DIOCESE OF BALLARAT CATHOLIC EDUCATION LIMITED

# Enrolment Application Form

ST JOSEPH'S SCHOOL COLERAINE

| Student Name | |
|---|---|

| PARENT/GUARDIAN DOCUMENT CHECKLIST | |
|---|---|
| **The following must be enclosed with this application for enrolment form:** | |
| ☐ | A copy of the student's Australian birth certificate and/or passport |
| ☐ | A copy of the student's current Visa Grant Notice (if not an Australian citizen) and passport |
| ☐ | A copy of Immunisation History Statement from the Australian Immunisation Register (AIR) |
| ☐ | Evidence of Catholic Sacraments (e.g. Baptism / Confirmation / Eucharist certificate) |
| ☐ | For guardians (other than the parents), authority to act as a guardian |
| ☐ | Any court orders or parenting agreements (if applicable) |
| ☐ | A copy of student's most recent school report (if applicable) |
| ☐ | A copy of student's most recent NAPLAN results (if applicable) |
| ☐ | Information regarding Individual considerations requirements (if applicable) |

**All sections of this form must be completed and returned to:**

Enrolments Office
St Joseph's Primary School, Coleraine
ABN: 81 825 577 574
67 Read Street,
Coleraine, Vic, 3315
or email to principal@sjcoleraine.catholic.vic.edu.au

| OFFICE USE ONLY | | | |
|---|---|---|---|
| Date Received | | Acknowledgment Sent | |
| All Document Received | ☐ Yes ☐ No | Application Fee Paid (if applicable) | |

## 1. STUDENT DETAILS

| | | | |
|---|---|---|---|
| Grade/Year Level on entry | | Year to commence | |
| Family name | | | |
| Given name/s | | | |
| Preferred name/s | | | |
| Gender | ☐ Male ☐ Female ☐ Other (please specify): | | |
| Date of Birth | | Country of birth | |
| Language/s spoken at home | | | |
| Is the student an Australian citizen? | ☐ Yes ☐ No | | |
| *If no, please provide copies of visa documentation & complete the below questions (in italics)* | | | |
| *Nationality* | | *Passport number* | |
| *Passport Expiry Date* | | *Visa Sub-Class* | |
| *Visa Expiry Date*<br>*If bridging visa, write N/A* | | *If bridging Visa, provide previous Visa Sub-Class* | |
| If born outside Australia, year commenced school in Australia | | | |
| Is the student of Aboriginal or Torres Strait Islander origin? | ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander<br>☐ Yes, both Aboriginal & Torres Strait Islander | | |
| What school/ early learning centre/ kindergarten does the student currently attend? | | | |
| Please list previous school(s)/ early learning centre(s)/kindergarten(s) attended | | | |
| Student's Residential Address | | | |
| | | | |
| | ☐ This is also the Postal Address | | |
| Student's Postal Address<br>*If different to residential address* | | | |
| | | | |
| | | | |
| Home Phone | | Student Mobile *(if applicable)* | |
| The student lives with | ☐ Both parents ☐ Mother only ☐ Father only ☐ Guardian<br>☐ Shared care (please specify):<br>☐ Other (please specify): | | |
| Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any parent or guardian in relation to the student or access to the student? | ☐ Yes<br>☐ No | | |
| Additional Details: | | | |
| Does the student have a Victorian Student Number (VSN)? *(All students in Victorian schools have a VSN)* | ☐ Yes (please specify):<br>☐ Yes, but the VSN is unknown<br>☐ No, the student is enrolling for Foundation<br>☐ No, the student has never been issued a VSN | | |

| | |
|---|---|
| What religious affiliation (if any) does the student have? | |
| If Catholic, what is the student's Residential Parish? | |
| Has the student received any of the following Sacraments in the Catholic Church? *(Tick & provide certificates for all applicable)* | ☐ Baptism<br>☐ Confirmation<br>☐ Reconciliation<br>☐ Eucharist/Communion |
| Has the student been fully immunised?<br>*Please provide a copy of Immunisation History Statement from the Australian Immunisation Register (AIR)* | ☐ Yes ☐ No<br>*It is a legal requirement to provide an Immunisation History Statement from the AIR when you enrol your child in a primary school in Victoria, regardless of immunisation status.* |

**Individual considerations ***

| | |
|---|---|
| Does the student have (or has the student had) any individual considerations (either diagnosed, undiagnosed or suspected) that may be relevant to the school providing education to the student, the student's welfare, or the education and welfare of other students? | ☐ Yes - *Please complete the remainder of this section & attach copies of any relevant assessments or reports.*<br>☐ No - *Please proceed to **Family Details** section (pg. 5)* |

*** Individual considerations include allergies, health conditions, physical or intellectual disabilities (whether diagnosed, undiagnosed or suspected), behavioural or learning challenges or difficulties, learning support requirements and needs of a medical, psychological, health or dietary nature.**

Please note that failure to provide full and complete information regarding a student's individual considerations may result in the student's application being withdrawn (or enrolment cancelled after commencement).

