

**FORM A**

**ENROLMENT APPLICATION**

The information you provide is important and will be used to assess your child's application based on our enrolment criteria. We will treat the information you provide to us in accordance with our [Privacy Statement](#) and the [Standard Collection Notice \(enclosed in Enrolment Instructions\)](#). Information you provide in this form may be sensitive. We will treat it with confidentiality subject to any requirements of the law to disclose information to others.

School name  Suburb

**ENROLMENT INFORMATION**

**Enrolment Date**

The calendar year that enrolment to commence is

If starting during the school year, please indicate date you wish enrolment to commence

The school year of entry for which enrolment is requested: (please tick the class year below)

K   
  1   
  2   
  3   
  4   
  5   
  6   
  7   
  8   
  9   
  10   
  11   
  12

**Previous School (if applicable)**

Details of last three schools attended by the student (full name and suburb of school) including the last Catholic School attended.

1. School	<input type="text"/>	Year attended	<input type="text"/>
2. School	<input type="text"/>	Year attended	<input type="text"/>
3. School	<input type="text"/>	Year attended	<input type="text"/>
4. School	<input type="text"/>	Year attended	<input type="text"/>

**STUDENT'S DETAILS**

Last name  First name  Middle name

Preferred name  Gender Male  Female

Date of birth

Is student Aboriginal? Yes  No  Is student Torres Strait Islander? Yes  No

Do you wish to be known as Aboriginal/Torres Strait Islander? Yes  No

Country of birth  Student Mobile Number (if applicable)

Is student on a VISA? Yes (if yes enter details page 5)  No

*(Office use only – visa information page 5, country and language information, refer to MCEETYA form)*

OFFICE USE ONLY	FAMILY CODE:		STUDENT ID:			
	Student family name	<input type="text"/>	Student first name	<input type="text"/>	Date of enrolment	<input type="text"/>
	Academic year	<input type="text"/>	Roll class	<input type="text"/>	House group	<input type="text"/>
	Parish Sacrament	<input type="text"/>	Children attending other Catholic schools	<input type="text"/>	Date of leaving school	<input type="text"/>
	Destination school	<input type="text"/>	Parish Priest approval received	<input type="text"/>	Application fee received	<input type="text"/>
Privacy consent form receipt noted in FACES	<input type="text"/>	Raffle Ticket consent form receipt noted in FACES	<input type="text"/>	Mathew.net information checked	<input type="text"/>	

## FAMILY DETAILS

### Other Children Enrolled in Catholic Schools

Please list below **in order of birth** all children in the family who are attending school in the school year that enrolment is to commence, including the child for whom this application is being made. This information is required to provide sibling discounts for children at Catholic schools in accordance with our policy.

	Birth Order	Given Names	Family Name	School Year	School Attending (School Name and Location)
Child	1				
Child	2				
Child	3				
Child	4				
Child	5				

## RESIDENTIAL DETAILS WHERE STUDENT RESIDES

### Address Details

Parent/Carer mailing title

### Residential address

Street number and name

Suburb

Postcode

Residential phone number

### Mailing address (if different from above)

Street number and name or PO Box

Suburb

Postcode

## CONTACT DETAILS

### Details of Parent/Carers at the student's PRIMARY residence

Parent/Carer	Parent/Carer
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
First name <input style="width: 95%;" type="text"/>	First name <input style="width: 95%;" type="text"/>
Last name <input style="width: 95%;" type="text"/>	Last name <input style="width: 95%;" type="text"/>
Middle initial <input style="width: 95%;" type="text"/>	Middle initial <input style="width: 95%;" type="text"/>
Relationship to student <input style="width: 95%;" type="text"/>	Relationship to student <input style="width: 95%;" type="text"/>
Home phone number <input style="width: 95%;" type="text"/>	Home phone number <input style="width: 95%;" type="text"/>
Work phone number <input style="width: 95%;" type="text"/>	Work phone number <input style="width: 95%;" type="text"/>
Mobile phone number <input style="width: 95%;" type="text"/>	Mobile phone number <input style="width: 95%;" type="text"/>
Email address <input style="width: 95%;" type="text"/>	Email address <input style="width: 95%;" type="text"/>
Occupation <input style="width: 95%;" type="text"/>	Occupation <input style="width: 95%;" type="text"/>
Religion <input style="width: 95%;" type="text"/>	Religion <input style="width: 95%;" type="text"/>
Country of birth <input style="width: 95%;" type="text"/>	Country of birth <input style="width: 95%;" type="text"/>
Nationality <input style="width: 95%;" type="text"/>	Nationality <input style="width: 95%;" type="text"/>
Language/s spoken <input style="width: 95%;" type="text"/>	Language/s spoken <input style="width: 95%;" type="text"/>

*(Office use – confirm details on MCEETYA form)*

Do you need an interpreter?

