## St Joseph's Enrolment Form – Primary





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).

## DUE DATE:

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 Yes No
	Enrolment date:	English as an Yes No Additional Language:
	Start date:	House colour:
	Student ID:	VSN:
	Immunisation Yes No No attached:	Visa information Yes No No Attached <i>(if relevant):</i>

Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)							
<b>Title:</b> (Dr/Mr/Mrs/N	∕∕Is)	Surname:		Given name:			
House Numb	er:	Street Name:					
Suburb:			State:		Postcode:		
Telephone:	Home:	Work:		<:		Mobile:	
Silent numbe	r: Yes 🗌 No						
SMS messaging: (for emergency and reminder pu			urposes)	Yes [	No 🗌		
Email:							
Relationship to student:							

Government Requirement	Occupation:	What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)			
Religion: (include i	rite)	Nationality: Ethnicity if not born in Australia:			
Country of birth:	Australia Othe	er (please specify):			
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 or below	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 I to IV (including trade certificate)	Advanced diploma/Diploma	Bachelor degree or above		

Student Contact 2 (PARENT 2 /GUARDIAN 2/CARER 2)								
<b>Title:</b> (Dr/Mr/Mrs/Ms	)	Surname:				Giver name	-	
House Number:		Street Nan	ne:					
Suburb:		-			State:		Postcode:	
Telephone: H	lome:		Work	(:			Mobile:	
Silent number:	Yes 🗌 🛛 N	o 🗌						
SMS messaging	: (for emerge	ency and rem	ninder pu	urposes	5)	Yes	No	]
Email:								
Relationship to	student:							
Government Requirement	Occupatio	ation:		What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)				
Religion: (includ	Religion: (include rite) Nationality:   Ethnicity if not born in Australia:							
Country of birth:	Austra	alia Other (please specify):						
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)								
Year 9 or below	Ye	ear 10 or equ	iivalent	Yea	r 11 or equiva	alent	Year 12 or equi	valent

What is the level of the h completed?	nighest qualification Stud	ent Contact 2 (Parent 2/Gu	ardian 2/Carer 2) has
No post-school	Certificate I to IV	Advanced	Bachelor degree or above
qualification	(including trade	diploma/Diploma	

certificate)

STUDENT DETAILS				
Surname:		Entry year (YYYY):	Entry level/grade:	
Given name/s:	Preferred name:			
Date of birth:	Religion: (include rite)			
Male:	Female:	Unspe	cified/Indeterminate/X	:

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	Yes (If yes, please complete the Consent for Transferring Information form.)

NATIONALITY AND CITIZENSHIP							
Government Requirement	Nationality:	Ethnicity:					
In which country was the student born?	Australia Other (please	e specify):					
Date of arrival in Australia OR Da	te of return to Australia:						
What is the residential status of the student? Permanent Temporary							
Evidence of Australian Residency:   Australian Citizen   Permanent Resident							
Eligible for Australian Passport Temporary Resident							
Other/Visitor/Overseas Student							
Visa sub class: Visa expiry date:							
* Please attach visa/ImmiCard/letter of notification and passport photo page							

1	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					
Yes	Other – please specify all languages					
Is the student of Aboriginal or Torres Strait Islander origin?						
(For p	(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)					
No	Yes, Abo	original 🗌	Yes, Torres S	trait 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 INFORMAT	ION			
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 a	s being at risk	of anaphylaxis?	Yes No
If yes, does the stude	nt have an Ep	piPen or Anape	en?	Yes No

IMMUNISATION (please attach an immunisation history s	statement)
All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit <u>myGov</u> ) and provide it to the school with this enrolment form.	Immunisation history statement attached: Yes No Hif 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 Yes No			
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)	1	
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 and reports? Yes No				

SIBLINGS ATTENDING	A SCHOOL/PRESCHOOL		
List all children in your	family attending school or preschool (	oldest to youngest) – incl	ude applicant:
Name	School/preschool	Year/grade	Date of birth

HOME CARE ARRANGEMENTS			
Living with immediate family	Out-of-home care		
Guardian/Carer	Shared parenting, e.g. one week with each parent: Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:		
Kinship care	Other (please specify)		

COURT ORDERS OR PARENTING ORDERS (if applicable)		
Are there any current court orders or parenting orders relating to the student?	Yes	No
lf 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.sjcribpoint.catholic.edu.au

PARE	PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST		
	Please ensure that the following documents are attached to the Enrolment Application form (as applicable 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 grant notice/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		

Responsible director	Director, Learning and Regional Services
Policy owner	General Manager, Learning Diversity
Approving authority	Director, Learning and Regional Services
Approval date	28 October 2022
Risk rating	High
Date of next review	October 2024

POLICY DATABASE INFORMATION		
Related documents	Enrolment Policy	
Superseded documents	Enrolment Form –v1.0–2021	
New policy		