

St Patrick's Parish Primary School

Application for Enrolment

9-11 William Street
Port Fairy Vic 3284



Enrolment Applicant Name: _____

APPENDIX 1

Applying for level (e.g. Foundation, Yr 1) _____ in the year 20_____

Documents required to accompany this form

- a copy of your child's Birth Certificate
- a copy of Citizen papers, Passport, Visa or travel documents for non-Australian resident or non-Australian born
- a copy of your child's Sacramental Certificates (if applicable)
- custody and/or court order documents (if applicable)
- previous school reports, and external test results (if applicable)
- relevant medical and/or special needs information including clinical/educational assessments (if applicable)
- immunisation Certificate (All enrolments require an immunisation certificate, see attached pamphlet)
- a copy of current Pension/Health Care Card (if applicable)

Family Mailing Details

Family Surname: _____ Mail to (e.g. Mrs/Mr/Ms): _____

Address: _____

Town: _____ Post Code: _____

Family Phone Number: _____ Current Parish: _____

Email Address: _____

Office Use Only

Date Received: _____ Enrolment Date: _____

Birth Certificate Attached Yes No Immunisation History Attached Yes No

English as an Additional Language Yes No Visa Information Attached (if relevant) Yes No

House Allocated: _____ Family Code: _____

Student Code: _____ VSN: _____

Email: principal@sportfairy.catholic.edu.au **Phone:** 03 55681371

Website: www.sportfairy.catholic.edu.au

Student Details		
Surname:	Entry Year (YYYY)	Entry Year Level
First name/s:		
Preferred first name:		
Date of Birth:	Religion (including rite):	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>

Home Address of Student	
Street number and name:	
Suburb:	Postcode
Home phone:	

Emergency Contacts - Other than Parent/Guardian			
Name		Name	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	

Sacramental Information		
Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Eucharist:	Date:	Parish:
Current Parish:		

Previous School/Preschool Permission	
Name & address of previous school/preschool:	
I/We give permission for school to contact previous school or preschool to gather relevant reports and information to support educational planning: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: _____	Signature: _____

Nationality		
Government Requirement	Nationality:	Ethnicity:
In which country was the student born?	Australia <input type="checkbox"/>	Other (specify):
Is the student of Aboriginal or Torres Strait Islander origin? (For a person 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		<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 document to be sighted and copies to be retained by the school)	
Australian citizen not born in Australia	
<input type="checkbox"/>	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:	
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	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:			
Address			
Medicare Number:	Ref Number:	Expiry:	
Private Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fund:	Number:
Ambulance Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 with Asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, please provide Asthma Plan
Has the student been diagnosed as being at risk of anaphylaxis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, please provide Anaphylaxis Plan
If yes, does the student have an EpiPen or Anapen?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide an explanation:
If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child present with:				
autism (ASD)		behavioural concerns		hearing impairment
intellectual disability/ developmental delay		mental health issues		oral language/communication difficulties
ADD/ADHD		acquired brain injury		vision impairment
giftedness		physical impairment		other condition (please specify)
Has your child ever seen a:				
paediatrician		physiotherapist		audiologist
psychologist/counsellor		occupational therapist		speech pathologist
psychiatrist		continence nurse		other specialist (please specify)
Have you attached all relevant information/reports? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Family Details				
Who will be responsible for payment of the school fees and levies?				
Surname:	First Name:	Address & Email Address:	Phone:	Relationship to the student:

Parent A or Guardian 1				
Surname:		Title: (e.g. Mr/Mrs/Ms)		First name:
Address:				
Home phone:		Work phone:		Mobile:
Email Address:				
SMS messaging: (for emergency and reminder purposes) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index Appendix 2a)		
Religion (include rite):		Nationality: Ethnicity if not born in Australia:		
Country of birth:	Australia <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>		
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 <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 A/Guardian 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"/>	
Do you have a Working With Children Check? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a pension or Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent B or Guardian 2				
Surname:		Title: (e.g. Mr/Mrs/Ms)		First name:
Address:				
Home phone:		Work phone:		Mobile:
Email Address:				
SMS messaging: (for emergency and reminder purposes) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index Appendix 2a)		

		Occupation Index Appendix 2a)	
Religion (include rite):		Nationality: Ethnicity if not born in Australia:	
Country of birth:	Australia <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>	
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 <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 A/Guardian 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"/>
Do you have a Working With Children Check? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a pension or Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Place in Family			
List all children in your family. (Oldest to youngest) - include applicant and School/Pre School if applicable.			
Name	School/Pre School	Year Level	Date of Birth

Home Care Arrangements	
<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Carer/guardian	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	Other (please specify):

Court Orders or Parenting Orders (if applicable)
Are there any current court orders or parenting orders relating to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>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.</i>
Is there any other information you wish the school to be aware of?

