



CATHOLIC EDUCATION
DIOCESE OF WOLLONGONG

ENROLMENT APPLICATION

CATHOLIC SYSTEMIC PRIMARY SCHOOLS

www.dow.catholic.edu.au

This form should be used to apply for enrolment in any Catholic Systemic Primary School in the Diocese of Wollongong. IF YOU WISH TO APPLY TO MORE THAN ONE SCHOOL, YOU SHOULD MAKE A SEPARATE APPLICATION TO EACH SCHOOL. This form should be returned to the school at which you are seeking enrolment during the enrolment period.

The information sought on this form is required by the School for its own purposes and to answer questions from various Government and Educational authorities.

SECTION 1 - School Preference

BLOCK LETTERS PLEASE

Indicate your enrolment preference by writing the name and suburb of the school in the spaces provided below.

School Suburb

SECTION 2 - Family Details

BLOCK LETTERS PLEASE

Family Surname Mailing Title
(eg. Mr, Mrs, Ms, Miss)

Residential Street No/Property Street Name

Suburb/Town State Postcode

Postal Street No/Property Street Name

Same as above PO Box

Please tick

Suburb/Town State Postcode

Phone Parish

Medicare No. Main language spoken at home

SECTION 3 - Student Details

BLOCK LETTERS PLEASE

Full Name Preferred First Name

Previously known as Date of Birth

Male Female Year Level into which admission is sought K 1 2 3 4 5 6

Year started school in Australia Proposed date of commencement if later than the beginning of Term 1

Previous School(s) - please provide details of any school where the student has previously been enrolled (NSW, Interstate or overseas) starting with the most recent.

Name of school last attended Year level

Location Date attended / / to / /
Month Year Month Year

If more space is needed, please attach a page marked 'Previous Schools'.

Country of Birth Nationality

Religion Language spoken by child at home

Student on VISA No Yes Residential Status: Permanent Temporary

Visa No. Expiry Date

Aboriginal/Torres Strait Islander? No Yes If YES, please tick one below

Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

FAMILY CODE

STUDENT No.

Birth Position		Offer Sent		Year Level	
Application Received		Offer Accepted		House Group	
Interview Date/Time		Date of Enrolment at this School		Residency Status	
Attended		Roll Class		VISA Class No.	
Certificates Provided		Receives Bursary			

OFFICE USE ONLY

Please attach
STUDENT PHOTO
Please provide a
Passport Size Photo

CATHOLIC SYSTEMIC PRIMARY SCHOOL ENROLMENT APPLICATION
THIS SECTION IS TO BE RETURNED TO THE SCHOOL
Remove the following pages from the package.

SECTION 4 - Other Children in Family Details

BLOCK LETTERS PLEASE

	Name	Date of Birth	If at school, School Name	School Year Level
Child 1				
Child 2				
Child 3				
Child 4				

SECTION 5 - Parish Details

BLOCK LETTERS PLEASE

Parish you currently attend

Name of Parish Priest

Are you known to your Parish Priest? Yes No

Parish Involvement
(Provide any details)

SECTION 6 - Medical Details

BLOCK LETTERS PLEASE

Doctor's Name

Dr's Phone No.

Student's Medicare No.

Expiry Date

Schools need to access information from health professionals about how to manage any allergy or medical condition experienced by the student.

Any Allergies? Yes No

If Yes, please specify eg peanuts, insect stings, etc

Any Medical Conditions? Yes No

If Yes, please specify any medical conditions of which the school should be aware including any medication taken by student (eg Epilepsy, Asthma, Vision or Hearing)

Anaphylaxis Yes No Carries EpiPen or similar Yes No

You should also let the school know as soon as you are aware of any new allergies or other medical conditions.

Immunisations

Has your child been immunised against:

NB: Provide a copy of Immunisation Certificate

Measles/Mumps Yes No

Meningococcal Yes No

Polio Yes No

Rubella Yes No

Tetanus/Diphtheria Yes No

Whooping Cough Yes No

SECTION 7 - Special Needs

BLOCK LETTERS PLEASE

Indicate whether the student applying for enrolment has any known or suspected Special Needs:

Physical Needs Yes No

Medical Needs Yes No

Educational Needs Yes No

Behavioural Needs Yes No

Mental Health Needs Yes No

Any other Special Needs Yes No

If you have answered yes to any of the above, please provide full details of those needs and any intervention/support that he/she may be currently receiving (Supporting documentation must be provided).

Please Note: If this application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its capacity to provide adequate services to meet these needs.

SECTION 8 - Taking/Use of Photographs and Digital Media

BLOCK LETTERS PLEASE

I give permission for photographs or other digital media images of my child to be taken/used for:

School Publications and Website Yes No

Diocesan Publications and Website Yes No

SECTION 9 - Sacramental Details

BLOCK LETTERS PLEASE

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			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"/>
Reconciliation	Has your child completed a Reconciliation Program?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Office Use Only SAS Contact No.