*For more information about the school's commitment to inclusivity, please consult the school's Enrolments Policy (available on the school website).*

If Yes, please provide details:

| | |
|---|---|
| Does the student have medical /other conditions that require attention at school? | ☐ Yes ☐ No |

If Yes, please provide details:

| Has the student ever received or are they likely to require…? (*If yes, please attach copies of any reports)* | |
|---|---|
| Additional support in the classroom for their learning | ☐ Yes ☐ No |
| If Yes, please provide details: | |
| An individual learning, health, or adjustment plan | ☐ Yes ☐ No |
| If Yes, please provide details: | |
| A diagnostic report *(e.g. Psychologist cognitive assessment, language assessment)* | ☐ Yes ☐ No |
| If Yes, please provide details: | |
| Adjustments for physical or sensory impairments | ☐ Yes ☐ No |
| If Yes, please provide details: | |
| Government funding for individual support *(e.g. NDIS)* | ☐ Yes ☐ No |
| If Yes, please provide details: | |
| Has the student ever accessed any of the following services?<br>*(Tick all which apply)* | ☐ Paediatrician<br>☐ Speech/Language Pathologist<br>☐ Occupational Therapist<br>☐ Physiotherapist<br>☐ Psychologist<br>☐ Counsellor<br>☐ Behavioural specialist<br>☐ Other (please specify): |
| Has the student had any significant behavioural or disciplinary issues at any previous school(s)/ early learning centre(s)/ kindergarten(s)? | ☐ Yes ☐ No |
| If Yes, please provide details: | |
| Has the student ever had a Behavioural Support or Student Safety Plan? | ☐ Yes ☐ No |
| If Yes, please provide details: | |

## 2. FAMILY DETAILS

| | | | |
|---|---|---|---|
| Was the student previously enrolled at the school (returning) | ☐ Yes ☐ No | Year when left | |

Please provide details of any other children in the family who are currently enrolled *(List name & age)*

Please provide details of any other children in the family who are likely to enrol in future *(List name & age)*

Please provide details of any other family members or relatives who have attended the school in the past *(e.g. either parent).*

| Name | Relationship | Proposed Year/ Years at school |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Any other connection with the school?

**Mailed correspondence**

| | |
|---|---|
| To be addressed to | ☐ Parent /Guardian 1 & 2 (at same address)<br>☐ Parent /Guardian 1 only<br>☐ Parent /Guardian 2 only<br>☐ Other (Please specify): |

## 3. PARENTS/GUARDIANS DETAILS

| **Parent / Guardian 1 (Mother/Father/Guardian)** | | | | | |
|---|---|---|---|---|---|
| Title *(Mr/Mrs/Ms/Dr/Mx/other)* | | Family name | | | |
| Given name/s | | | | | |
| Relationship to student | | Is this contact a residential guardian? | ☐ Yes ☐ No | | |
| Residential Address | ☐ Same Student's Address | | | | |
| Postal Address | ☐ Same as Residential Address | | | | |
| Home phone | | Business phone | | | |
| Mobile no | | Email | | | |
| Language spoken at home | | | | | |
| Occupation | | Employer | | | |
| Position / title | | Occupation group (*See list)* | | | |
| Country of birth | | Religion | | | |
| What is the highest year of Secondary School completed? | ☐ Year 12 or equivalent<br>☐ Year 11 or equivalent<br>☐ Year 10 or equivalent<br>☐ Year 9 or equivalent | | | | |
| What is the highest qualification completed? | ☐ Bachelor degree or above<br>☐ Advanced diploma or above<br>☐ Certification I to IV *(including trade certificate)*<br>☐ No post-secondary qualification<br>☐ Unknown | | | | |
| Will this person take responsibility for the fees? | ☐ Yes ☐ No | % of fees | | | |

