



**Confidential**

Date of this application: ..... / ..... / .....

APPLICATION FOR YEAR  IN .....

Student's Surname:	
Student's First Name:	

☐ EXISTING school family

☐ NEW school family

*Please select one*

**APPLICATION PROCESS / PROCEDURE**

Families are invited to lodge applications from March prior to the year that your son / daughter will begin school. We close our applications for Year Foundation (Prep) on Friday May 10th and advise families of their placement by Friday July 4<sup>th</sup>.

If you are intending to lodge this application, can you please ensure that the following documentation is attached:

- A copy of the Birth Certificate
- A copy of the Baptismal Certificate
- The original School Entry Immunisation Certificate supplied from the Australian Childhood Immunisation Register
- If your child was born out of Australia, we require a copy of their Visa AND Passport
- Signed copy of the Enrolment Form
- Latest school reports (Years One – Six)

PLEASE NOTE: A non-refundable enrolment administration fee of \$50 applies to new families & \$25 for existing families.

This is payable at the time of lodging an application via our office: - either in cash, Credit Card payment or via direct deposit to:

Account Name:	<b>St Mary's Primary School Whittlesea</b>
BSB:	<b>083-347</b>
Account No:	<b>658811424</b>
Reference:	<b>SURNAME – ENROL DEP</b>

Upon acceptance of a place a \$100 non-refundable deposit is to be paid. This amount will be deducted from the Term 1 school fees.

If you require further information regarding our Open Days, Enrolment Policy, Fees & Charges, Programs and Policies as well as general information please refer to our website. Should you wish to visit the school for a tour you are most welcome to call to make an appointment for a personal tour.



## St Mary's Primary School - Whittlesea

# Enrolment Form

St Mary'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 Ltd (MACS). This form is informed by the St Mary's Primary School - Whittlesea Enrolment Policy. Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made.

<b>ENTRY YEAR (YYYY):</b>	<b>ENTRY LEVEL / GRADE:</b>
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OFFICE USE ONLY					
<input type="checkbox"/>	Birth Certificate attached	<input type="checkbox"/>	Immunisation History Statement attached	<input type="checkbox"/>	Baptism Certificate attached
<input type="checkbox"/>	Visa information attached (if relevant)	<input type="checkbox"/>	Application Fee Payment received	<input type="checkbox"/>	Medical Condition

STUDENT DETAILS			
Surname:			
Given name/s:		Preferred name:	
Date of birth:		Religion: <i>(include rite)</i>	
M (Male): <input type="checkbox"/>		F (Female): <input type="checkbox"/>	
		Self identified / X (Indeterminate/Intersex/Unspecified): <input type="checkbox"/>	
Does the student have a sibling at this school? Yes <input type="checkbox"/> No <input type="checkbox"/>			

HOME ADDRESS OF STUDENT	
No. & Street:	
Suburb:	Post Code:

SACRAMENTAL INFORMATION			
Baptism	Date:	Parish:	
Reconciliation	Date:	Parish:	
Communion	Date:	Parish:	
Confirmation	Date:	Parish:	
Parish where the student lives:			

PREVIOUS SCHOOL/PRESCHOOL
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<b>Name and address of previous school/preschool:</b>		
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.)
Was the previous school attended interstate?	No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete the Interstate Data Transfer Note and Consent forms – refer to link in Enrolment Procedures)

## NATIONALITY AND CITIZENSHIP

<b>Government Requirement</b>	<b>Nationality:</b>	<b>Ethnicity:</b>
<b>In which country was the student born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
<b>Date of arrival in Australia OR Date of return to Australia:</b> <b>What is the residential status of the student?</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <b>Evidence of Australian Residency:</b> <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 <b>Visa sub class**:</b> <b>Visa expiry date:</b> <b>Previous visa sub class:</b>		
<p><b>* Please attach visa/ImmiCard/letter of notification and passport photo page</b></p> <p><b>** Please note that all enrolments for students with visas require approval through Melbourne Archdiocese Catholic Schools (MACS). Refer to the Dependant Full Fee Overseas Student policy (link) for further information</b></p> <p><b>Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified</b></p>		

<b>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.</b>				
	Student	Student Contact 1 (Parent1/Guardian1/Carer1)	Student Contact 2 (Parent2/Guardian2/Carer2)	
<b>No</b>	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	Other – please specify all languages			
<b>Is the student of Aboriginal or Torres Strait Islander origin?</b> (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both) No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>				
<b>Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census</b>				