SECTION 10 - Father / Carer
Residing at Same Address BLOCK LETTERS PLEASE

Full Name
(eg Mr Paul John Smith)

Relationship to Student

Male Female

Emergency Contact Yes No

Residential

Street No/Property

Street Name

Suburb/Town

State Postcode

Postal

Same as above

PO Box

Street Name

Suburb/Town

State Postcode

Mobile Phone

Work Phone

Home Phone

Email

Country of Birth

Nationality

Religion

Occupation

Group A Group B Group C Group D Group E

Please tick the Occupational group (refer to Parental Occupations sheet - Section 21)

Employer

Level of School Education

Year 9 Year 10 Year 11 Year 12

(equivalent or below)

Highest Qualification

Bachelor Degree or above Certificate I to IV
(including trade certificate)

Advanced Diploma/Diploma No non-school qualification

Main language spoken at home

Other language spoken at home

Office Use Only SAS Contact No.

SECTION 11 - Mother / Carer
Residing at Same Address BLOCK LETTERS PLEASE

Full Name
(eg Mrs Patricia Joyce Smith)

Relationship to Student

Male Female

Emergency Contact Yes No

Residential

Street No/Property

Street Name

Suburb/Town

State Postcode

Postal

Same as above

PO Box

Street Name

Suburb/Town

State Postcode

Mobile Phone

Work Phone

Home Phone

Email

Country of Birth

Nationality

Religion

Occupation

Group A Group B Group C Group D Group E

Please tick the Occupational group (refer to Parental Occupations sheet - Section 21)

Employer

Level of School Education

Year 9 Year 10 Year 11 Year 12

(or equivalent or below)

Highest Qualification

Bachelor Degree or above Certificate I to IV
(including trade certificate)

Advanced Diploma/Diploma No non-school qualification

Main language spoken at home

Other language spoken at home

Office Use Only SAS Contact No.

Office Use Only SAS Contact No.

SECTION 12 - Non Residential Parent / Carer (If applicable)

BLOCK LETTERS PLEASE

Full Name
(eg Mrs Patricia Joyce Smith)

Relationship to Student

Male Female

Emergency Contact Yes No

Residential

Street No/Property

Street Name

Suburb/Town

State Postcode

Postal

Same as above

PO Box

Street Name

Suburb/Town

State Postcode

Mobile Phone

Work Phone

Home Phone

Email

Country of Birth

Nationality

Religion

Occupation

Group A Group B Group C Group D Group E

Please tick the Occupational group (refer to Parental Occupations sheet - Section 21)

Employer

Level of School Education

Year 9 Year 10 Year 11 Year 12

(or equivalent or below)

Highest Qualification

Bachelor Degree or above Certificate I to IV
(including trade certificate)

Advanced Diploma/Diploma No non-school qualification

Main language spoken at home

Other language spoken at home

SECTION 13 - Local Emergency Contact Other than Parent

BLOCK LETTERS PLEASE

Emergency Contact Person 1 (Other than Parent)

Full Name
(eg Mrs Patricia Joyce Smith)

Relationship to Student

Male Female

Home Phone

Work Phone

Mobile Phone

Office Use Only SAS Contact No.

Emergency Contact Person 2 (Other than Parent)

Full Name
(eg Mrs Patricia Joyce Smith)

Relationship to Student

Male Female

Home Phone

Work Phone

Mobile Phone

SECTION 14 - Kindergarten Students

In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs?

Yes No

If **yes**, indicate any of the following that apply and show if this was part time (less than 15 hours per week) or full time (15 hours or more per week)

Day Care (with a preschool program) Part time Full time Postcode

Day Care (without a preschool program) Part time Full time Postcode

Day Care (preschool program unknown) Part time Full time Postcode

Preschool Part time Full time Postcode

Family Day Care Part time Full time Postcode

Informal care (Grandparent, Nanny) Part time Full time Postcode

Other, please specify _____

Preschools usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

Day Care services offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before school.

Name and Suburb of Preschool / Long Day Care service

SECTION 15 - Special Circumstances

BLOCK LETTERS PLEASE

(A) Are there any circumstances concerning the student seeking to be enrolled that the school should know prior to enrolment?

Yes No If yes, provide a brief description of the circumstances

(B) To your knowledge, is there anything in the student's history or circumstance (including medical history) which might pose a risk of any type to the student, other students or staff at this school?

Yes No If yes, provide a brief description of the student's medical or other history which might pose a risk of any type to the student, other students, or staff at this school

(C) Please provide contact details of health professionals or other relevant bodies that have knowledge of the circumstances noted in A or B above

(D) Has the student any history of violent behaviour (physical or verbal)?

