

St Peter's Catholic Parish of Epping, Epping North & Wollert Parish Schools - Enrolment Form



PLEASE TICK WHICH PARISH SCHOOL YOU ARE ENROLLING FOR:

ST PETER'S CATHOLIC PRIMARY SCHOOL (9401 1157)

ST MARY OF THE CROSS MACKILLOP CATHOLIC PARISH PRIMARY SCHOOL (8432 4500)

GLOWREY CATHOLIC PRIMARY SCHOOL (8579 6505)

St Peter's Catholic Parish of Epping, Epping North & Wollert Parish Schools operate with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

ENROLMENT FORM

Name of student:

Address where student lives:

Current school family: YES NO

Tel:

OFFICE USE ONLY	Date received:	Birth certificate attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Enrolment date:	English as an Additional Language:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Start date:	House colour:			
	Student ID:	VSN:			
	Immunisation history statement attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visa information attached (if relevant):	Yes <input type="checkbox"/>

Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)

Title: (Dr/Mr/Mrs/Ms)	Surname:	Given name:	
House Number:	Street Name:		
Suburb:	State:	Postcode:	
Telephone:	Home:	Work:	Mobile:
Silent number: Yes <input type="checkbox"/> No <input type="checkbox"/>			
SMS messaging: (for emergency and reminder purposes) Yes <input type="checkbox"/> No <input type="checkbox"/>			

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) 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"/>

STUDENT DETAILS			
Surname:	Entry year (YYYY):	Entry level/grade:	
Given name/s:	Preferred name:		
Date of birth:	Religion: (include rite)		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Unspecified/Indeterminate/X: <input type="checkbox"/>	

PREVIOUS SCHOOL/PRESCHOOL		
Name and address of previous school/preschool:		
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning:	No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete the Consent for Transferring Information form.)

NATIONALITY				
Government Requirement	Nationality:	Ethnicity:		
In which country was the student born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
Is the student of Aboriginal or Torres Strait Islander origin? (For persons 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 student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? Note: Record all languages spoken.				
	Student	Student Contact 1 (Parent1/Guardian 1/Carer1)	Student Contact 2 (Parent2/Guardian 2/Carer2)	
No	English only <input type="checkbox"/>	<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 documents to be sighted and copies to be retained by the school)

Australian citizen not born in Australia:

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:

Permanent resident: *(if ticked, record the visa subclass number)*

Temporary resident: *(if ticked, record the visa subclass number)*

Other/visitor/overseas student: *(if ticked, record the visa subclass number)*

*** Please attach visa/ImmiCard/letter of notification and passport photo page**

SACRAMENTAL INFORMATION

Baptism	Date:	Parish:	
Confirmation	Date:	Parish:	
Reconciliation	Date:	Parish:	
Communion	Date:	Parish:	
Parish where the student lives:			

EMERGENCY CONTACTS – other than student contacts (PARENT/GUARDIAN/CARER)

1. Name:	2. Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

MEDICAL INFORMATION**Doctor's name:****Telephone:****Medicare number:****Ref number:****Expiry:****Private health insurance:**Yes No **Fund:****Number:****Ambulance cover:**Yes No **Number:****Health Care Card**Yes No **Health Care Card No:****Expiry:****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 medical 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 as being at risk of anaphylaxis?Yes No **If yes, does the student have an EpiPen or Anapen?**Yes No **IMMUNISATION (please attach an immunisation history statement)**

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit [myGov](https://my.gov.au)) and provide it to the school with this enrolment form.

Immunisation history statement attached:

Yes No

If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check?

