrolment be further details a	e enr	olment. The enrol made by the School	ment is fool. Please	ormalised after refer to the
Student Cont PARENT 1/0	URE:				Date:		
Student Cont PARENT 2 /	act 2 GUARDIAN 2/ CARER 2 SIGNA				Date:		
Consent The signature o		ving guidar	nce regarding adn	nissio	n requirements:		
	ined in the <i>Family Law Act 1975</i> the absence of a current court order, or	each paren	t of a child who i	is not	18 has equal parenta	ıl responsib	oility.

- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
 - may be a relative or other carer
 - have day-to-day care of the student with the student regularly living with them
 - may provide any other consent required e.g. excursions.

Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website www.smhastings.catholic.edu.au

PAR	ENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST
	se ensure that the following documents are attached to the Enrolment Application form pplicable to your child):
	Birth certificate
	Immunisation history statement
	Baptism certificate
	Consent to contact previous school or preschool
	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia
	Visa information – visa/ImmiCard/letter of notification and passport photo page
	Medical Management Plan signed by a relevant medical practitioner
	All relevant information and reports concerning additional needs of your child
	Any current court orders or parenting orders relating your child
	Any additional information you wish the school to be aware of