

Student Details (C/fwd..)	
Indigenous Identifier Aboriginal \ Torres Strait Islander:	
Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please tick <input checked="" type="checkbox"/> one below)	
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
<input type="checkbox"/> Both Aboriginal & Torres Strait Islander	
Visa Student	
1. Is the Student a Visa Student? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes – date of arrival in Australia: ____/____/____	
2. If 'no' has the student spent 2 years or more in a non-English speaking country? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. If 'yes' what was the date of departure from Australia? ____/____/____ Date of return to Australia? ____/____/____	

Children in your Family				
Please list below all the children in your family				
	Child's Full Name	School Year	Birth Order	Currently Attending – School / Kinder / N/A
Child				
Child				
Child				
Child				
Child				
Child				

Medical Details	
Doctor/Medical Centre Name & Address	
Phone Number	
Student's Medicare No: _____ Ref No. () Expiry Date ____/____	
Date of Last Tetanus Injection/Booster	
Allergies / Medical Alert	Please specify any allergies / medical alerts, particularly ANAPHYLAXIS , relating to the student applying for enrolment (example: Allergies to Nuts, Penicillin, Bee Stings, Asthma, Diabètes, Epilepsy management, EpiPen etc).
Immunisations	Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please refer to page 5, documents to be attached to this enrolment)

Medical Authority
In the event of any illness, or accident, I accept responsibility and authorize the person in charge in obtaining of such medical assistance as my child may require, should the school not be able to contact either parent. I also authorise the doctor called to administer an anaesthetic if necessary.
Following notification by the school, I will promptly attend any location to which my child may be taken for treatment.
Signature of Parent/Guardian: _____ Date: _____

Parish/Sacramental Details			
Sacrament	Date Received	Parish Received	Copy of Certificate attached
Baptism			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reconciliation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Eucharist			Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation			Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Details		
Details	Father/Carer Residing at the Same Address	Mother/Carer Residing at the Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship to student		
Address – Street		
Suburb & Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Mobile Phone Number		
Email Address		
Occupation		
Occupational Group <i>(Refer to list of occupation codes on page 7)</i>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group 8 <input type="checkbox"/>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group 8 <input type="checkbox"/>
Employer		
Employer's Address – Street		
Employer's Suburb & Post Code		
Country of Birth		
Nationality		
Ethnic Origin		
Religion		
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Medicare No.	No. _____ Ref No. () Expiry Date ____ / _____	No. _____ Ref No. () Expiry Date ____ / _____
SIGNATURE/S		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, supporting documentation must be provided.)	
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Needs					
Please indicate whether the student applying for enrolment has any known or suspected special needs (please tick <input checked="" type="checkbox"/> Yes or No for each of the following)					
Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Needs (vision and/or hearing impairment) Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/ support that he/she may be currently receiving (Supporting documentation <u>MUST</u> be provided).					

Emergency Contact Details		
Both Emergency Contact Details <i>MUST</i> be completed and be able to collect your child (if ill), within 1 hour of being called by the school.		
Details	Emergency Contact 1	Emergency Contact 2
	Please nominate a <u>non-residential</u> person other than a parent/carer , who may be contacted in the event of an emergency, if they cannot be contacted	Please nominate a person other than a parent/carer , who may be contacted in the event of an emergency, if they cannot be contacted
Title		
First Name		
Middle Name		
Surname		
Relationship to student		
Gender		
Address - Street		
Suburb & Post Code		
Home Phone Number.		
Work Phone Number.		
Mobile Phone Number.		
Email Address		
Employer		

1. FINANCIAL INFORMATION	
ACCOUNT INFORMATION:	
Account to be addressed to:	
Name:	
Address:	Post Code:
If account to be shared please list the other account payer's information:	
Name:	
Address:	Post Code:

1. FINANCIAL INFORMATION (C/fwd..)	
PARISH:	
Do you contribute to St Mary's Parish through Thanksgiving Offering Envelopes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to contribute to St Mary's Parish through Thanksgiving Offering Envelopes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FEES:	
School Fees are billed per family. Statements are sent out at the beginning of the year with the full amount payable per annum. Account statements are sent out also in Terms 2, 3 and 4. You can elect to pay school fees per week, month, term, or an annual payment in Term 1. If you have any concerns regarding the payment of school fees, please make an appointment to discuss this with Mrs Fraser, Principal.	
You can claim extra assistance towards your school fees if you are a holder of a Health Benefit Card, Health Care Card, or Pension Card. Do you hold one of these Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ALLOWANCES CLAIMED:	
Conveyance Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Kilometres from home to nearest school bus stop: _____	
STUDENT LEVY: There is an annual fee per child covering all books/class needs. This fee is charged at the beginning of the school year and payable first week of Term 1.	

2. I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes)	
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Baptismal Certificate
<input type="checkbox"/>	Citizenship documentation (where applicable)
<input type="checkbox"/>	Evidence of time out of the country eg passport, plane tickets, overseas school reports (where applicable)
<input type="checkbox"/>	Most recent previous school reports and external test results (where applicable)
<input type="checkbox"/>	Relevant Family Court Orders (where applicable)
<input type="checkbox"/>	Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
<input type="checkbox"/>	School Entry Immunisation Certificate
In making this application for my son/daughter to be enrolled at St Mary's School, I/we:	
2.1.	certify that the information herein is correct;
2.2.	understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment;
2.3.	agree to co-operate and work with the school in a manner of positive collaboration to the best of my/our ability in matters relating to the school, such as student behaviour management, parent/student/teacher meetings, school functions and events;
2.4.	note that if this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs);
2.5.	note that if this enrolment application is successful I/we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges;
2.6.	are not aware of any outstanding fees or charges, in relation to the student applying to enrol;
2.7.	are responsible for at another Catholic school; and
2.8.	have read the School Privacy Information and understand how information provided to the school might be used by the school in the daily education and pastoral care of my son/daughter, and I accept the use of this information for such purposes.

DECLARATION	
In dealing with this application, it may be necessary for the school or the Catholic Education Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.	
I/we consent to the school and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the Catholic Education Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.	
SIGNED _____ (Mother/Carer)	
and / or	
_____ (Father/Carer)	
DATE: ____ / ____ / ____	

School Privacy Information

1. The School [the Diocese both independently and through its Schools] collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
2. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
3. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
4. The School from time to time discloses appropriate information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, our diocese and the parish – St Mary's, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
5. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians. [On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website].
7. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
8. We will include your contact details in a class list for staff and in our school directory for staff use only.
9. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

OCCUPATIONAL GROUPS

Parental Occupation Definition:

Parental 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.

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 director, 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 teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.

Business [management 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]

GROUP B: Other business managers, arts/media/sportspersons 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, Computing 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.

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, recording/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 adjuster, market researcher]

Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

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, kitchenhand, 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 attendant]

Labourers and 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, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

GROUP 8: Currently not in paid work

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, tick Group '8' in the appropriate box.