Yes  No

Do you need an interpreter?

Yes  No

List the days the students resides at this address?

Mon  Tue  Wed  Thu  Fri

Who is the contact for:

Contact 1

Contact 2

Emergency SMS alerts



Attendance SMS alerts

**Details of Parent/Carers at the student's SECONDARY residence OR NOT RESIDING with the student**

Parent/Carer		Parent/Carer	
Title: Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Title: Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Dr <input type="checkbox"/>		Dr <input type="checkbox"/>	
First name	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
Middle initial	<input type="text"/>	Middle initial	<input type="text"/>
Relationship to student	<input type="text"/>	Relationship to student	<input type="text"/>
Street address	<input type="text"/>	Street address	<input type="text"/>
Suburb	<input type="text"/>	Suburb	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Home phone number	<input type="text"/>	Home phone number	<input type="text"/>
Work phone number	<input type="text"/>	Work phone number	<input type="text"/>
Mobile phone number	<input type="text"/>	Mobile phone number	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Religion	<input type="text"/>	Religion	<input type="text"/>
Country of birth	<input type="text"/>	Country of birth	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Language/s spoken	<input type="text"/>	Language/s spoken	<input type="text"/>

*(Office use – confirm details on MCEETYA form)*

Do you need an interpreter? Yes  No  Do you need an interpreter? Yes  No

List the days the students resides at this address? Mon  Tue  Wed  Thu  Fri

**Details of Parenting/Carer Arrangements**

Are there any Family Court Orders, Parenting Agreements, Apprehended Violence Orders or Domestic Violence Orders in place relevant to the child?

Yes  No

If yes, it is essential that you attach copies to this enrolment application.

*Parents: Please advise the school office of any change of address, telephone number or other information about the parent/carers, other significant person(s), Parenting Agreements, Apprehended Violence Orders, Domestic Violence Orders or other Court Orders as soon as such changes occur and provide copies of new court orders.*

**ALTERNATE CONTACT DETAILS**

*Please nominate at least one person who may be contacted in the event of an emergency, if parents/carers cannot be contacted. Ideally the contact person should be someone who lives in the neighbourhood of the school. Please tell your nominated person that you have nominated him/her as an alternate contact.*

**Alternate Contact 1:** Title: Mr  Mrs  Ms  Miss  Dr  Name

Phone numbers: Home  Work

Mobile  Relationship to Student: (e.g. Aunt, Uncle, Family Friend)

**Alternate Contact 2:** Title: Mr  Mrs  Ms  Miss  Dr  Name

Phone numbers: Home  Work

Mobile  Relationship to Student: (e.g. Aunt, Uncle, Family Friend)

**Alternate Contact 3:** Title: Mr  Mrs  Ms  Miss  Dr  Name

Phone numbers: Home  Work

Mobile  Relationship to Student: (e.g. Aunt, Uncle, Family Friend)

**STUDENT MEDICAL DETAILS**

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child.

Doctor's name  Doctor's phone number

Doctor's address Street number and name

Suburb  Postcode

Medicare number  Private health fund

**Medical Conditions**

Does your child suffer from any medical conditions? Yes (complete below)  No

*The school will require further details in relation to prescribed medication. Parents/Carers of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form.*

If yes, specify all medical conditions the student suffers from, e.g. asthma, diabetes and any prescribed medication taken by the student:

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Does your child have a medical plan from a doctor for any of these medical conditions e.g. asthma action plan? Yes (see below)  No

If yes, it is essential that you attach a copy of the medical plan to this enrolment application

**Allergies**

Does your child have any known allergies? Yes (complete below)  No

If yes, please list any known allergies the student has, e.g. allergy to nuts, penicillin, bee stings. Include all specific details:

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If yes, it is essential that you attach a copy of the medical plan to this enrolment application

**Anaphylaxis**

Has the student been diagnosed as being at risk of anaphylaxis? Yes (complete below)  No

If yes, does the student have an EpiPen® or Anapen®? (Please supply) Yes  Type of EpiPen®/Anapen® \_\_\_\_\_

If yes, does the student have a ASCIA Action Plan for Anaphylaxis? Yes (see below)  No

If yes, it is essential that you attach a copy of the medical plan to this enrolment application

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date). Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.