Parent/Carer/Guardian Signature:		Date:
Parent/Carer/Guardian 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 available on its website [insert school web address].

Permission

- I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.
- I give permission for school staff to apply sunscreen on my child during PE lessons, at sporting events, excursions and outside play from September to April.
- I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.

Parent 1- Signature: _____ Parent 2 - Signature: _____



St Patrick's Parish Primary School

Photograph/Recording Permission Form

At certain times throughout the year, students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Catholic Education Ballarat (CEB), relevant Parish, Diocese of Ballarat and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

We would like permission to use your child's photograph/recording for the above purposes. Please complete the permission form below and return it to the school as soon as possible.

Thank you for your continued support.

STUDENT'S FULL NAME:		YEAR LEVEL:	
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- I give permission for my child's:
 - name
 - photograph
 - recording
- to be published by the school on/in:
 - the school website
 - social media
 - promotional materials
 - newspapers and other media
- I authorise CEB/Parish/Diocese of Ballarat/the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CEB/ Parish/ Diocese of Ballarat/the CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/recording of my child to be used by the school/CEB/the CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/recording appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

LICENSED UNDER NEALS: The photograph/recording may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of parent/guardian (please circle):			
Signed: parent/guardian		Date:	

Any permission and consent given may be withdrawn by the parent/guardian or student (if they are aged 15 or over) by notifying the school in advance of any photograph or recording being made.

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Agreement Form

I acknowledge that I understand and accept the terms and conditions of enrolment as set out in the Explanatory Statement (Appendix 2) and, if enrolment is accepted, I agree that there are certain expectations, obligations and guarantees required of parents/guardians of the school's students, so that a harmonious relationship may be established:

- I will support and abide by school policies and rules, as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the school
- I will ensure that the information I have provided is kept up to date throughout the period of enrolment and I will notify the school promptly of any changes to that information (e.g. change of residential address, changes to parenting orders)
- I will pay the current school fees and levies for my child and also pay any variation or increase of fees and levies as required upfront at the beginning of the school year or in three instalments (and will pay in full by the end of Term 3 each year), or I will otherwise notify the school immediately if I am experiencing financial difficulties
- I will support my child's participation in the religious life of the school (e.g. school liturgies, retreat programs)
- I will attend parent/teacher and information evenings which relate to my child
- I will participate in a working bee once a year or make a financial contribution
- In the event I have any concerns, I will raise them initially with the relevant teacher or the school principal
- I will treat all members of the school community with respect as befits a Catholic school
- If in time of emergencies, accidents or serious illness I cannot be contacted, I give permission for the principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I also understand that the signatories below are required to meet any costs incurred
- As a parent/guardian, I understand that if this application is successful, I will support the vision of the school and parish. In accepting the enrolment, I agree to abide by all of the school's policies, procedures and protocols (Policies). These Policies are reviewed regularly and may be subject to change at the school's discretion. I will work with the school to support any academic/social/behavioural needs of my child. I agree to support my child's participation in the religious life of the school (e.g. school liturgies, Masses etc.). The consequence of not complying with the school's Policies may result in the termination of the enrolment.

I understand that if any misleading information has been provided, or any omission of significant information is made in the application for enrolment, acceptance will not be granted; or, if discovered after acceptance, enrolment may be withdrawn.

Parent A/Guardian 1 signature:		Date:
Parent B/Guardian 2 signature:		Date:



Principal: Sue Paulka

Deputy Principal: Peter Sanderson

Address: 9-11 William Street, Port Fairy 3284

Email: principal@spportfairy.catholic.edu.au

Phone: 03 55681371

Website: www.spportfairy.catholic.edu.au