

St Vincent de Paul Primary School Enrolment Form



St Vincent de Paul Primary 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).

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

ENROLMENT FORM

Name of student:

Address where student lives:

Current school family: YES ☐ NO ☐

Tel:

OFFICE USE ONLY	Date received:	Birth certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Payment: Credit <input type="checkbox"/> Direct Debit <input type="checkbox"/> Cash <input type="checkbox"/> Receipt No.:	Documents:
	Rates: Strathmore <input type="checkbox"/> Other <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Photo <input type="checkbox"/> Enrolment Agreement <input type="checkbox"/> Permission <input type="checkbox"/>
	Spreadsheet: Yes <input type="checkbox"/> No <input type="checkbox"/>	ICON: Partial <input type="checkbox"/> Full <input type="checkbox"/>
	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa information attached (if relevant): Yes <input type="checkbox"/> No <input type="checkbox"/>
	Comments:	

Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)

Title: (Dr/Mr/Mrs/Ms)		Surname:		Given name:	
House Number:		Street Name:			
Suburb:			State:		Postcode:
Telephone:	Home:	Work:		Mobile:	
SMS messaging: (for emergency and reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					

Relationship to student:			
Occupation: (Government requirement)		What is the occupation group? (select from list of occupation groups in 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 Student Contact 1 (Parent 1/Guardian 1/Carer 1) 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 Student Contact 1 (Parent 1/Guardian 1/Carer 1) 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"/>

Student Contact 2 (PARENT 2/GUARDIAN 2/CARER 2)				
Title: (Dr/Mr/Mrs/Ms)		Surname:		Given name:
House Number:		Street Name:		
Suburb:		State:	Postcode:	
Telephone:	Home:	Work:	Mobile:	
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:				
Relationship to student:				
Occupation: (Government requirement)		What is the occupation group? (select from list of occupation groups in 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 Student Contact 2 (Parent 2 /Guardian 2/Carer 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 Student Contact 2 (Parent 2/Guardian 2/Carer 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"/>	

STUDENT DETAILS

Surname:	Entry year (YYYY):	Entry level/grade:	
Given name/s:	Preferred name:		
Date of birth:	Religion: (include rite)		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Unspecified/Indeterminate/X: <input type="checkbox"/>	

PREVIOUS SCHOOL/PRESCHOOL

Name and address of previous school/preschool:		
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.)

NATIONALITY

Nationality:	Ethnicity:		
In which country was the student born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
Date of arrival in Australia OR Date of return to Australia:			
What is the residential status of the student? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Evidence of Australian Residency:			
<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			
Visa sub class:		Visa expiry date:	
* Please attach visa/ImmiCard/letter of notification and passport photo page			
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 student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? Note: Record all languages spoken.			
	Student	Student Contact 1 (Parent1/Guardian1/ Carer1)	Student Contact 2 (Parent2/Guardian2/Carer2)
No	English only	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages		

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

EMERGENCY CONTACTS – other than student contacts (PARENT/GUARDIAN/CARER)	
1. Title: (Dr/Mr/Mrs/Ms)	2. Title: (Dr/Mr/Mrs/Ms)
Name:	Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

MEDICAL INFORMATION					
Doctor's name:					
Telephone:					
Medicare number:			Ref number:	Expiry:	
Private health insurance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fund:	Number:	
Ambulance cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number:		
Health Care Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Health Care Card No:	Expiry:	
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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does the student have an EpiPen or Anapen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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) and provide it to the school with this enrolment form.	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide explanation:
If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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>	

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 and reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Guardian/Carer	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: 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 (please specify)

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?

PAYMENT DETAILS

Who will be responsible for payment of school fees and levies?

<input type="checkbox"/> Both Student Contact 1 & Student Contact 2	Percentage	%
<input type="checkbox"/> Student Contact 1	Percentage	%
<input type="checkbox"/> Student Contact 2	Percentage	%

To whom the account for school fees and levies is sent?

Student Contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------	--	-------------------	--

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:
Student Contact 2 PARENT 2 /GUARDIAN 2/ CARER 2 SIGNATURE:	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 the school website
<https://www.svstrathmore.catholic.edu.au>

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.

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/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
<input type="checkbox"/>	Photo Permission form
<input type="checkbox"/>	Enrolment Agreement form