

St Joseph's Primary 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 FORM

Name of student:

Address where student lives:

Current school family: YES NO

Tel:

OFFICE USE ONLY

Date received:

Birth certificate attached: Yes No

Enrolment date:

English as an Additional Language: Yes No

Start date:

House colour:

Student ID:

VSN:

Immunisation history statement attached: Yes No Visa information attached (if relevant): Yes No **Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)**Title:
(Dr/Mr/Mrs/Ms)

Surname:

Given name:

House Number:

Street Name:

Suburb:

State:

Postcode:

Telephone:

Home:

Work:

Mobile:

Silent number: Yes No

SMS messaging: (for emergency and reminder purposes)

Yes No

Email:

Relationship to student:

Government Requirement	Occupation:	What is the occupation group? <i>(select from the list of occupation groups in the Enrolment Occupation Form)</i>	
Religion: <i>(include rite)</i>		Nationality: Ethnicity if not born in Australia:	
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other <i>(please specify):</i>			
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? <i>(Persons who have never attended secondary school, tick Year 9 or below)</i>			
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 Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?			
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 <input type="checkbox"/>

Student Contact 2 (PARENT 2 /GUARDIAN 2/CARER 2)			
Title: <i>(Dr/Mr/Mrs/Ms)</i>		Surname:	
House Number:		Street Name:	
Suburb:		State:	Postcode:
Telephone:	Home:	Work:	Mobile:
Silent number: Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 the list of occupation groups in the Enrolment Occupation Form)</i>	
Religion: <i>(include rite)</i>		Nationality: Ethnicity if not born in Australia:	
Country of birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other <i>(please specify):</i>	
What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed? <i>(Persons who have never attended secondary school, tick Year 9 or below)</i>			
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 Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?

No post-school qualification

Certificate I to IV
(including trade certificate)

Advanced diploma/Diploma

Bachelor degree or above

STUDENT DETAILS

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

PREVIOUS SCHOOL/PRESCHOOL

Name and address of previous school/preschool:		
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.)

NATIONALITY AND CITIZENSHIP

Government Requirement	Nationality:	Ethnicity:
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
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"/> Eligible for Australian Passport	<input type="checkbox"/> Temporary Resident	
<input type="checkbox"/> Other/Visitor/Overseas Student		
Visa sub class:	Visa expiry date:	
* Please attach visa/ImmiCard/letter of notification and passport photo page		

Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? *Note: Record all languages spoken.*

		Student	Student Contact 1 (Parent1/Guardian 1/Carer1)	Student Contact 2 (Parent2/Guardian 2/Carer2)
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – <i>please specify all languages</i>			

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

SACRAMENTAL INFORMATION

Baptism	Date:	Parish:	
Confirmation	Date:	Parish:	
Parish where the student lives:			

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

1. Name:	2. Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

MEDICAL INFORMATION

Doctor's name:

Doctor's address:

Telephone:

Medicare number:

Ref number:

Expiry:

Private health insurance:

Yes No

Fund:

Number:

Ambulance cover:

Yes No

Number:

Health Care Card:

Yes No

Health Care Card No:

Expiry:

Medical condition:

Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, 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.

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 attach an immunisation history statement)**

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit [myGov](https://my.gov.au)) and provide it to the school with this enrolment form.

Immunisation history statement attached:

Yes No

If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check?

Yes No

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

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

Does your child present with:

- | | | |
|--|--|--|
| <input type="checkbox"/> autism (ASD) | <input type="checkbox"/> behavioural concerns | <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 <i>(please specify)</i> |

Has your child ever seen a:

- | | | |
|--|---|---|
| <input type="checkbox"/> 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 <i>(please specify)</i> |

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

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

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?

FAMILY DETAILS

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

Surname	First name	Address and email	Telephone	Relationship to the student

Please note that 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.

Student Contact 1
PARENT 1/GUARDIAN 1/
CARER 1 SIGNATURE:

Date:

Student Contact 2
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 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.sjspringvale.catholic.edu.au

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 |