



# 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 Ltd (MACS). This form is informed by the St Mary's Enrolment Policy Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made

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.

**DUE DATE:**

## STUDENT DETAILS

<b>Surname:</b>			
<b>Given name/s:</b>		<b>Preferred name:</b>	
<b>Does the student have a sibling at this school?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>OFFICE USE ONLY</b>	<b>Date received:</b>		<b>Birth certificate attached:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Enrolment date:</b>		<b>English as an Additional Language:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Start date:</b>		<b>House Colour:</b>		
	<b>Student ID:</b>		<b>VSN:</b>		
	<b>Immunisation history statement attached:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Visa information attached (if relevant):</b>	Yes <input type="checkbox"/>

## STUDENT CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)

<b>Title:</b> (Mr./Mrs./Ms./Mx.)		<b>Surname:</b>		<b>Given name:</b>	
<b>Address:</b>					
<b>Telephone:</b>	<b>Mobile:</b>		<b>Home:</b>		<b>Work:</b>
<b>SMS messaging: (for emergency and reminder purposes)</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Email:</b>					
<b>Relationship to student:</b>					
<b>Government Requirement</b>	<b>Occupation:</b>	<b>What is the occupation group?</b> (Select from list of occupation groups in the School Family Occupation Index)			<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
<b>Religion: (include rite)</b>					
<b>Country of birth:</b>	Australia <input type="checkbox"/>	Other <input type="checkbox"/> (please specify):			
<b>Aboriginal or Torres Strait Islander origin:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander		

Nationality:		Ethnicity if not born in Australia:	
Visa subclass:		Visa expiry:	
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified			
Do you speak a language other than English at home? <i>Note: Record all languages spoken</i>			
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)			
<input type="checkbox"/> Year 9 or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?			
<input type="checkbox"/> No post-school qualification	<input type="checkbox"/> Certificate I to IV <i>(including trade certificate)</i>	<input type="checkbox"/> Advanced diploma/Diploma	<input type="checkbox"/> Bachelor degree or above

### STUDENT CONTACT 2 (PARENT 2/GUARDIAN 2/CARER 2)

Title: <i>(Mr./Mrs./Ms./Mx.)</i>		Surname:		Given name:	
Address:					
Telephone:	Mobile:		Home:		Work:
SMS messaging: <i>(for emergency and reminder purposes)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email:					
Relationship to student:					
Government Requirement	Occupation:		What is the occupation group? <i>(Select from list of occupation groups in the School Family Occupation Index)</i>		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
Religion: <i>(include rite)</i>					
Country of birth:		Australia <input type="checkbox"/>	Other <input type="checkbox"/> <i>(please specify):</i>		
Aboriginal or Torres Strait Islander origin:		<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	
Nationality:		Ethnicity if not born in Australia:			
Visa subclass:		Visa expiry:			
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified					
Do you speak a language other than English at home? <i>Note: Record all languages spoken</i>					
What is the highest year of primary or secondary school Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed? (Persons who have never attended secondary school, tick Year 9 or below)					
<input type="checkbox"/> Year 9 or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent		
What is the level of the highest qualification Student Contact 1 (Parent 2/Guardian 2/Carer 2) has completed?					
<input type="checkbox"/> No post-school qualification	<input type="checkbox"/> Certificate I to IV <i>(including trade certificate)</i>	<input type="checkbox"/> Advanced diploma/Diploma		<input type="checkbox"/> Bachelor degree or above	

## STUDENT DETAILS

Surname		Entry year (YYYY):		Entry level/grade:	
Given name/s:			Preferred name:		
Date of birth:		Religion: <i>(include rite)</i>			
Home Address:					
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Self identified / X (Indeterminate/Intersex/Unspecified): <input type="checkbox"/>			

## PREVIOUS SCHOOL/PRESCHOOL

Name of previous school/preschool:					
Address of previous school/preschool:					
Phone Number of previous school/preschool:					
Days & times child attends preschool					
Monday	Tuesday	Wednesday	Thursday	Friday	
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning:			No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete the Consent for Transferring Information form.)	
Was the previous school attended interstate?			No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete the Interstate Data Transfer Note and Consent forms - refer to link in Enrolment Procedures)	

