



St Elizabeth's School Enrolment Form

St Elizabeth's School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS). This form is informed by the St Elizabeth's School Enrolment Policy. Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made.

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.

DUE DATE: / /

STUDENT DETAILS		
Family name:	Surname (if different from family name):	
Given name:	Preferred name:	
Address (including postcode):		
Entry year (YYYY):	Entry level/grade:	
Date of birth: / /	Religion (include rite):	Does the student have a sibling at this School: Yes <input type="checkbox"/> No <input type="checkbox"/>
M (Male): <input type="checkbox"/>	F (Female): <input type="checkbox"/>	Self identified/X (Indeterminate/Intersex/Unspecified): <input type="checkbox"/>
Does the student speak a language other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, record all languages spoken:		
Is the student of Aboriginal or Torres Strait Islander origin: Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/> <i>(If the student is of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)</i>		
Please note that the student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census		

EMERGENCY CONTACTS – OTHER THAN STUDENT CONTACTS (PARENT / GUARDIAN / CARER)	
Person 1	Person 2
1. Title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>	2. Title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>
First & last name:	First & last name:
Relationship to student:	Relationship to student:
Home no.:	Home no:
Mobile no:	Mobile no:

STUDENT CONTACT 1 (PARENT 1 / GUARDIAN 1 / CARER 1)			
Title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>		Surname:	
Given name:		Preferred name:	
Address (including postcode):			
Mobile no:		Work no:	Home no:
SMS messaging: (for emergency and reminder purposes) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email:			
Relationship to student:		Natural Father/Mother <input type="checkbox"/>	Step Father/Mother <input type="checkbox"/>
		De facto Father/Mother <input type="checkbox"/>	Guardian/Carer <input type="checkbox"/>
Marital Status: Married <input type="checkbox"/>		Single <input type="checkbox"/>	De facto <input type="checkbox"/>
Divorced <input type="checkbox"/>		Remarried <input type="checkbox"/>	Separated <input type="checkbox"/>
Widowed <input type="checkbox"/>			
Religion (include rite):			
Government Requirement	Occupation:	What is the occupation group? (Select from list of Parental Occupation Groups in the School Family Occupation Index)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
Country of birth: Australia <input type="checkbox"/> Other (please specify):			
If ticked 'Other' above: Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Permanent Resident of Australia: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Non-Permanent Resident of Australia: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nationality:		Ethnicity if not born in Australia:	
Visa Subclass:		Visa expiry:	
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified			
Aboriginal or Torres Strait Islander origin: Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/> (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)			
Do you speak a language other than English at home? Yes (record all languages spoken) <input type="checkbox"/> No <input type="checkbox"/>			
Do you hold a current Health Care Card: Yes <input type="checkbox"/> No <input type="checkbox"/>		Card No:	Expiry Date: / /
What is the highest year of primary or secondary school Student Contact 1 (Parent 1 / Guardian 1 / Carer 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 Contact 1 (Parent 1 / Guardian 1 / Carer 1) has completed?			
No post-school qualification <input type="checkbox"/>	Certificate I to IV (incl trade certificate) <input type="checkbox"/>	Advanced Diploma/ Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

STUDENT CONTACT 2 (PARENT 2 / GUARDIAN 2 / CARER 2)

Title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>		Surname:	
Given name:		Preferred name:	
Address (including postcode):			
Mobile no:		Work no:	Home no:
SMS messaging: (for emergency and reminder purposes) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email:			
Relationship to student:		Natural Father/Mother <input type="checkbox"/>	Step Father/Mother <input type="checkbox"/>
		De facto Father/Mother <input type="checkbox"/>	Guardian/Carer <input type="checkbox"/>
Marital Status:		Married <input type="checkbox"/>	Single <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Remarried <input type="checkbox"/>
		Def facto <input type="checkbox"/>	Widowed <input type="checkbox"/>
		Separated <input type="checkbox"/>	
Religion (include rite):			
Government Requirement	Occupation:	What is the occupation group?	A <input type="checkbox"/>
		(Select from list of Parental Occupation Groups in the School Family Occupation Index)	B <input type="checkbox"/>
			C <input type="checkbox"/>
			D <input type="checkbox"/>
			N <input type="checkbox"/>
Country of birth: Australia <input type="checkbox"/> Other (please specify):			
If ticked 'Other' above: Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident of Australia: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Non-Permanent Resident of Australia: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Nationality:		Ethnicity if not born in Australia:	
Visa Subclass:		Visa expiry:	
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified			
Aboriginal or Torres Strait Islander origin: Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/>			
(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)			
Do you speak a language other than English at home?			
Yes (record all languages spoken) <input type="checkbox"/> No <input type="checkbox"/>			
Do you hold a current Health Care Card: Yes <input type="checkbox"/> No <input type="checkbox"/>		Card No:	Expiry Date: / /
What is the highest year of primary or secondary school Student Contact 2 (Parent 2 / Guardian 2 / Carer 2) 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 Contact 1 (Parent 2 / Guardian 2 / Carer 2) has completed?			
No post-school qualification <input type="checkbox"/>	Certificate I to IV (incl trade certificate) <input type="checkbox"/>	Advanced Diploma/ Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

HOME CARE ARRANGEMENTS OF STUDENT

Living with both parents Shared parenting with both parents Living with Guardian/Carer
Out-of-home care Kinship care
Other (please specify)

If you selected 'Shared parenting with both parents' on the previous question, please complete the below questions:

Shared parenting:

One week with each Parent/Guardian/Carer: Yes No

Days with Student Contact 1 (Parent 1/Guardian 1/Carer 1) %

Days with Student Contact 2 (Parent 2/Guardian 2/Carer 2) %

School Fees/Levies:

(If fees are being PAID/SPLIT by both Student Contact 1 (Parent 1/Guardian 1/Carer 1) and Student Contact 2 (Parent 2/Guardian 2/Carer 2), please indicate the percentage each Parent/Guardian/Carer is responsible for.)

