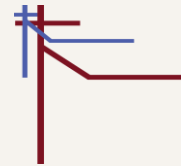


St Elizabeth's Enrolment Form



St Elizabeth's 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).

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	
Family Surname:	
Street number and name:	
Suburb & Postcode:	
Primary Email:	
Primary Mobile No:	
Current school family:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Living With:	Both Parents <input type="checkbox"/> Father <input type="checkbox"/> % Mother <input type="checkbox"/> %

OFFICE USE ONLY	Date received: / /	Enrolment acceptance date: / /		
	Start date: / /	English as an additional language:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Birth Certificate attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunisation History Statement attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Baptism Certificate attached (if relevant):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa information attached (if relevant):	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Student no.:	Family code:		
	VSN:	House colour:		

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

HOME ADDRESS OF STUDENT	
Street number and name:	
Suburb:	Postcode:
Home phone:	

SACRAMENTAL INFORMATION OF STUDENT				
Baptism	Date: / /	Parish:		
Communion	Date: / /	Parish:		
Confirmation	Date: / /	Parish:		
Parish/suburb where the student lives:				
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 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 AND CITIZENSHIP OF STUDENT				
Government Requirement	Nationality:	Ethnicity:		
In which country was the student born?	Australia <input type="checkbox"/>	Other – please specify: <input type="checkbox"/>		
If you selected 'Other' on the previous question, please complete the below questions:				
What is the residential status of the student:	Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent Resident of Australia: Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary Resident of Australia: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Visitor/Overseas Student: Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence of Australian Residency:	Australian Citizenship certificate <input type="checkbox"/> Australian Passport <input type="checkbox"/>			
Date of arrival in Australia OR Date of return to Australia	Date: / /			
Visa sub class:	Visa expiry date: / /			
Passport Number:				
Please attach visa/ImmiCard/letter of notification and passport photo	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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"/>			

LANGUAGE SPOKEN AT HOME

Does the student or their parent(s)/guardian(s) speak a language other than English at home?

Note: Record all languages spoken.

		Student	Parent/Carer/Guardian 1	Parent/Carer/Guardian 2
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL INFORMATION OF STUDENT

Clinic & Doctor's name:			
Street number and name:			
Suburb:		Postcode:	
Phone No.:			
Medicare number (10 digits):		Ref number:	Expiry:
Private health insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance cover:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Medical condition:	<p>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.</p> <p>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p>		
Medical Action Plan received:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the student been diagnosed as being at risk of anaphylaxis?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does the student have an EpiPen or Anapen?			Yes <input type="checkbox"/> No <input type="checkbox"/>

IMMUNISATION (please attach an immunisation history statement for your child)

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

Immunisation History Statement attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, please provide explanation
If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ADDITIONAL NEEDS OF STUDENT

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

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 (please specify) |

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 (please specify) |

Have you attached all relevant information/reports? Yes No

HOME CARE ARRANGEMENTS

- | | |
|--|---|
| <input type="checkbox"/> Living with immediate family | <input type="checkbox"/> Out-of-home care |
| <input type="checkbox"/> Carer/guardian | <input type="checkbox"/> Kinship care |
| <input type="checkbox"/> Shared parenting
One week with each parent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Days with Parent A/Guardian 1:
Days with Parent B/Guardian 2: | <input type="checkbox"/> Other (please specify) |

PARENT / CARER / GUARDIAN 1			
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Surname:	First name:	
Preferred first name:			
Address:			
Home phone:	Work phone:	Mobile:	
SMS messaging: (for emergency and reminder purposes)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:			
Country of birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
If ticked 'Other' above:	Australian Citizen:	Permanent Resident of Australia:	Non-Permanent Resident of Australia:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you responsible for payment of the school's fees and levies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ % of Student Fees	
Do you hold a current Health Care Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No:	Expiry Date: / /
Relationship To Child (Please X Correct Box)	Natural Father/Mother <input type="checkbox"/>	Step Father/Mother <input type="checkbox"/>	Defacto Father/Mother <input type="checkbox"/>
	Guardian <input type="checkbox"/>		
Marital Status (Please X Correct Box)	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Defacto <input type="checkbox"/>
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Remarried <input type="checkbox"/>
	Widowed <input type="checkbox"/>		
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia	
What is the highest year of primary or secondary school Parent A/Guardian 1 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.)			
<input type="checkbox"/> 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
What is the level of the highest qualification Parent A/Guardian 1 has completed?			
<input type="checkbox"/> 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

