

ENROLMENT FORM

ST AGNES' CATHOLIC PRIMARY SCHOOL
Address: Peterson Street, HIGHETT VIC 3190
Email: principal@sahighett.catholic.edu.au



Tel: 03 9532 0344

Fax: 03 9553 3039

STUDENT DETAILS

Surname:	Entry year (YYYY)	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	

HOME ADDRESS OF STUDENT

Street number & name:	
Suburb:	Post Code:
Home phone:	

MOTHER/GUARDIAN

Surname:	Title: (eg. Mrs/Ms)	First Name:
Address:		
Home Phone:	Work Phone:	Mobile:
Would you like to receive SMS Messaging: (for emergency & reminder purposes)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family)
Religion:	Nationality:	
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
What is the highest year of primary or secondary school the Mother/guardian has completed: (Persons who have never attended secondary school, mark 'Year 9 or below')		
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 <input type="checkbox"/>
What is the level of the highest qualification the mother/guardian has completed:		
No post school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/>

FATHER/GUARDIAN

Surname:	Title:	First Name:
Address:		
Home Phone:	Work Phone:	Mobile:
Would you like to receive SMS Messaging: (for emergency & reminder purposes)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family)
Religion:	Nationality:	
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):

What is the highest year of primary or secondary school the Father/guardian has completed: (Persons who have never attended secondary school, mark 'Year 9 or below')			
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 <input type="checkbox"/>
What is the level of the highest qualification the mother/guardian has completed:			
No post school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

SACRAMENTAL INFORMATION		
Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current Parish:		
Copies of the above supplied	YES	NO

PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION	
Name of previous school/pre-school:	
Address:	
I/We give permission for school to contact previous school or pre-school: Yes <input type="checkbox"/> No <input type="checkbox"/>	Victorian Student Number (VSN) Y1 to Y6 only:
Commence Year or Date:	1 st Australian School Year:
Signature: Mother	Signature: Father

NATIONALITY			
GOVERNMENT REQUIREMENT		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)			
No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>			
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
No	English Only	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify		

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:			
Street number and name:			
Suburb:	Post Code:	Phone:	
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.</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 <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 indicate if the student has been immunized against the following)					
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Diphtheria/Tetanus/Whooping Cough	Yes <input type="checkbox"/> No <input type="checkbox"/>		Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Haemophilus Influenza type B (Hib)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Polio	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Measles-Mumps-Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>		Rotavirus	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Meningococcal C disease	Yes <input type="checkbox"/> No <input type="checkbox"/>		Chicken Pox	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Human Papillomavirus (HPV) (12- 18yrs)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Pneumococcal disease	Yes <input type="checkbox"/> No <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"/>

EMERGENCY CONTACTS – OTHER THAN PARENT			
1. Name:		2. Name:	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	

FAMILY DETAILS	
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:

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

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

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?

CHECK LIST

1. I/We have included copies of the following documents with this application for enrolment:

Birth Certificate Yes No

Baptismal Certificate Yes No

Citizenship/Passport/Visa Documentation (if applicable) Yes No

Immunisation Certificate Yes No

Relevant Family Court Orders (if applicable) Yes No

Relevant Medical and/or Special Needs information including clinical/educational assessments (if applicable) Yes No

Most Recent Previous School Reports and External Test Results (if applicable) Yes No

Non-Refundable Enrolment Fee of \$150.00 Yes No

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:

1. 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;
2. 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);
3. I/We have included the enrolment fee, where applicable, of \$150.00 with this application for enrolment and I/We understand that this money may not be refundable if the application is withdrawn;
4. 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 three each year), or I will otherwise notify the school immediately if I am experiencing financial difficulties;
5. I will support our child's participation in the religious life of the school (e.g. school liturgies, retreat programs);
6. I will attend parent/teacher and information evenings which relate to my child;

7. I will participate in a working bee twice a year or agree to make a financial contribution;
8. In the event I have any concerns, I will raise them initially with the relevant teacher or the school Principal;
9. I will treat all members of the school community with respect as befits a Catholic primary school; and
10. 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.

MOTHER'S SIGNATURE:	
FATHER'S SIGNATURE:	
DATE	

SCHOOL FAMILY OCCUPATION INDEX

PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

GROUP N: Unemployed for more than 12 months

If you are not currently in paid work but **have had a job in the last 12 months**, or have retired in the last 12 months, please **use your last occupation** to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

OCCUPATION GROUP A

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

Government administration

- **Public Service Manager** (Section head or above) [e.g. 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 a degree or higher qualifications and experience in applying this knowledge to: -design, develop or operate complex systems, identify, treat and advise on problems, teach others

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]

- **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

OCCUPATION GROUP B

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

- **Farm/business owner/manager** [e.g. 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** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. 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** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma/technical qualifications and provide support to managers and professionals

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration

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

- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. 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** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

OCCUPATION 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.

Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despacher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D

MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff

- **Sales staff** [e.g. 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, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]