

St. Vincent de Paul Primary School Enrolment Form



MELBOURNE
ARCHDIOCESE
CATHOLIC SCHOOLS



St. Vincent de Paul Primary School 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 (MACS), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

ENROLMENT FORM

Family Name:

Mail To (eg Mr & Mrs Smith):

STUDENT DETAILS

Surname:

First Name:

Middle name:

Preferred name:

Date of birth:

Religion: (include rite)

Gender:

Male:

Female:

Other:

Entry Year/Date:

Entry Grade/Level:

HOME ADDRESS OF STUDENT

Street number and name:

Suburb:

Postcode:

Home phone:

OFFICE USE ONLY	Date received:		Birth certificate attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Payment:	<input type="checkbox"/> Credit card	<input type="checkbox"/> Direct Debit	Immunisation history statement attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<input type="checkbox"/> Cash - Receipt No.:			
	Rates:	<input type="checkbox"/> Strathmore	<input type="checkbox"/> Other	Documents provided:	
	Family:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation
Spreadsheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Communion	<input type="checkbox"/> Confirmation	
Future Student (ICON)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visa information attached (if relevant): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments:					

HOME CARE ARRANGEMENTS	
<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Single Parent: Mother / Father (circle one)
<input type="checkbox"/> Carer/guardian	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Out-of-home care	

SACRAMENTAL INFORMATION		
Baptism	Date:	Parish:
Reconciliation	Date:	Parish:
Communion	Date:	Parish:
Confirmation	Date:	Parish:
Current parish:		

PRESCHOOL/PREVIOUS SCHOOL		
Name and address of preschool/previous school:		
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 <u>Form B</u> Consent to Transfer Information.)

NATIONALITY				
Government Requirement	Nationality:	Ethnicity:		
In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> 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 <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>				
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages			

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 naturalisation 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 details as appropriate below:

Permanent resident: (if ticked, record the visa subclass number)

Temporary resident: (if ticked, record the visa subclass number)

Other/visitor/overseas student: (if ticked, record the visa subclass number)

*** Please attach visa/ImmiCard/letter of notification and passport photo page.**

MEDICAL INFORMATION

Doctor's name:

Street number and name:

Suburb:

Postcode:

Phone:

Medicare number:

Ref number:

Expiry:

Private health insurance:

Yes

No

Fund:

Number:

Ambulance cover:

Yes

No

Number:

Medical condition:

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.

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

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

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> autism (ASD) | <input type="checkbox"/> behavioural concerns | <input type="checkbox"/> hearing impairment |
| <input type="checkbox"/> intellectual disability/developmental delay | <input type="checkbox"/> mental health issues | <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 (please specify) |

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 (please specify) |

Have you attached all relevant information/reports?

Yes

No

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

PARENT A /GUARDIAN 1		
Surname:	Title: (e.g. Mr/Mrs/Ms)	First name:
Address:		
Suburb:		Postcode:
Mobile:	Work phone:	Home phone:
SMS messaging: (for emergency and reminder purposes)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		
Relationship to child:		
Government Requirement	Occupation:	What is the occupation group? (refer to the School Family Occupation Index)
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> 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'.) <input type="checkbox"/> 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		
What is the level of the highest qualification Parent A/Guardian 1 has completed? <input type="checkbox"/> 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		

PARENT B /GUARDIAN 2		
Surname:	Title: (e.g. Mr/Mrs/Ms)	First name:
Address:		
Suburb:		Postcode:
Mobile:	Work phone:	Home phone:
SMS messaging: (for emergency and reminder purposes)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		
Relationship to child:		
Government Requirement	Occupation:	What is the occupation group? (refer to the School Family Occupation Index)

Religion: (include 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 <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
What is the level of the highest qualification Parent B/Guardian 2 has completed?			
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"/>

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN	
1. Name:	2. Name:
Relationship to child:	Relationship to child:
Home phone:	Home phone:
Mobile:	Mobile:

PAYMENT DETAILS			
Who will be responsible for payment of the school fees and levies?			
<input type="checkbox"/> Both Parents/Guardians	Percentage:	%	Signature:
<input type="checkbox"/> Parent A/Guardian 1	Percentage:	%	Signature:
<input type="checkbox"/> Parent B/Guardian 2	Percentage:	%	Signature:
<input type="checkbox"/> Other (please specify):	Percentage:	%	Signature:

CAMP, SPORTS AND EXCURSIONS FUND		
Are you eligible to apply for the Camps, Sports and Excursion Fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, you must have a current Health Benefit card, Health Care card, or Pension card.</i>		

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. AVOs, 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?