## NATIONALITY AND CITIZENSHIP

Government Requirement	Nationality:	Ethnicity:
In which country was the student born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other <i>(please specify):</i> _____
Date of arrival in Australia OR Date of return to Australia:		
What is the residential status of the student?	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Evidence of Australian Residency:	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident
<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Other/Visitor/Overseas Student
Visa sub class**:	Visa expiry date:	Previous visa sub class:
<p style="text-align: center;">* Please attach visa/ImmiCard/letter of notification and passport photo page</p> <p style="text-align: center;">** Please note that all enrolments for students with visas require approval through Melbourne Archdiocese Catholic Schools (MACS). Refer to the Dependant Full Fee Overseas Student policy (<a href="#">link</a>) for further information</p> <p style="text-align: center;">Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified</p>		

<b>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></b>				
		<b>Student</b>	<b>Student Contact 1</b> <small>(Parent1/Guardian1/Carer1)</small>	<b>Student Contact 2</b> <small>(Parent2/Guardian2/Carer2)</small>
<b>No</b>	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	Other - <i>please specify all languages</i>			
<b>Is the student of Aboriginal or Torres Strait Islander origin?</b> <i>(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)</i>				
No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>		
<b>Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census</b>				

<b>SACRAMENTAL INFORMATION</b>				
<b>Baptism</b>	<b>Date:</b>		<b>Parish:</b>	
<b>Reconciliation</b>	<b>Date:</b>		<b>Parish:</b>	
<b>Communion</b>	<b>Date:</b>		<b>Parish:</b>	
<b>Confirmation</b>	<b>Date:</b>		<b>Parish:</b>	
<b>Parish where the student lives:</b>				

<b>EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN/CARER</b>			
<b>Person 1</b>		<b>Person 2</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Relationship to student:</b>		<b>Relationship to student:</b>	
<b>Home telephone:</b>		<b>Home telephone:</b>	
<b>Mobile:</b>		<b>Mobile:</b>	

<b>MEDICAL INFORMATION</b>							
<b>Doctor's Name:</b>							
<b>Doctor's Address:</b>							
<b>Telephone:</b>							
<b>Medicare Number:</b>				<b>Ref Number:</b>		<b>Expiry:</b>	
<b>Private Health Insurance:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Fund:</b>		<b>Number:</b>		
<b>Ambulance Cover:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Number:</b>				
<b>Health Care Card:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Health Care Card No:</b>		<b>Expiry:</b>		

## MEDICAL CONDITION/DIAGNOSES:

Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed

Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.

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Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety

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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"/>

**If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management policy, first aid policy, and supporting documents.**

**If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.**

## IMMUNISATION *(please attach an immunisation history statement)*

<p><b>All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit <a href="https://my.gov.au">myGov</a>) and provide it to the school with this enrolment form.</b></p>	<b>Immunisation history statement attached:</b>	
	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"/>

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 NEEDS

<b>Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Does your child present with:</b>			
<input type="checkbox"/>	autism (ASD)	<input type="checkbox"/>	behavioural concerns
<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>	mental health concerns
<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	acquired brain injury
<input type="checkbox"/>	giftedness	<input type="checkbox"/>	physical impairment
<input type="checkbox"/>		<input type="checkbox"/>	intellectual disability/ developmental delay
<input type="checkbox"/>		<input type="checkbox"/>	oral language/communication difficulties
<input type="checkbox"/>		<input type="checkbox"/>	vision impairment
<input type="checkbox"/>		<input type="checkbox"/>	other condition ( <i>please specify</i> )
<b>Has your child ever seen a:</b>			
<input type="checkbox"/>	paediatrician	<input type="checkbox"/>	physiotherapist
<input type="checkbox"/>	audiologist	<input type="checkbox"/>	occupational therapist
<input type="checkbox"/>	psychiatrist	<input type="checkbox"/>	continence nurse
<input type="checkbox"/>		<input type="checkbox"/>	psychologist/counsellor
<input type="checkbox"/>		<input type="checkbox"/>	speech pathologist
<input type="checkbox"/>		<input type="checkbox"/>	other specialist ( <i>please specify</i> )
<b>Have you attached all relevant information and reports?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 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

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Shared parenting - <i>e.g. one week with each parent:</i>
<input type="checkbox"/> Guardian/Carer	Days with Parent 1/Guardian 1/Carer 1:
<input type="checkbox"/> Kinship care	M    T    W    T    F
<input type="checkbox"/> Out-of-home care	Days with Parent 2/Guardian 2/Carer 2:
<input type="checkbox"/> Other ( <i>please specify</i> )	M    T    W    T    F

### COURT ORDERS OR PARENTING ORDERS (*if applicable*)

Are there any current court orders or parenting orders relating to the student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b><i>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.</i></b>		
Is there any other information you wish the school to be aware of?		

