**APPENDIX 1 TO**

**ENROLMENT POLICY**

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| **ENROLMENT FORM** |
| StAug_Header_2014St Augustine’s Parish Primary School  119 Napier St, Creswick, Victoria, 3363  Email: [admin@sacreswick.catholic.edu.au](mailto:admin@sacreswick.catholic.edu.au)  Telephone: 03 5345 2106 |

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| **Office use only** | Date received: | Birth certificate attached:  Yes □ No □ |
|  | Enrolment date: | English as an Additional Language:  Yes □ No □ |
|  | Start date: | House colour: |
|  | Student/family code: | VSN: |
|  | Immunisation history statement attached:  Yes □ No □ | Visa information attached (if relevant):  Yes □ No □ |

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| **STUDENT DETAILS** | | | | | | | | | | | | |
| First Name | | | | | | | Middle Name | | | | | Surname |
|  | | | | | | |  | | | | |  |
| Date of Birth | | | | | | | Gender | | | | | Religion |
|  |  |  |  | |  | | Male | Female | | | |  |
| Day | | Month | | | Year | | Circle One | | | | |
| **HOME ADDRESS OF STUDENT** | | | | | | | | | | | | |
| No. and Street Name | | | | | | | Suburb | | | | | Postcode |
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| **SIBLINGS** | | | | | | | | | | | | |
| Name | | | | | | | Date of Birth | | | School at which currently enrolled if school aged | | |
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| **EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN** | | | | | | | | | | | | |
| Name: | | | | | | 1. | | | | | 2. | |
| Relationship to child: | | | | | |  | | | | |  | |
| Home Phone: | | | | | |  | | | | |  | |
| Mobile: | | | | | |  | | | | |  | |
| **SACRAMENTAL INFORMATION** | | | | | | | | | | | | |
| Baptised: Yes □ No □ | | | | | | | | | | | | |
| Baptism: | | | | Date: | | | | | Parish: | | | |
| Confirmation: | | | | Date: | | | | | Parish: | | | |
| Reconciliation: | | | | Date: | | | | | Parish: | | | |
| Communion: | | | | Date: | | | | | Parish: | | | |
| Current Parish: | | | | | | | | | | | | |
| Copy of Certificate supplied: Yes □ No □ | | | | | | | | | | | | |

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| **NATIONALITY** | | | | | | | |
| **Government requirement** | | Nationality: | | | | Ethnicity: | |
| In which country was the student born? | | | | Australia □ | | Other – please specify | |
| 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 |
| **No** | English only | | □ | | □ | | □ |
| **Yes** |  | |  | |  | |  |
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| **IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS\*** | | |
| **Please tick the relevant category below and record the visa subclass number as per government requirements:** (original documents to be sighted and copies to be retained by the school) | | |
| **Australian citizen not born in Australia:** | | |
| □ | Australian citizen (Australian passport or naturalization certificate number/document for travel if country of birth is not Australia) | |
| Australian passport number: | |  |
| Naturalisation certificate number: | |  |
| Visa subclass recorded on entry to Australia: | |  |
| Date of arrival in Australia: | |  |
| **Not currently an Australian citizen, please provide further detail as appropriate below:** | | |
| □ | Permanent resident: *(it ticked, record the visa subclass number)* |  |
| □ | Temporary resident: *(it ticked, record the visa subclass number)* |  |
| □ | Other/visitor/overseas student*: (it ticked, record the visa subclass number)* |  |
| **\*Please attach visa/ImmiCard/letter of notification and passport phot page.** | | |

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| **MEDICAL INFORMATION** | | | |
| Doctor’s name: |  | | |
| Street number & name: |  | | |
| Suburb: |  | Postcode: | Phone: |
| Medicare number: |  | Ref number: | Expiry date: |
| Private health insurance: | Yes □ No □ | Fund: | Number: |
| Ambulance cover: | Yes □ No □ | Number: | |
| Medical condition/s: | *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.* | | |

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|  | *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 □ |

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| **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 receive a refugee health check? | Yes □ No □ |

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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) support? Yes □ No □ | | | | | |
| **Does your child present with:** | | | | | |
| Autism (ASD) | □ | Behavioural concerns | □ | Hearing impairment | □ |
| Intellectual disability/ development delay | □ | Mental health issues | □ | Oral language/communication difficulties | □ |
| ADD/ADHD | □ | Acquired brain injury | □ | Vision impairment | □ |
| Giftedness | □ | Physical impairment | □ | Other condition (please specify) | □ |
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| Have you attached all relevant information/reports? Yes □ No □ | | | | | |

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| **FAMILY DETAILS** | | | | |
| **Who will be responsible for payment of the school fees and levies?** | | | | |
| Surname | First Name | Address and email | Phone | Relationship to the student |
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| **PARENT A / GUARDIAN 1** | | | | | | | |
| Surname: |  | Title: (e.g. Mr/Mrs/Ms) | |  | First name: | |  |
| Address: | | | | | | | |
| Home phone: |  | Work phone: | |  | | Mobile: |  |
| 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 page 11) | | | |  |

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| Religion: (including rite) | | | | Nationality: Ethnicity if not born in Australia: | | |
| Country of birth: | □ Australia | | | □ Other (please 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 equivalent □ | | Year 11 or equivalent □ | Year 12 or equivalent □ |
| **What is the level of the highest qualification Parent A/Guardian 1 has completed?** | | | | | | |
| No post school qualification □ | | Certificate I to IV □  (including trade certificate) | | | Advanced diploma/diploma □ | Bachelor degree or above □ |

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| **PARENT B / GUARDIAN 2** | | | | | | | | | | | | | |
| Surname: |  | | | | Title: (e.g. Mr/Mrs/Ms) | | | |  | First name: | | |  |
| Address: | | | | | | | | | | | | | |
| Home phone: |  | | | | Work phone: | | | |  | | Mobile: | |  |
| 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 page 11) | | | | | | |  |
| Religion: (including rite) | | | | | | | Nationality: Ethnicity if not born in Australia: | | | | | | |
| Country of birth: | | □ Australia | | | | | □ Other (please specify): | | | | | | |
| **What is the highest year of primary or secondary school Parent B/Guardian 2 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 Parent B/Guardian 2 has completed?** | | | | | | | | | | | | | |
| No post school qualification □ | | | Certificate I to IV □  (including trade certificate) | | | | | Advanced diploma/diploma □ | | | | Bachelor degree or above □ | |

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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) |

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| **COURT ORDERS OR PARENTING ORDERS** (if applicable) |
| Are there any current court orders or parenting orders relating to the student? Yes □ No □ |
| *If yes, copies of these court orders/parenting orders (e.g. AVO’s 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? |

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| **PARENT/CARER/GUARDIAN**  **SIGNATURE:** |  | **Date:** |
| **PARENT/CARER/GUARDIAN**  **SIGNATURE:** |  | **Date:** |