"Violence" is not restricted to physical acts. Violence can include any behaviour that seriously interferes with the physical or psychological health, safety and wellbeing of staff, students or others such as bullying, harassment, intimidation or threatening behaviour.

Yes No If yes, please provide details

(E) Has the student been suspended or excluded from any previous school? Yes No

If yes, was this for:

- i) Actual violence to any person? Yes No
- ii) Possession of a weapon or any item used to cause or threaten harm or injury? Yes No
- iii) Threats of violence, bullying or intimidation of staff, students or others at the school? Yes No
- iv) Illegal drugs? Yes No
- v) Other? Yes No please specify _____

(F) Are you aware of any other incidents of the kind described above that have involved the student outside of the school setting? Yes No If yes, please provide a brief outline of these incidents

(G) Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?

Yes No If yes, please provide supporting documentation

SECTION 16 - Consent to Access Documents

I consent to Catholic Education, Diocese of Wollongong gaining access to relevant information about this student whether held by previous schools, health care professionals or other government agencies. I understand that the school may approach these bodies directly and obtain this information if I do not consent. The information they request may include information related to any of the questions I have answered in this application.

Signature: _____

Date: _____

Print Name: _____

SECTION 17 - Medical Treatment Permission

If my child should require urgent medical treatment, I authorise the school staff to seek medical attention and I agree to meet all costs.

Signature: _____

Date: _____

SECTION 18 - School Fees and Levies

Enrolment carries an obligation to pay all School Fees and Levies. Parents and/or Carers, who through the declaration at Section 20 make the application for enrolment, are joint and severally liable for the payment of all School Fees and Levies.

There are a range of mechanisms available for the payment of School Fees and Levies, including the division of school fee payments between the Parents, Carers and/or Third Parties. Where a Third Party is nominated as the fee payer, this does not change the liability for the Parents and/or Carers for any unpaid School Fees and Levies.

To request an application to either divide School Fee Payments or to nominate a Third Party, please tick this box.

Parents and/or Carers unable to pay school fees due to genuine financial hardship are urged to approach the Principal who will respond to their situation with care and sensitivity. Early communication with the school regarding a family's financial situation is essential. A current and genuine inability to pay school fees should not prevent application for enrolment.

SECTION 19 - Requirements for Parents and Students

(i) Application for enrolment in a Catholic School means that you are choosing a Catholic education for your child. It requires your commitment to support the philosophy, values and aims of the school and a willingness to co-operate in their implementation. Specifically it means:

- Religious Education is a core subject studied by all students
- Catholic values are emphasised
- Academic excellence and the acquisition of skills are promoted within a Catholic framework

(ii) Your child is required to meet the school's high expectations regarding:

- behaviour and self discipline including adherence to anti-bullying policies
- compulsory attendance at school
- application to course work and study
- participation in school activities
- participation in the prayer, liturgical and faith life of the school
- uniform codes

(iii) Your co-operation is essential to assist your child to attain these expectations. Parents are expected to participate in the total life of the school through such events as Parent/Teacher nights, the prayer life of the school and activities of the Parents and Friends Association.

SECTION 20 - Declaration

I/We _____

have read and agree to the responsibilities stated above in 'SECTION 18 School Fees and Levies' and 'SECTION 19 Requirements for Parents and Students' and apply for enrolment of my/our child subject to these expectations.

I/We declare that the information provided in this Enrolment Application is, to the best of my/our knowledge and belief, accurate and complete. I/We recognise that, should statements in this application later provide to be false or misleading, any decision made as a result of this application may be reversed.

Signature: _____

Mother / Carer

Date: _____

Signature: _____

Father / Carer

Date: _____

SECTION 21 - Parental Occupations Definition Sheet (as in Section 10, 11 and 12)

Parental Occupation is defined as the **main** work undertaken by the Parent/Carer. If a Parent/Carer 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 (NCO)

GROUP C Tradespeople, clerks and skilled office, sales and service staff

- **Tradespeople** generally have completed a 4 year trade certificate, usually by apprenticeship. All tradespeople 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/refugee/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 E Not in paid work in the last 12 months

SECTION 22 - Check List

I have read and accept the attached: (Privacy) Standard Collection Notice Yes No

I have read and accept the attached: Enrolment Policy and Procedures Yes No

I have attached a copy of the following documents:

- my child's Birth Certificate _____ Yes No
- my child's Baptismal Certificate _____ Yes No
- my child's Immunisation Certificate _____ Yes No
- evidence of my residential address _____ Yes No
- my child's two most recent school reports _____ Yes No
- my child's most recent NAPLAN report (if applicable) _____ Yes No
- special needs supporting documentation (if applicable) _____ Yes No
- Student Visa (if applicable) _____ Yes No
- Family Court Orders / Family Plan (if applicable) _____ Yes No
- my child's Personalised Plan(s) eg Health Plan, Learning Plan
or Behaviour Management Plan (if applicable) _____ Yes No