| **Parent / Guardian 2 (Mother/Father/Guardian)** | | | | | |
|---|---|---|---|---|---|
| Title *(Mr/Mrs/Ms/Dr/Mx/other)* | | Family name | | | |
| Given name/s | | | | | |
| Relationship to student | | Is this contact a residential guardian? | ☐ Yes ☐ No | | |
| Residential Address | ☐ Same Student's Address | | | | |
| Postal Address | ☐ Same as Residential Address | | | | |
| Home phone | | Business phone | | | |
| Mobile no | | Email | | | |
| Language spoken at home | | | | | |
| Occupation | | Employer | | | |
| Position / title | | Occupation group (*See list)* | | | |

| | | | |
|---|---|---|---|
| Country of birth | | Religion | |
| What is the highest year of Secondary School completed? | ☐ Year 12 or equivalent<br>☐ Year 11 or equivalent<br>☐ Year 10 or equivalent<br>☐ Year 9 or equivalent | | |
| What is the highest qualification completed? | ☐ Bachelor degree or above<br>☐ Advanced diploma or above<br>☐ Certification I to IV *(including trade certificate)*<br>☐ No post-secondary qualification<br>☐ Unknown | | |
| Will this person take responsibility for the fees? | ☐ Yes ☐ No | % of fees | |

**Partner (of Parent / Guardian 1)**

| | | | |
|---|---|---|---|
| Title *(Mr/Mrs/Ms/Dr/Mx/other)* | | Family name | |
| Given name/s | | | |
| Relationship to student | | Is this contact a residential guardian? | ☐ Yes ☐ No |
| Residential Address | ☐ Same Student's Address | | |
| Postal Address | ☐ Same as Residential Address | | |
| Home phone | | Business phone | |
| Mobile no | | Email | |
| Language spoken at home | | | |
| Occupation | | Employer | |
| Position / title | | Occupation group (*See list)* | |
| Country of birth | | Religion | |
| What is the highest year of Secondary School completed? | ☐ Year 12 or equivalent<br>☐ Year 11 or equivalent<br>☐ Year 10 or equivalent<br>☐ Year 9 or equivalent | | |
| What is the highest qualification completed? | ☐ Bachelor degree or above<br>☐ Advanced diploma or above<br>☐ Certification I to IV *(including trade certificate)*<br>☐ No post-secondary qualification<br>☐ Unknown | | |
| Will this person take responsibility for the fees? | ☐ Yes ☐ No | % of fees | |

**Partner (of Parent / Guardian 2)**

| | | | |
|---|---|---|---|
| Title *(Mr/Mrs/Ms/Dr/Mx/other)* | | Family name | |
| Given name/s | | | |
| Relationship to student | | Is this contact a residential guardian? | ☐ Yes ☐ No |
| Residential Address | ☐ Same Student's Address | | |
| Postal Address | ☐ Same as Residential Address | | |

| | | | |
|---|---|---|---|
| | | | |
| Home phone | | Business phone | |
| Mobile no | | Email | |
| Language spoken at home | | | |
| Occupation | | Employer | |
| Position / title | | Occupation group (*See list)* | |
| Country of birth | | Religion | |
| What is the highest year of Secondary School completed? | ☐ Year 12 or equivalent<br>☐ Year 11 or equivalent<br>☐ Year 10 or equivalent<br>☐ Year 9 or equivalent | | |
| What is the highest qualification completed? | ☐ Bachelor degree or above<br>☐ Advanced diploma or above<br>☐ Certification I to IV *(including trade certificate)*<br>☐ No post-secondary qualification<br>☐ Unknown | | |
| Will this person take responsibility for the fees? | ☐ Yes ☐ No | % of fees | |

| **ADDITIONAL EMERGENCY CONTACTS** | | | |
|---|---|---|---|
| *Please give the names, addresses and phone numbers of at least two people, not already listed, who could be contacted by the school (e.g. grandparents, close friends). At least one emergency local contact is requested.* | | | |
| **Emergency Contact 1** | | | |
| Full Name | | | |
| Relationship to student | | | |
| Mobile No. | | Work/Home No. | |
| **Emergency Contact 2** | | | |
| Full Name | | | |
| Relationship to student | | | |
| Mobile No. | | Work/Home No. | |

| FEEDBACK | | | |
|---|---|---|---|
| ***To be completed by the Parent /Guardian:*** What are you hoping for from your child's experience at the school? | | | |
| Completed by | | Relationship to student | |
| | | | |

## DECLARATION

I/We have parental responsibility for my/our child named in Section 1 of this form.