..... %

..... %

SCHOOL FEES/LEVIES PAYER DETAILS

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

- **Student living with both parents** - Person 1 (as listed below) is the nominated 100% fee payer and is responsible for the payment of fees for the term of the child's enrolment at school
- **Student living under shared custody of both Student Contact 1 (Parent 1/Guardian 1/Carer 1) and Student Contact 2 (Parent 2/Guardian 2/Carer 2)** – Both Person 1 and Person 2 (as listed below) are the nominated fees payers as per the School Fees/Levies percentages indicated above and will be responsible for the payment of fees for the term of the child's enrolment at school

Person 1

Person 2

Title: Dr Mr Mrs Ms Mx

Title: Dr Mr Mrs Ms Mx

First & last name:

First & last name:

Relationship to student:

Relationship to student:

Mobile no:

Mobile no:

Address:

Address:

Email:

Email:

Please note, the name/s of the parent/guardian/carers signing are responsible for the payment of fees for the term of the child's enrolment at the school.

PREVIOUS SCHOOL/PRESCHOOL PERMISSION OF STUDENT

Name of previous school/preschool:

Address of previous school/preschool:

I/We give permission for the school to contact the previous school or preschool to gather relevant reports and information to support educational planning:

No Yes (If yes, please complete the Consent for Transferring Information form) No

Was the previous school attended interstate?

No Yes (If yes, please complete the Interstate Data Transfer Note and Consent forms – refer to link in Enrolment Procedures)

SACRAMENTAL INFORMATION OF STUDENT

Baptism: **Date:** / / **Parish:**

Communion: **Date:** / / **Parish:**

Confirmation: **Date:** / / **Parish:**

Parish/suburb where the student lives:

NATIONALITY AND CITIZENSHIP OF STUDENT

Government Requirement

Nationality:

Ethnicity:

In which country was the student born? Australia Other – please specify:

If you selected 'Other' on the previous question, please complete the below questions:

What is the residential status of the student? Permanent Temporary

Evidence of Australian Residency:

Australian Citizen

Permanent Resident

Temporary Resident

Eligible for Australian Passport

Other/Visitor/Overseas Student

Date of arrival in Australia OR Date of return to Australia: Date: / /

*Visa sub class: Visa expiry date: / /

Previous Visa sub class: Passport Number:

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

** Please note that all enrolments for students with visas require approval through Melbourne Archdiocese Catholic Schools (MACS). Refer to the Dependant Full Fee Overseas Student policy (link) for further information.

Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified.

ADDITIONAL NEEDS OF STUDENT

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes No

Does your child present with:

autism (ASD)

behavioural concerns

hearing impairment

physical impairment

acquired brain injury

vision impairment

intellectual disability

oral language/communication

mental health concerns

giftedness

developmental delay

difficulties

ADD/ADHD

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? Yes No

SIBLINGS ATTENDING A SCHOOL / PRESCHOOL

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

Name	School/Preschool	Year/Grade	Date of Birth

MEDICAL INFORMATION OF STUDENT

Clinic & Doctor's name:

Address:

Clinic No:

Medicare number (10 digits):

Ref number:

Expiry: / /

Does the student hold a current Health Care Card: Yes No

Card No:

Expiry: / /

Private health insurance: Yes No

Fund:

Number:

Ambulance cover: Yes No

Number:

Medical Conditions/Diagnoses

Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting 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 of any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.

Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Development Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety.

Medical Action Plan received: Yes No 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

If the student has identified a medical and/or health condition/diagnoses, please consider the Medical Management policy, First Aid policy and supporting documents.

If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.

Immunisation (please attach an immunisation history statement for the student)

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for the student (visit myGov) 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.

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. AVO's, 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?

Please note that the completion, signing and lodgment 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 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) Print name in full:	
Student Contact 1 (Parent 1 / Guardian 1 / Carer 1) Signature:	Date: / /
Student Contact 2 (Parent 2 / Guardian 2 / Carer 2) Print name in full:	
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 by 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 the St Elizabeth's School website www.sedandenongnth.catholic.edu.au.

PARENT/CARER/GUARDIAN DOCUMENTATION CHECKLIST

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

Birth certificate

Immunisation history statement

Baptism certificate

Consent to contact previous school or preschool

Australian passport or naturalization certificate number/document for travel if country of birth is not Australia

Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page

Medical Management Plan signed by a relevant medical practitioner

All relevant information and reports concerning additional needs of your child

Any current court orders or parenting orders relating to your child

Any additional information you wish the school to be aware of