**Immunisation Record:** Please indicate if the student has been immunised against the following:

	Yes	No		Date of Immunisation	
Tetanus - Diphtheria Tetanus Pertussis (DTPA)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Influenza B - Haemophilus Influenza type b (HIB)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Hepatitis A (HEPA)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Hepatitis B (HEPB)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Human Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Polio - Inactivated poliomyelitis (IPV)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Influenza (INF)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Measles Mumps Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Meningococcal C disease (MENCCV)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Pneumococcal conjugate (7VPCV)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Pneumococcal polysaccharide (23 VPPV)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Rotavirus (ROT)	<input type="checkbox"/>	<input type="checkbox"/>		/	/
Chicken Pox - Varicella (VZV)	<input type="checkbox"/>	<input type="checkbox"/>		/	/

**STUDENT'S PARISH AND SACRAMENTAL DETAILS**Current Parish  Suburb Does your child attend parish? Yes  No 

Sacrament	Parish Received	Date Received
Baptism	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reconciliation	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Eucharist	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Confirmation	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**STUDENT'S DETAILS - OTHER****Pre-School Education - PRIMARY SCHOOL STUDENTS ONLY**

In the year before school has the child been in non-parental care on a regular basis or attended any other educational programs?

Yes (indicate all that apply)  No Pre-school  Family day care Long day care  Day care (with pre-school program) Grandparent  Other person Other relative 

Please provide name of the preschool or non-parental care

Name  Postcode 

Please indicate the amount of formal time the child spent in care each week prior to enrolling at school

Less than 15 hours per week  More than 15 hours per week Attendance per week  Number of full days  Number of half days Did your child need/receive special help there? Yes  No I/we give permission to contact the preschool for information about my/our child Yes (complete below)  No If yes, teacher/carer name  Phone number **All Enrolling Students**Year of entry to Australian school  Religion Is home language English only? Yes  No (complete below) If no, list other home language/s Nationality  Date of arrival in Australia (if applicable)  /  / Visa (if applicable)  Visa Expiry Date  /  / 

Nationality/Residential status - please indicate below: (original documents to be sighted and copies to be retained by school)

- Australian Citizen (If Country of Birth is not Australia, also provide: Naturalisation Certificate or Australian Passport)
- Permanent Resident (If Country of Birth is not Australia, also provide: Passport / Travel Documents and original Residency Visa document issued by the Department of Immigration)
- Temporary Resident (Passport and Visa) - See EOS Guidelines, Appendix 2 for eligibility to enrol
- Temporary Resident (Passport and Visa) - See EOS Guidelines, Appendix 2 for eligibility to enrol
- Other/Visitor/Student/Passport (Passport and Visa)

**STUDENT'S ADDITIONAL NEEDS**Does your child have any additional needs? Yes (Indicate the additional need/s below)  No An intellectual disability  Behaviour difficulties  ADD / ADHD Autism  Language difficulties  Mental health issues Acquired brain injury  Vision impairment  Other (please specify below) A hearing impairment  Giftedness Does your child have difficulties in the basic areas of learning? Yes (Please describe below)  No 


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**What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school/pre-school?**

Alternative teaching and learning strategies	<input type="checkbox"/>	Signing	<input type="checkbox"/>
A reader or scribe	<input type="checkbox"/>	Access to technology	<input type="checkbox"/>
Modifications to equipment, furniture and learning spaces	<input type="checkbox"/>	Personal carer support	<input type="checkbox"/>
Braille	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

Please state below **all** assessments your child has received from speech, hearing, cognitive, occupational therapy or others

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*Please attach a copy of all assessment reports to this enrolment application*

**STUDENT WELLBEING**

To your knowledge, is there anything in your child's history or circumstances (including medical history) that might pose a risk of any type to him or her, other students, or staff at this school?

