



School Details

Principal:.....Kathy Bliss
Parish Priest:.....Father Ray Johnson
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**Confidential
APPLICATION FOR ENROLMENT**

NAME: **D.O.B.:**

YEAR/LEVEL: **200**_____

PRIVACY NOTICE

Information we collect

Our school collects and records personal, sensitive and health information from students and parents/guardians before and during the course of a student’s enrolment at our school.

Purpose of collection

The primary purpose of collecting and recording this information is to enable the provision of quality Catholic education. In addition, some of the information we collect and record is to satisfy the school’s legal obligations, particularly to enable the school to discharge its duty of care to students and parent/guardians. This information may also be used for appropriate parish purposes.

Disclosure of information

This information may be disclosed by us for administrative educational, health and safety purposes to others including, but not limited to, personnel within the Toowoomba Catholic Education Office, other systemic schools, medical practitioners, child safety authorities people providing services to schools, such as specialist visiting teachers and consultants.

Security

Your information will be securely filed.

Our privacy position

Catholic Education Office and schools are bound by the *Privacy Amendment (Private Sector) Act 2000*, and has adopted the ten (10) National Privacy Principles. A hard copy of the privacy Policy may be provided on request.

Access

You may request access to your information in writing to the Principal of the School.

FULL AND FRANK DISCLOSURE of the personal, sensitive or health information referred to above is necessary otherwise initial and/or ongoing enrolment will be at risk.

OFFICE USE ONLY

Date of Application: _____
Family Key: _____
Enrolment No. _____
Birth Certificate YES / NO

Commencement Date: _____
Student Key: _____
Baptism Certificate YES / NO

1. SECTION A. Family Information			
FAMILY DETAILS	MOTHER Parent / Guardian (a) Residing with Child	FATHER Parent / Guardian (b) Residing with Child	PARENT Not Residing with Child (If Applicable)
Title (eg Mr/Mrs/Miss/Ms):			
Surname			
Christian Name/s			
Preferred Name			
Relationship to Child			
Marital Status:			
Are you a past student:			
Sole Parent? (YES / NO)			
Do you hold a Healthcare Card:			
Home Address			
Date moved to address			
Address for Correspondence			Is Correspondence Required? YES / NO
Home Phone No.			
Mobile Phone			
Fax No.			
Daytime Contact No			
Email address			
Religion			
Parish			
Name of Work Place			
Occupation & Code No. (please refer to below)			
Birth Country			
School Education (Please use code as per below)			
Non-School Education (Please use code as per below)			
Country of Citizenship			
Aboriginal culture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Torres Strait Islander culture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MAIN Language Spoken at Home (eg English; Polish;)			
Other Language/s Spoken at Home (eg Lebanese, etc.)			
English Speaking? (Yes/No) - If No, need Interpreter?			

****Family Court Orders, Domestic Violence Orders, Care Orders and any other Court or Parental agreements must be provided**

FAMILY DETAILS

Occupation Code – 1 - Senior Management; 2 – Other Management; 3 – Tradesperson; 4 – Machine Operator;

8 – Not in paid work in last twelve months; 9 – Not Stated;

School Education – 4 – Year 12 or equivalent; 3 – Year 11 or equivalent; 2 – Year 10 or equivalent; 1 – Year 9 or equivalent; 0 – Not Stated /Unknown;

Non-School Education – 7 – Bachelor degree or above; 6 – Advanced Diploma/Diploma; 5 – Certificate I to IV (including trade certificate); 8 – No non-school qualification; 0 – Not Stated/Unknown.

2. SECTION B. Student Details

Surname			
Christian Name/s		Preferred Name	
Date of Birth <i>(Please attach a copy of your child's birth certificate)</i>		Gender	
This child's position in the family - Sibling Order <i>(eg eldest of 3)</i>			
Religion		Parish	
Birth Country		Country of Citizenship	
Arrival date in Australia: _____ Type of Resident: Permanent / Temporary Overseas Student: Yes / No Visa Subclass number: _____ <i>(Documentary evidence required)</i>			
Aboriginal or Torres Strait Islander culture: Yes/No		Aboriginal - YES / NO Torres Strait Islander - YES / NO	
MAIN Language spoken at home e.g. English/Polish/etc.			
Is this an Aboriginal or Torres Strait Islander Language?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Language/s spoken e.g. English/Polish			
Refugee - <i>(Yes / No)</i> :		Is the student in care of the state- <i>(Yes / No)</i> :	

a) ALL PREVIOUS SCHOOL/S or PRESCHOOL/S or KINDERGARTEN

School	Place	Date from	Date to	Year	Class

b) IMMUNIZATIONS

Please include an official copy of your child's immunization schedule.

c) SACRAMENTS (Catholic and other Churches)

<i>(Documentary evidence required)</i>	Date Received	Church	Place
Baptism			
Reconciliation			
Confirmation			
Eucharist			

N.B. Parents of students, who are not of the Catholic tradition, apply for enrolment on the understanding that their child will fully participate in the religious education programme of the school.

d) SIBLINGS (brothers & sisters)

Name	Gender	Birth date	Home/School/Work

d) TRANSPORT	
Transport to School? (e.g. Car, bus, etc):	
Transport from School? (Car, bus, etc):	
Distance (km) from home to nearest Catholic School:	
Do you receive a transport rebate? (YES / NO):	

