St. Joseph's Catholic Primary School Enrolment Form





St. Joseph'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), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

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ENROLN	MENT FORM					
Name:						
Address	:					
Email:						
Tel:		Fax	•			
OFFICE	Date received:		Dirth cortificate			
USE ONLY			BII III CEI IIIICATE	attached: Yes No		
	Enrolment date:		Fredish as an A	Little Literary		
			English as an Ad	dditional Language: Yes No		
	Start date:		House colour:			
	Student/family code:		VSN:			
	Immunisation history		Vers information	the definition of the state of		
	Yes No		VISA INTORMALIOI	n attached (if relevant): Yes No		
	statement attached:					
_						
STUDENT	DETAILS					
STODEN	DETAILS					
Surname:		Entr	y year (YYYY):	Entry		
				level/grade:		
First name	,	<u> </u>				
First nam	e/s:					

ame:							
Religion: (include rite)							
Other:							
OF STUDENT							
nd name:							
			Postcode:				
NTACTS – OTHER THAN	PARENT/GUARI	DIAN					
Name:			Name:				
child:		Relationship to	child:				
		Home phone:					
Mobile:			Mobile:				
	1						
Date:	Pari	ish:					
Confirmation Date: Pari			Parish:				
	Dither: Dither: DITHER THAN Child: Child: Date:	Religion: (include rite Other: OTHER THAN PARENT/GUARI Child: Child: Pari Date: Pari	Religion: (include rite) Other: OTHER THAN PARENT/GUARDIAN INTACTS - OTHER THAN PARENT/GUARDIAN Name: child: Relationship to Home phone: Mobile: INFORMATION Date: Parish:				

Recor	nciliation	Date:		Parish:					
Com	munion	Date:		Parish:					
Curr	Current parish:								
PRE	VIOUS SCHO	OOL/PRESCHOOL PER	MISSION						
Nam	ie and addr	ess of previous schoo	l/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 Yes (If yes, please complete Form Sample Consent for Transfers Information.)						complete <u>Form B</u> t for Transferring			
NAT	IONALITY								
Gove	ernment Re	quirement	Nationa	lity:			Ethnicity:		
	In which country was the student Australia Other – please specify: born?								
	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 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							arent B/Guardian 2	
No	English	only							
			1						

Yes	Other – please specify all languages							
IF N	OT BORN IN AUSTRALIA, CITIZENSHIP S	TATUS*						
	ase tick the relevant category below and ernment requirements: (original document)			e				
Aust	tralian citizen not born in Australia:							
	Australian citizen (Australian passpo country of birth is not Australia)	ort or naturalisation certif	icate number/document	for travel if				
Aust	ralian passport number:							
Nati	uralisation certificate number:							
Visa	subclass recorded on entry to Australia:	:						
Date	Date of arrival in Australia:							
	ment Framework Draft 1 March 2022 Page 2		annunuista hala					
NOT	currently an Australian citizen, please p	provide further details as	appropriate below:					
	Permanent resident: (if ticked, record the visa subclass number)							
	Temporary resident: (if ticked, recor	rd the visa subclass numb	er)					
	ı							
	Other/visitor/overseas student: (if t	icked, record the visa sub	class number)					
* Plo	ease attach visa/ImmiCard/letter of no	tification and passport ph	noto page.					

MEDICAL INFORMATION						
Doctor's name:						
Street number and name:						
Suburb:	Postcode:	Phone:				
Medicare number:	Ref number:	Expiry:				
Private health insurance: Yes No	Fund:	Number:				
Ambulance cover: Yes No	Number:					
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 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 No

If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they

Yes No

receive a refugee health check?

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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)

Yes No

support?

Does your child present with:

autism (ASD) behavioural concerns hearing impairment

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 occupational therapist speech pathologist

psychiatrist continence nurse other specialist (please specify)

Have you attached all relevant information/reports? Yes No

FAMILY DETAILS								
Who will be	e responsible fo	or paymer	nt of the	e school fees	and levies?			
Surname	First name	Add	Address and email		Phone		Relationship to the student	
PARENT /G	GUARDIAN 1							
				Title: (e.g. First Mr/Mrs/Ms)		t name:		
Address:								
Home phone: Work phone:			Mobile:					
SMS mess	SMS messaging: (for emergency and reminder purposes) Yes No							
Email:								
Government Requirement Occupation:			What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)					
Religion: (include rite)					Nationality: Ethnicity if not born in Australia:			
Country of	f birth: Austra	lia Other	(pleas	se specify):				

	What is the highest year of primary or secondary school Parent A/Guardian 1 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.)						
	Year 9 or below Year 10 or equivale	ent Year 11 or equivalent Year 12 or equivalent					
What is the level of the h	ighest qualification Parent A/Guardian	1 has completed?					
No post-school							
	Certificate I to IV						
	Adv	anced					
		Bachelor degree or					
qualification							
	(including trade certificate)						
	diploma,	/diploma					
		above					

PARENT /GUARDIAN 1						
Surname:	Title: (e.g Mr/Mrs/l		First name:			
Address:						
Home phone:	Work phone:		Mobile:			
SMS messaging: (for em	ergency	and reminder purp	oses) Yes No			
Email:						
Government Requirement Occupation:			(select from	occupation group? list of parental occupation groups I Family Occupation Index on p.		
Religion: (include rite)			Nationality: Ethnicity if n	ot born in Australia:		
Country of birth: Australia Other (please specify):						

	Voor O or holow Voor 10	or oquivalent Veer 11 or o	aguivalent Vear 12 or aguivalent
	rear 9 or below rear 10	or equivalent year 11 or e	equivalent Year 12 or equivalent
/hat is the level of the	highest qualification Parent A/	Guardian 1 has complete	d?
No post-school			
	Certificate I to IV		
		Advanced	
11.61			Bachelor degree or
ualification	(including trade cortifica	to)	
	(including trade certifica	diploma/diploma	
		aipioma, aipioma	above

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

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HOME CARE ARRANGEMENTS	
Living with immediate family	Out-of-home care

Carer/guardian	Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
Kinship care	Other (please specify)

COURT ORDERS OR PARENTING ORDERS (if applicable)

Are there any current court orders or parenting

Yes No

orders relating to the student?

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?

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.

PARENT/CARER/GUARDIAN

SIGNATURE: Date:

PARENT/CARER/GUARDIAN

SIGNATURE: Date:

Note: The Victorian Government provides the following guidance regarding admission

requirements: Consent

The signature of:

- · student, if they are over 15 and living independently
- · parent as defined in the Family Law Act 1975
- \cdot Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility. \cdot 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.

Note: Secondary students may complete parts of the form and co-sign.

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.sjcribpoint.catholic.edu.au

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