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.

PARENT A/CARER/GUARDIAN 1 SIGNATURE:		Date:
PARENT B/CARER/GUARDIAN 2 SIGNATURE:		Date:

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- student, if they are over 15 and living independently
- 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.

Note: Secondary students may complete parts of the form and co-sign.

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

<https://www.svstrathmore.catholic.edu.au>

School Family Occupation Index

PARENT OCCUPATION GROUPS

Parent Occupation is defined as the main work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job

Occupation Group A:

Senior management in large business organisation, government administration and defence and qualified professionals.

- Senior Executive/Manager/Department Head in industry, commerce, media or other large organisation.
- Public Service Manager (section head or above), regional director, health/education/police/fire services administrator.
- Other Administrator (school principal, faculty head/dean, library/museum/gallery directors, research facility director.
- Defence Forces (Commissioned officer)
- Professionals – generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and then teach others:
 - Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
 - Business (managements consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
 - Air/Sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Occupation Group B:

Other business managers, arts/media/sports persons and associate professionals.

Owner/Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

- Specialist Manager (finance/engineering/production/personnel/industrial relations/sales/marketing)
- Financial Services Manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- Retail Sales/Services Manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- Arts/Media/Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- Associate Professionals – generally have diploma/technical qualifications and support managers and professionals:
 - Health, Education, Law, Social Welfare, Engineering, Science, Commuting technician/associate professional.
 - Business Administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
 - Defence Forces Senior Non Commissioned Officer

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
- Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recoding/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions' clerk)
- Skilled Office, sales and service staff:
 - Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
 - Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjustor, market researcher)
 - Service (aged/disable/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

Occupation Group D:

Machine operators, hospitality staff, assistants, labourers and related workers

- Drivers, mobile plant, production/processing machinery and other machinery operators
- Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)
- Office assistants, sales assistants and other assistants:
 - Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)
 - Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff. Street vendor, telemarketer, shelf stacker)
 - Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal assistant.
- Labourers & Related workers
 - Defence forces – ranks below senior NCO not included above
 - Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forest/logging worker, miner, seafarer/fishing hand)
 - Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worked, trolley collector car park attendant.

Occupation Group N:

If you have not been in paid work for the last 12 months.

- Home Duties
- Carer

FORM B – Consent to Transfer Information

STUDENT DETAILS		
First Name:	Surname:	DOB:

STUDENT TRANSFER DETAILS		
Current School		
E No.	School:	Suburb:
New School / Catholic Education Commission of Victoria Ltd (CECV)		
E No. 1145	School: St Vincent de Paul Primary School	Suburb: Strathmore

The teacher/principal has discussed with me/us how and why certain information about my child is provided to the new school. I understand that in addition to formal reports etc. details regarding the educational program will be supplied.

I/We provide informed and express consent for all relevant health and/or educational information held by my child's school/preschool, **detailed below**, to be provided to St Vincent de Paul School. I understand that this information will be collected and used by St Vincent de Paul School to inform health and safety management strategies and educational programming for my child.

TYPE OF INFORMATION:

(e.g. personalised learning plans/student program, medical reports, specialist notes, information regarding adjustments, medical management plans, attendant care plans, behaviour support plans, safety plans)

Date	Author (e.g. psychologist's, medical, practitioner's name)	Title (e.g. speech pathologist, psychologist, paediatrician)	Description (e.g. cognitive assessment, language assessment)

CONSENT:

Parent/Carer/Guardian Name:	Parent/Carer/Guardian Signature: Date:
Parent/Carer/ Guardian Name:	Parent/Carer/Guardian Signature: Date:

Please refer to each school's information about their use and disclosure of information, and information regarding their privacy policy. Further clarification is available on request from the principals.