3. SECTION C. EMERGENCY CONTACT (If parents are unable to be contacted during school hours)

EMERGENCY CONTACT PERSON 1: (other than mother and /or father):	
NAME:	
RELATIONSHIP TO CHILD:	
CONTACT TELEPHONE: Home:	Work:
EMERGENCY CONTACT PERSON 2: (other than mother and /or father):	
NAME:	
RELATIONSHIP TO CHILD:	
CONTACT TELEPHONE: Home:	Work:
FAMILY DOCTOR:	
NAME:	
ADDRESS:	
TELEPHONE:	
FAMILY DENTIST:	
NAME:	
ADDRESS:	
TELEPHONE:	
EMERGENCY HOSPITAL:	PHONE NUMBER:

- In the event of an accident, parents will be notified as soon as practicable

4. SECTION D. MEDICAL

HISTORY	Yes/No	Details of medication/treatment
Pre/Postnatal Concerns		
Birth Concerns		
Vision Concerns		
Hearing Concerns		
Head Injury		
Epilepsy		
Convulsions		
Diabetes		
Allergies		
Asthma		
Other: (Please specify)		

SPECIALIST ASSESSMENTS

Has your child been Assessed by any of The following:	Yes/No	Name of Centre	Date of First Visit	Is your child attending now?
Audiology Clinic				
Child Guidance				
Occupational Therapist				
Psychiatrist				
Specialist Clinic				
Speech Pathologist				
State Guidance				
Other:				

SPECIALIST ASSESSMENTS			
	Yes / No		Yes / No
Intellectual			Physical
Visual			Social / Emotional
Speech & Language			Multiple
Hearing			

5. SECTION E. Learning Difficulties and Support Needs

1. Please tick the areas your child presents with difficulties:

- | | | | |
|---|--|--|--|
| Reading <input type="checkbox"/> | Expressive language <input type="checkbox"/> | Fine motor <input type="checkbox"/> | Mathematics <input type="checkbox"/> |
| Listening skills <input type="checkbox"/> | Gross motor <input type="checkbox"/> | Written tasks <input type="checkbox"/> | Spoken tasks <input type="checkbox"/> |
| Health care <input type="checkbox"/> | Eating and dietary <input type="checkbox"/> | Compliance <input type="checkbox"/> | Safety <input type="checkbox"/> |
| Attention <input type="checkbox"/> | Impulsivity <input type="checkbox"/> | Mobility <input type="checkbox"/> | Social skills <input type="checkbox"/> |
| Fears <input type="checkbox"/> | | | |
| Organising and self direction <input type="checkbox"/> | | Self care including toileting and hygiene <input type="checkbox"/> | |
| Coping with change or stress <input type="checkbox"/> | | Interaction and participating <input type="checkbox"/> | |
| Self stimulatory behaviours <input type="checkbox"/> | | Narrow range of interest <input type="checkbox"/> | |
| Behaviours or difficulties that interfere with learning eg. memory, disruption <input type="checkbox"/> | | | |

2. Has your child's learning been 'ascertained' or assessed by a professional?
 Yes No

3. If yes, what is their current level assessment? _____

4. Please outline the learning support accessed, period of support and level of support.

4. Has your child been on a modified or adjusted program?
 Yes No

5. How does their learning difficulty impact on their learning?

6. Indicate any social/emotional conditions or traumatic events experienced by the student which may affect learning, school activities or which may require additional or emergency attention at school: **(All reports must be included)**

7. Indicate educational history of the child (eg. repeating a year level, suspension or expulsion from previous school.):

If the administration of prescribed medication is required for your child during school hours, it is a prerequisite that the Student Medication request Form be completed. The Form is available for the office.

List Medications currently prescribed for your child: _____

Does your child have any allergies, diseases, surgery or disorders, or recurring illnesses:

Please note: Staff cannot administer any medication not prescribed by a medical practitioner to your child, this is inclusive of Panadol and Cough mixtures etc

Interests and Skills

Indicate any areas of special interest or attainment: eg musical, athletic, academic.

Indicate any other information, which may assist with this enrolment application.

Please indicate why you have chosen to seek enrolment at the School.

SCHOOL FEES

Names of Payer/s responsible for fee payment ;

Payer 1 _____ Relationship to child _____

Pater 2 _____ Relationship to child _____
 (Mr,Mrs,Ms,Miss) Surname (Initials)

Payer 1.Address
 Postcode

Home Phone No..... Work Phone No

Mobile Phone No Fax No

E-mail

Payer 2. Address
 Postcode

Home Phone No..... Work Phone No

Mobile Phone No Fax No

E-mail

		Yes	No	Signatures
1.	Do you expect to be able to meet this account?			
2.	In confidence, would you like to discuss financial matters?			
3.	Will you inform promptly if your circumstances change so as to make appropriate arrangements for payment?			

I/We hereby give consent for my/our child to participate in local excursions in Millmerran involving walking with class members for bus travel – eg Church, swimming lessons, sports days. YES / NO

I / We understand that the timely payment of school fees and the wearing of the correct school uniform as outlined in the School's information booklet are conditions of enrolment at St. Joseph's.

I / We have fully and accurately disclosed any information required by the school for its consideration in determining the enrolment of my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

You will be notified as soon as possible if this application for enrolment has been successful