## PRIMARY STUDENT CONTACT 1 (PARENT / GUARDIAN / CARER)

*Note: The 'Primary' Contact is: "the parent of the student whom they mostly live with and is to be contacted first in an emergency"*

<b>Title:</b> (Dr./Mr./Mrs./Ms./Mx.)		<b>Surname:</b>		<b>Given name:</b>	
<b>House Number:</b>		<b>Street Name:</b>			
<b>Suburb</b> :			<b>State:</b>	<b>Postcode:</b>	
<b>Telephone:</b>	<b>Home:</b>	<b>Work:</b>		<b>Mobile:</b>	
<b>Email:</b>					
<b>Relationship to student:</b>					
<b>Government Requirement</b>	<b>Occupation:</b>	<b>What is the occupation group?</b> (Select from list of occupation groups in the School Family Occupation Index)		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	
<b>Religion:</b> (include rite)					
<b>Country of birth:</b> Australia <input type="checkbox"/> Other <input type="checkbox"/> (please specify):					
<b>Nationality:</b>		<b>Ethnicity if not born in Australia:</b>			
<b>What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b> (Persons who have never attended secondary school, tick Year 9 or below)					
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"/>	
<b>What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b>					
No post-school qualification <input type="checkbox"/>		Certificate I to IV (including trade certificate) <input type="checkbox"/>		Advanced diploma/Diploma <input type="checkbox"/>	
				Bachelor degree or above <input type="checkbox"/>	

## STUDENT CONTACT 2 (PARENT / GUARDIAN / CARER )

<b>Title:</b> (Dr./Mr./Mrs./Ms./Mx.)		<b>Surname:</b>		<b>Given name:</b>	
<b>House Number:</b>		<b>Street Name:</b>			
<b>Suburb</b> :			<b>State:</b>	<b>Postcode:</b>	
<b>Telephone:</b>	<b>Home:</b>	<b>Work:</b>		<b>Mobile:</b>	
<b>Email:</b>					
<b>Relationship to student:</b>					
<b>Government Requirement</b>	<b>Occupation:</b>	<b>What is the occupation group?</b> (Select from list of occupation groups in the School Family Occupation Index)		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	

		D <input type="checkbox"/>	
		N <input type="checkbox"/>	
<b>Religion:</b> <i>(include rite)</i>			
<b>Country of birth:</b> Australia <input type="checkbox"/> Other <input type="checkbox"/> <i>(please specify):</i>			
<b>Nationality:</b>		<b>Ethnicity if not born in Australia:</b>	
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified			
<b>What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed?</b> <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"/>
<b>What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?</b>			
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"/>

<b>EMERGENCY CONTACTS – OTHER THAN STUDENT CONTACTS (PARENT/GUARDIAN/CARER)</b>	
Person 1	Person 2
<b>Surname</b> <b>Given Name:</b>	<b>Surname:</b> <b>Given Name:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>Home telephone:</b>	<b>Home telephone:</b>
<b>Mobile:</b>	<b>Mobile:</b>

<b>HOME CARE ARRANGEMENTS</b>	
<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>

<b>COURT ORDERS OR PARENTING ORDERS <i>(if applicable)</i></b>	
Are there any current court orders or parenting orders relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>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.</i>	

Is there any other information you wish the school to be aware of?

## STUDENT 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/ diagnoses:**

Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting 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.

Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety

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 ☐

If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management policy, first aid policy, and supporting documents.

If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.

## 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://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 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 ☐

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/<br>developmental delay | <input type="checkbox"/> mental health concerns | <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 ☐

No ☐

## SCHOOL FEES/LEVIES PAYER 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, the name/s of the parent / carers signing are responsible for the payment of fees for the term of the child's enrolment at the school.***

**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:** \_\_\_\_\_

**X**

Date:

Student Contact 2  
parent 2 /guardian 2/  
carer 2 signature:

X

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.smwhittlesea.catholic.edu.au](http://www.smwhittlesea.catholic.edu.au).

**Please ensure all relevant information is attached to this Enrolment Form when submitting.  
Please complete the Parent/Guardian/Carer documentation checklist below.**

### **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