

# Application For Enrolment



OFFICE USE ONLY

Name of Student:	Registrar:					
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## Family Mailing Details

Family Mailing Title:(eg:Mr &Mrs)			
Family Address:	House/Unit/Flat No:		
	Street Name:		
	Suburb:	Post Code:	
Home Phone Number(s)			
E-mail Address:			

## Emergency Contact

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted	
Emergency Contact Name: Mr/ Mrs/ Dr.	
Telephone & Mobile Number(s):	
Relationships to Family (eg: Aunt/Uncle/Friend)	

## Father/Carer – Residing at Same Address

Title: (eg: Mr, Dr)	Country of Birth:
Family Name:	Nationality:
Given Names:	Language(s) spoken at home:
Day Phone Number(s):	
Mobile Number:	Would an interpreter be required? Yes / No (Please circle)
Occupation:	Religion:
Usual Signature:	

## Mother/Carer – Residing at Same Address

Title: (eg: Mrs, Dr, Ms)	Country of Birth:
Family Name:	Nationality:
Given Names:	Language(s) spoken at home:
Day Phone Number(s):	
Mobile Number:	Would an interpreter be required? Yes / No (Please circle)
Occupation:	Religion:
Usual Signature:	

## Complete this Section for a Parent Not Residing at Family Home

Mailing Title: (Mr, Mrs, Ms)	Surname:	
Given Names:	Relationship to Student:	
Address:	House/Unit/Flat No:	Street Name:
	Suburb:	Post Code:
Home Phone No:	Work Phone No:	Mobile No:
Are there any Family Court orders/Parenting Plans that have been issued in relation to the enrolling students? Y / N <b>(Supporting documentation must be provided)</b>		

# Application For Enrolment



<b>OFFICE USE:</b>	STUDENT CODE							FAMILY CODE					
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## Student's Details

Surname:	Is Student Aboriginal /Torres Strait Islander: Yes / No
Given Names:	Previous School/s attended (including pre-school):
Preferred Name:	<i>Most Recent:</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Date of Arrival in Australia (if applicable):
Country of Birth:	Residential Status: Permanent / Non-Permanent
Religion:	Nationality:
Languages spoken at Home: 1. 2.	

## Non Australian Citizens – Refer to the current 'Visa Kit' distributed by CEO Financial Services

Visa sighted and copied: Y / N	Visa Sub Class Number:	Visa expiry date: ____/____/____
Verification of Visa Sub Class status with CEO Sydney, prior to accepting enrolment:		
Passport number:	Overseas Health Cover Paid: Y / N (OS Students Only)	Date:

## Office Use Only

	<i>Date of Enrolment:</i>	<i>Enrolment Receipt No:</i>		
	<i>Scholastic Year:</i>	<i>Roll Class:</i>	<i>House Group:</i>	
	<i>Immunisation Cert Sighted: Yes/No</i>	<i>Other:</i>		
	<i>Visa Sub Class Number:</i>	<i>Visa Expiry Date:</i>		
	<i>Passport Number:</i>	<i>Overseas Health Cover Paid: Yes / No</i>		
	<i>Date of Leaving:</i>	<i>Destination School:</i>		
	<i>Child Protection Volunteer Declaration</i>	<i>Mother Carer</i> Y/N	<i>Father Carer</i> Y/N	<i>Other</i> Y/N

## Medical Details

Doctor's Name:					
Street Number:			Street Name:		
Suburb:			Post Code:	Phone Number:	
Medicare No:	Expiry Date:		Private Health Fund Name:		
Allergies /Medical Alert	Please specify any allergies/medical alert relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc).				
Anaphylaxis Action Plan:	Y / N	Asthma Action Plan:	Y / N	Epilepsy :	Y / N
Diabetes :	Y / N				
Immunisations	Please circle Y or N to indicate the student is immunised against the following:				
Polio	Measles/Mumps	Diphtheria/Tetanus	Rubella	Whooping Cough	Meningococcal
Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

# Application For Enrolment



Indicate whether the student applying for enrolment has any known or suspected **additional needs** (please tick yes or no for each of the following):

Physical Needs	Medical Needs	Educational Needs	Behavioural Needs	Sensory Needs (vision and/or hearing impairment)	Any other additional needs
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Is your child a young person with:** (please tick as applicable)

- |                                                    |                                                |                                                                      |                                              |
|----------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> autism spectrum disorders | <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> behaviour disorders                         | <input type="checkbox"/> a language disorder |
| <input type="checkbox"/> a hearing impairment      | <input type="checkbox"/> a vision impairment   | <input type="checkbox"/> an intellectual disability                  | <input type="checkbox"/> special abilities   |
| <input type="checkbox"/> mental health issues      | <input type="checkbox"/> a physical disability | <input type="checkbox"/> difficulties in the basic areas of learning |                                              |

If you have answered yes to any of the above, please provide **full details** of those needs and any intervention/support that he/she may be currently receiving (**Current Supporting documentation must be provided eg. Paediatric Reports, Psychometric Assessments, Speech and Language Assessments, Occupational Therapy Assessments etc...** ).

**If this application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.**

## Parish/Sacramental Details

Current Parish:		
Sacrament	Date Received	Copy of Certificate Supplied
Baptism		
Confirmation		
Eucharist		

## Children in Family at Other Schools

Please list below all children in the family attending Other Schools

	Full Student Name	School Year	Birth Order	School Attending
Child			1	
Child			2	
Child			3	
Child			4	

## Billing Details

**Only complete if Billing Details are different from Family Mailing Details**

Billing Mailing Title: (eg: M Smith)			
Billing Address:	House/Unit/Flat No:		
	Street Name:		
	Suburb:	Post Code:	

# Application For Enrolment Checklist



Please tick the following boxes and sign below

1. I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- School Enrolment Policy
- Pastoral Care Policy
- Child Protection Policy
- Learning Support Policy
- Privacy Policy
- Communication Devices Student Use Policy
- Publications Policy
- Excursion Policy
- Prescribed Medicines Policy       Anaphylaxis Policy       Asthma Policy

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes)

- Birth Certificate
- Baptismal Certificate
- Citizenship documentation (where applicable)
- Most recent previous school reports and external test results (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information (where applicable)
- Immunisation Certificate

## Agreement

I/we also understand that if the application is accepted there will be a further \$300 enrolment fee to be paid. I also understand this fee is non-refundable.

- a) I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.
- b) If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
- c) 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.
- d) If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).
- e) I/we understand that if my child is accepted into Primary School, it does not guarantee automatic selection into High School.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNED: \_\_\_\_\_ (Mother/Father/Carer)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note: the completion of this application does not guarantee acceptance into St. Charbel's College.