I/We wish to enrol my/our child at the school.

I/We declare that the information contained in this application for enrolment form is true and correct. Updates can be provided prior to a place of enrolment being offered by contacting the school.

I/We understand that if our child receives an offer of enrolment at the school, each parent will be required to agree to be bound by the School's Enrolment Agreement and relevant Code of Conducts available on the school's website.

I/We agree that if our child is enrolled at the school, we will be jointly and severally liable for the payment of all tuition fees and course levies, and other charges and levies, imposed by the school (collectively, school fees) during my/our child's enrolment, and to pay all school fees by the due dates.

I/We understand that submitting this form and paying the enrolment application fee (if applicable) does not guarantee my/our child a place at the school.

I/We give permission for the School to contact the student's current and previous school(s)/ early learning centre(s)/ kindergarten(s) as listed above to discuss the student's behavioural and disciplinary history and needs?

*(For more information about the school's enrolment process, please see the Enrolment Policy available on the school's website).*

| **Parent/Guardian 1** | | **Parent /Guardian 2** | |
|---|---|---|---|
| Signature | | Signature | |
| Name | | Name | |
| Date | | Date | |

## OCCUPATION GROUPS

*If you are not currently in paid work, but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation. If you have not been in paid work for the last 12 months, enter "N" in the occupation code field on the enrolment form.*

**OCCUPATION GROUP A**
***Senior management in large business organisations, government administration & defence and qualified professionals***

**Senior management in large business organisations**
**Senior Executive / Manager /Department Head** in industry, commerce, media or other large organisation

**Government administration**
- **Public Service Manager** (Section head or above) [e.g. health services / nurse administrator, school principal, faculty head]
- **Defence Forces Commissioned officer**

**Qualified Professionals**
Generally have a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems, identify, treat and advise on problems, teach others

**Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport**
- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, veterinarian]
- **Education** [e.g. teacher, university lecturer, VET/special education, education officer]
- **Law** [e.g. judge, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social worker, counsellor, librarian]
- **Engineering** [e.g. architect, surveyor, civil engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. software engineer, programmer]
- **Business** [e.g. management consultant, accountant, auditor]
- **Air/sea transport** [e.g. pilot, air traffic controller, captain]

**OCCUPATION GROUP B**
***Other business owners/managers, arts/media/sportspersons and associate professionals***

**Business Owner / Manager**
- **Farm/business owner/manager**
- **Specialist manager** [e.g. sales/marketing manager, customer service manager, property manager]
- **Financial services manager** [e.g. bank branch manager]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, petrol station, hotel/motel/caravan park]

**Arts /media / sportspersons**
- **Artist/Writer** [e.g. editor, journalist, author, photographer, musician, actor, dancer, painter]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

**Associate professionals** – generally have diploma /technical qualifications and provide support to managers and professionals

**Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration**
- **Medical, science, building, engineering, computer** technician
- **Health/social welfare** [e.g. enrolled nurse, paramedic / ambulance officer, dental technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer]
- **Business/administration** [e.g. recruitment/industrial relations officer, office/business manager]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant]

**OCCUPATION GROUP C**
***Tradesmen/women, clerks and skilled office, sales and service staff***

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. **All tradesmen/women are included in this group.**
- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

**Clerks, Skilled office, sales and service staff**
- **Clerk** [e.g. bookkeeper, payroll clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. sales representative, insurance agent]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, postal delivery worker, travel agent, fitness instructor]

**OCCUPATION GROUP D**
***Machine operators, hospitality staff, office assistants, labourers and related workers***

**Drivers, mobile plant, production/processing machinery and other machinery operators**

**Hospitality, office staff**
- **Sales staff** [e.g. sales assistant, motor vehicle salesperson]
- **Office staff** [e.g. data entry clerk, receptionist]
- **Hospitality staff** [e.g. waiter, kitchenhand, housekeeper]
- **Assistant/aide** [e.g. teacher's aide, dental assistant, vet nurse]

**Labourers and related workers**
- **Defence Forces** other ranks (below senior NCO)
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. shearer, farm hand, gardener]
- **Other worker** [e.g. labourer, factory hand, guard, cleaner]