

SACRED HEART PARISH SCHOOL CUNNAMULLA



APPLICATION FOR ENROLMENT FORM

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STUDENT NAME *SURNAME:**GIVEN NAME:*

PARENT/CARER *SURNAME:**GIVEN NAME:*

PARENT/CARER *SURNAME:**GIVEN NAME:*

STUDENT'S CURRENT SCHOOL:

ENROLMENT SOUGHT FOR YEAR **OF** **20**.....

Prior to offers being made, an enrolment interview will be scheduled between the School / College and the student and parents/guardians.

In the process of the enrolment interview, we will endeavour to ascertain your desire for the education of your son/daughter in relation to the:

- *School / College Mission Statement and*
- *The Values and Ethos of this School / College.*

It is essential that this enrolment document is completed **prior** to the interview.

It is not possible to canvas every issue in this document at interview, but in the process of completing the document, you may decide on key questions that you would particularly like to raise with the interviewer.

If for language or due to other considerations you have difficulties completing this enrolment document prior to the enrolment interview, please contact the School / College Office for assistance.

Thank you.

Please Note:

- *Full and frank disclosure of requested information is required.*
- *Failure to disclose all relevant and correct information could result in cancellation of enrolment.*
- *A confirmation deposit may be requested on offer of a place at the School / College.*
-*Prep Enrolments are only considered where the child turns 5 years of age on or before 30 June of the year of intended commencement at the School*

The purpose of these questions is to ascertain the educational and physical needs of your child and to determine our ability to best meet those needs.

PLEASE ACCOMPANY THIS FORM WITH AN ENROLMENT / ADMINISTRATION FEE (IF APPLICABLE)

OFFICE USE ONLY		
Date Issued	Date Commenced.....	Interview Date
Application Received		
House	Teacher	Class
Interviewed By	Special Circumstances <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Key.....
Date Left.....		

Name of Student: Current School:	Office Use Only Student Code: Family Code:
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Family Mailing Details

Family Surname:	
Mail to [e.g. Mr & Mrs Smith]:	Greeting Names [e.g. John & Mary]:
Address:	Suburb/City: Post Code:
Family Phone Number:	Other :
Relationship: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>	Current Parish:
Health Fund (if applicable):	Health Fund Number: Expiry Date : __/__/____
Health Care Card No. (if applicable):	Medicare Number:
Private Hospital Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Private Hospital Cover No:
Private Hospital Cover Type:	Language Spoken at Home:
Do you require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Language Spoken at Home:

Children in your Family at other Schools

Please list below all the children in your family attending other Schools

	Full Student Name	School Year	Birth Order	Current School Attending
Child				
Child				
Child				

Student Details

First Name:	Previous School:	Year Level:
Middle Name:	Was the Student born overseas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surname:	If Yes <input checked="" type="checkbox"/> Please complete the section below -	
Preferred Name:	Date Arrived in Australia: __/__/____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Date attended first Australian School: __/__/____	
Date of Birth:	First Australian School Year (e.g.: 2001):	
Religion:	Method of Transport to School:	
Country of Birth:	Nationality:	
Ethnic Origin:	Does the student speak a language(s) other than English at home?	
Commencement Calendar Year or Date:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below:	
School Year Start [e.g.: Prep, Year7]:	1. 2.	
	Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes <input checked="" type="checkbox"/> Please provide details on page 3)	
	Office Use Only: Fee Flag:	

Indigenous Identifier Aboriginal \ Torres Strait Islander: Yes No (If Yes, please tick one below)
 Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Visa Student

1. Is the Student residing in Australia on a Visa? Yes No 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 No Country: No

3. If 'yes' what was the date of departure from Australia? __/__/____ Date of return to Australia? __/__/____

4. Visa Sub Class (3 Digits): _____ Temporary / Permanent

5. Actual Visa Number: _____ Visa expiry Date: ____/____/____

6. Passport Number: _____ Passport expiry Date ____/____/____ Passport Issued By (Country): _____

Does the Students passport expire before the Visa? Yes No If 'Yes' please renew passport at least 6 months before the expiry date via your consulate / embassy.

7. Is the Student a Full Fee Paying Overseas Student (FFPOS)? Yes No If 'Yes' please complete below.

8. Confirmation of Enrolment – Course Code: _____ Course Description: _____

9. Confirmation of Enrolment Number: _____ Course Start Date: __/__/____ Course End Date: __/__/____

10. OSHC Provider: _____ Membership Number: _____ OSHC Expiry Date: __/__/____

Medical Details	
Doctor / Medical Centre Name:	Phone Number:
Student's Medicare Number: Medicare 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 etc).
Immunisations	Has the Immunisation Certificate been submitted? 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).					

Parish/Sacramental Details			
Sacraments	Date Received	Parish Received	Copy of Certificate supplied
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"/>

Media Consent	
I/We consent /do not consent (<i>delete as applicable</i>) to the Student being photographed and/or named in publications of the school, including but without limitation, any internet or web site, year book, newsletter, advertising or promotional material or press release.	Consent <input type="checkbox"/> Do Not Consent <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:		
Address – Residential:		
Suburb & Post Code :		
Postal Address (if applicable):		
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:		
Fax Number:		
Mobile Phone Number:		
Email Address:		
Occupation:		
Occupational Group (Refer to list of occupations codes attached)	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>
Employer:		
Employer Address:		
Employer 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 Number:		
SIGNATURE		

Contact Details

Details	(1) Non Residential Parent (if applicable)	(2) Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home Address	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
Title:		
First Name:		
Middle Name:		
Surname:		
Relationship:		
Address – Residential:		
Suburb & Post Code :		
Postal Address (if applicable):		
Home Phone Number:		
Work Phone Number:		
Mobile Phone Number:		
Email Address:		N/A
Employer:		
Employer Address:		
Employer Suburb & Post Code :		
Occupation:		
Occupational Group: (Refer to list of occupations codes attached)	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>	
Country of Birth:		
Nationality:		
Ethnic Origin:		
Religion:		
Provide a copy of Assessment Reports etc:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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"/>	
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"/>	N/A
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.)	

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 1: 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 2: 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 3: 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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: 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 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