### SCHOOL FEES/LEVIES PAYER DETAILS

To whom the account for school fees and levies is sent?

Name	Email	Telephone	Relationship to the student

***Please note, the name/s of the parent / carers signing are responsible for the payment of fees for the term of the child's enrolment at the school. The completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School. Please refer to the Terms and Conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.***

Parent 1/Guardian 1/Carer 1 Signature:		Date:	
Parent 2/Guardian 2/Carer 2 Signature:		Date:	

**Note:** The Victorian Government provides the following guidance regarding admission requirements:

***Consent***

The signature of:

- parent as defined in the Family Law Act 1975 Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- 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 care
  - 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](http://www.smhastings.catholic.edu.au)

## SCHOOL FEES/LEVIES PAYER DETAILS

Do you have a current Working With Children Check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>St Mary's Primary School is committed to providing a child safe environment and takes active steps to ensure any person authorised to conduct 'child connected works' does not pose a risk to their safety and welfare. To achieve this, the school implements screening processes, including Working With Children Checks (WWCC), to assess and verify their suitability.</p> <p>St Mary's Primary School ensures that non-teaching staff, contractors, volunteers and visitors are of suitable character and do not have a relevant criminal record that poses an unjustifiable risk to children.</p> <p><i>St Mary's Primary School acknowledges that exemptions do exist under the Victorian Government's Working With Children's Act 2005; however, mandates that all non-teaching, contractors, volunteers and visitors maintain a current WWCC and provide a copy to the school prior to being authorised to participate.</i></p> <p>Volunteers and Visitors are required to maintain a 'Volunteer WWCC'. This also applies to parents who wish to assist with incursion and excursions with the school. These checks are free of charge. To apply for a 'Volunteer WWCC' please visit <a href="https://www.workingwithchildren.vic.gov.au">https://www.workingwithchildren.vic.gov.au</a></p>		

## ACKNOWLEDGEMENT & PERMISSIONS (please tick all boxes)

<input type="checkbox"/>	I give the permission for my child's hair to be checked for head lice in the event of an outbreak or when required
<input type="checkbox"/>	I give permission for St Mary's to share personal information with Westernport Parish for the purposes of building community and support the works of the Parish, in accordance with the St. Mary's Privacy Policy.

## AGREEMENT

1	I/We agree to support school policies in relation to program of studies, sports, pastoral care, school uniform, discipline and general operations of the school
2	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, e.g change of address, court orders.
3	I/We understand that St. Mary's is a Catholic school. As such I understand that by enrolling, my child will participate in the Religious Education program and take part in the various events and traditions that come with being a member of a Catholic community.
4	If this enrolment is accepted I/We agree to attend parent/teacher and information evenings which relate to my child.
5	If this enrolment is accepted I/We agree to address any concerns I/We have to the relevant teacher or the school principal.
6	If this enrolment is accepted I/We agree to treat all members of the community with respect as befits a catholic primary school.
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. I/We also understand that we are to meet any costs incurred.
8	I/We have read all the information in the enrolment package and understand the policies that we will need to abide by should the enrolment application be successful.
9	I/We have read the Standard Collection and Photograph Notice about the collection and management of the personal information contained in this form.
10	I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in the application for enrolment, acceptance will not be granted; or if discovered after acceptance enrolment may be withdrawn.



## PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

Please ensure that the following documents are attached to the Enrolment Application form (*as applicable to your child*):

<input type="checkbox"/>	Birth certificate
<input type="checkbox"/>	Immunisation history statement
<input type="checkbox"/>	Baptism certificate
<input type="checkbox"/>	Consent to contact previous school or preschool
<input type="checkbox"/>	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia
<input type="checkbox"/>	Visa information - visa grant notice/ImmiCard/letter of notification and passport photo page
<input type="checkbox"/>	Medical Management Plan signed by a relevant medical practitioner
<input type="checkbox"/>	All relevant information and reports concerning additional needs of your child
<input type="checkbox"/>	Any current court orders or parenting orders relating your child
<input type="checkbox"/>	Any additional information you wish the school to be aware of