Yes No

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This 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? Yes No

Does your child present with:

- | | | |
|--|--|--|
| <input type="checkbox"/> autism (ASD) | <input type="checkbox"/> behavioural concerns | <input type="checkbox"/> hearing impairment |
| <input type="checkbox"/> intellectual disability/
developmental delay | <input type="checkbox"/> mental health issues | <input type="checkbox"/> oral language/communication
difficulties |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> vision impairment |
| <input type="checkbox"/> giftedness | <input type="checkbox"/> physical impairment | <input type="checkbox"/> other condition <i>(please specify)</i> |

Has your child ever seen a:

- | | | |
|--|---|---|
| <input type="checkbox"/> paediatrician | <input type="checkbox"/> physiotherapist | <input type="checkbox"/> audiologist |
| <input type="checkbox"/> psychologist/counsellor | <input type="checkbox"/> occupational therapist | <input type="checkbox"/> speech pathologist |
| <input type="checkbox"/> psychiatrist | <input type="checkbox"/> continence nurse | <input type="checkbox"/> other specialist <i>(please specify)</i> |

Have you attached all relevant information and reports? Yes No

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Guardian/Carer	<input type="checkbox"/> Shared parenting, <i>e.g. one week with each parent:</i> Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other <i>(please specify)</i>

COURT ORDERS OR PARENTING ORDERS (if applicable)

Are there any current court orders or parenting orders relating to the student? Yes No

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.

Is there any other information you wish the school to be aware of?

FAMILY DETAILS

To whom the account for school fees and levies is sent?

Surname	First name	Address and email	Telephone	Relationship to the student

Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School. Please refer to the Terms and Conditions of the [Enrolment Agreement](#) available on our Website for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.

Student Contact 1

**PARENT 1/GUARDIAN 1/
CARER 1 SIGNATURE:**

Date:

Student Contact 2

**PARENT 2 /GUARDIAN 2/
CARER 2 SIGNATURE:**

Date:

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- 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.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website. <https://www.stprepp.catholic.edu.au/> <https://glowrey.catholic.edu.au/> <https://www.smcmeppinqnth.catholic.edu.au/>

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

Please ensure that the following documents are attached to the Enrolment Application form (as applicable to your child):

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Birth certificate |
| <input type="checkbox"/> | Immunisation history statement |
| <input type="checkbox"/> | Baptism certificate |
| <input type="checkbox"/> | Consent to contact previous school or preschool |
| <input type="checkbox"/> | Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia |
| <input type="checkbox"/> | Visa information – visa/ImmiCard/letter of notification and passport photo page for both the parents and the child <u>OR</u> evidence of citizenship |
| <input type="checkbox"/> | Medical Management Plan signed by a relevant medical practitioner |
| <input type="checkbox"/> | All relevant information and reports concerning additional needs of your child |
| <input type="checkbox"/> | Any current court orders or parenting orders relating your child |
| <input type="checkbox"/> | Any additional information you wish the school to be aware of |

St Peter's Primary School Epping Consent to Transfer Information



STUDENT DETAILS

First name:

Surname:

Date of birth:

SCHOOL TRANSFER DETAILS

CURRENT SCHOOL/COLLEGE:

E No.:

School:

Suburb:

NEW SCHOOL/COLLEGE:

E No.: 1137

School: ST PETER'S PRIMARY SCHOOL

Suburb: EPPING

The teacher/principal has discussed with me/us how and why certain information about my child is provided to the new school. I understand that in addition to formal reports, details regarding the educational program will be supplied.

I/we provide informed and express consent for all relevant health and/or educational information held by the current school, detailed below, to be provided to the new school. I understand that this information will be collected and used by St Peter's to inform health and safety management strategies and educational programming for my child.

Type of information to be provided

Please provide all information relevant to the student. This may include personalised learning plans and student program, medical reports, specialist notes, information regarding adjustments, Medical Management Plans, attendant care plans, Behaviour Support Plans or safety plans.

STUDENT INFORMATION

Date	Author (name of psychologist, medical practitioner)	Title (speech pathologist, paediatrician)	Description (cognitive assessment, language assessment)

CONSENT

Parent 1/guardian 1/carer 1
signature:

Date:

Parent 2/guardian 2/carer 2
signature:

Date:

Please refer to each school/college's information about their use and disclosure of information, and information regarding their privacy policy. Further clarification is available on request from the principal of the school/college.