PARENT / CARER / GUARDIAN 2			
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Surname:	First name:	
Preferred first name:			
Address:			
Home phone:	Work phone:	Mobile:	
SMS messaging: (for emergency and reminder purposes)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:			
Country of birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
If ticked 'Other' above:	Australian Citizen:	Permanent Resident of Australia:	Non-Permanent Resident of Australia:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you responsible for payment of the school's fees and levies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ % of Student Fees	
Do you hold a current Health Care Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No:	Expiry Date: / /
Relationship To Child (Please X Correct Box)	Natural Mother/Father <input type="checkbox"/>	Step Mother/Father <input type="checkbox"/>	Defacto Mother/Father <input type="checkbox"/>
	Guardian <input type="checkbox"/>		
Marital Status (Please X Correct Box)	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Defacto <input type="checkbox"/>
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Remarried <input type="checkbox"/>
	Widowed <input type="checkbox"/>		
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia	
What is the highest year of primary or secondary school Parent A/Guardian 1 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.)			
<input type="checkbox"/> 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
What is the level of the highest qualification Parent A/Guardian 1 has completed?			
<input type="checkbox"/> 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

EMERGENCY CONTACTS – OTHER THAN PARENT/CARER/GUARDIAN

1. Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	2. Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
First & last name:		First & last name:	
Relationship to child:		Relationship to child:	
Home no.:		Home no:	
Mobile:		Mobile:	

SIBLINGS IN FAMILY

List all children in your family from oldest to youngest – include applicant:

Name	School/Preschool	Year/Grade	Date of Birth

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?

PARISH LEVY AUTHORITY**Please note this Parish Levy Authority is for all of the years your child attends St Elizabeth’s School, unless otherwise notified. By ticking Yes you also agree to contact the school regarding this Parish Levy Authority should family circumstances change.****This levy is used to maintain the grounds around the Church and the maintenance of the Church building.****This levy is invoiced separately by the Parish and is not compulsory.**

Do you give permission for our School to pass on to the St. Elizabeth’s Parish Office your name and billing address to allow the Parish Office to process your annual Parish Levy.

Yes No

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.

PARENT/CARER/GUARDIAN 1 PRINT NAME IN FULL:		
PARENT/CARER/GUARDIAN 1 SIGNATURE:		Date: / /

PARENT/CARER/GUARDIAN 2 PRINT NAME IN FULL:		
PARENT/CARER/GUARDIAN 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 the St Elizabeth's website www.sedandenongnth.catholic.edu.au .

FORM B – CONSENT TO TRANSFER INFORMATION**Students Details:**

First Name		Surname		Date of Birth	/ /
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Kindergarten / Child Care / School Transfer Details:

Name of Kindergarten / Child Care / School:		Address	
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CONSENT

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 the formal reports etc, 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 Kindergarten/Child Care/School listed above, detailed below, to be provided to St Elizabeth's School. I understand that this information will be collected and used by St Elizabeth's School to inform health and safety management strategies and educational programming for my child.

Type of Information

(e.g. personalised learning plans/student program, medical reports, specialist notes, information regarding adjustments, medical management plans, attendant care plans, behaviour support plans, safety plans)

Date	Author (e.g. psychologist's / medical practioner's name)	Title (e.g. speech pathologist / psychologist / pediatrician)	Description (e.g. cognitive, assessment, language assessment)

Please refer to the St Elizabeth's School Privacy Policy about our use and disclosure of private information.

PARENT/CARER/GUARDIAN 1 PRINT NAME IN FULL:			
PARENT/CARER/GUARDIAN 1 SIGNATURE:		Date:	/ /
PARENT/CARER/GUARDIAN 2 PRINT NAME IN FULL:			
PARENT/CARER/GUARDIAN 2 SIGNATURE:		Date:	/ /

PARENT/CARER/GUARDIAN DOCUMENTATION CHECKLIST

- | |
|--|
| <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 naturalization certificate number/document for travel if country of birth is not Australia |
| <input type="checkbox"/> Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page |
| <input type="checkbox"/> Medical Action 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 to your child |
| <input type="checkbox"/> Any additional information you wish the school to be aware of |