Yes (complete below)  No

If yes, provide details below

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If yes, please provide names and contact numbers of health professionals or others who have knowledge of these issues

Name	<input type="text"/>	Contact number	<input type="text"/>
Name	<input type="text"/>	Contact number	<input type="text"/>
Name	<input type="text"/>	Contact number	<input type="text"/>

Does your child have a mental health plan? Yes (see below)  No

*If yes, please attach a copy of the plan to this enrolment application*

**Student Behaviour Record**

Does your child have any history of violent behaviour? Yes  No

Has your child ever been suspended or expelled from any previous school? Yes (complete below)  No

*If yes, was this for:*

Actual violence to any person? Yes  No

Possession of a weapon or any item used to cause an injury? Yes  No

Intimidation, bullying or harassment of students or staff at a school? Yes  No

Illegal drugs? Yes  No

Other (please specify) See below Yes  No

I/We will provide written consent to the school on request to contact health professionals or other relevant agencies Yes  No

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*(Office use only: for previous school details and student mobile details refer page 1)*

## Terms and conditions of enrolment

You have provided information about you and your child in your enrolment application. You agree to update the school as promptly as possible when this information changes, and in particular:

- your and other relevant persons' contact details
- your child's health and medical conditions
- your child's additional needs
- parenting agreements or court orders pertaining to the child.
- your visa details (if applicable)

If this enrolment application is accepted by the school the information provided by you in this form will form part of the terms and conditions of enrolment. Failure to update this information may affect the school's ongoing ability to assess the services required.

I have read and accept the terms and conditions set out in this enrolment application.

I understand the requirement to fully disclose my child's additional needs or disability in this application and have disclosed these to the best of my ability. I understand this will help the school to properly assess its ability to provide services, communicate with me about those needs, assess risks and fulfil its duty of care requirements.

The information I have provided is accurate and complete. If I discover any omission or inaccuracy, or if there is any change to information I have provided, I will advise the school as soon as possible. Any omission of significant, relevant information made in this application may result in the enrolment application being rejected.

If required by the school I will provide further or other information to support the school in its provision of services to meet the educational needs of my child during the period of enrolment.

I consent to the provision of all school services for my child, including the provision of counselling where appropriate.

I understand I am legally responsible for the regular attendance of my child at school. If my child is absent from school I will provide a written explanation for the absence. Should I wish to apply for extended leave for my child from school I will notify the school in advance of the anticipated dates. I understand that the Principal may refuse to approve the request for leave or accept an explanation for an absence. I understand that if I fail to comply with the attendance requirements of the Education Act 1990 the enrolment contract may be terminated.

I agree to pay all school fees in a timely manner and as set out in the school fees schedule which is available on the CEDP system website <http://www.parra.catholic.edu.au/school-fees>. In the event of difficulty I agree to request special arrangements as outlined in the school fees schedule. I either: a) do not owe any outstanding fees or charges in relation to any of my children's attendance at any other school; or b) have made an arrangement satisfactory to the school for meeting all outstanding debts.

I have completed the permission form at the end of this application.

I agree to support and participate in the life of the school, parent teacher meetings, and liturgical celebrations, social and practical activities offered by the school. I understand that the school offers the Catholic vision of life as the basis of its teaching program. I agree to support and respect the Catholic teaching, values and mission of the school and my child's participation in the full educational program of the school.

I agree to support the school to give effect to its policies, procedures and guidelines for the benefit of the school community.

This enrolment application is the first step in the enrolment process and will be finalised when all of the following conditions are met by both parents (where applicable):

- I submit the signed enrolment application
- any required application fee has been paid
- my application is assessed by the school
- a place is available at the school
- my child is offered a place at the school by a letter of offer from the principal
- The school receives payment of the non-refundable enrolment deposit of **up to \$100** (primary) and **up to \$300** (secondary), which will be used towards the first term's school-based fees if I accept the offer of a place at the School.

I wish to apply for enrolment of \_\_\_\_\_ at \_\_\_\_\_ to commence at the school in 20\_\_\_\_  
*Student Name* *School Name*

Signed: \_\_\_\_\_  
*Parent / Carer* *Please Print Name* *Date*

Signed: \_\_\_\_\_  
*Parent / Carer* *Please Print Name* *Date*