

ST MARY'S SCHOOL, ROBINVALE

12 Watkin Street
 Robinvale Vic 3549
 Phone: 03 50263 483
 Email: lzappia@smrobinvale.catholic.edu.au

Application for Enrolment



Office use only	Entered SAS	English as an additional additional Language Yes <input type="checkbox"/> No <input type="checkbox"/>	Court orders / other Yes <input type="checkbox"/> No <input type="checkbox"/>
Date received	Family code	Birth Certificate attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergy plan attached Yes <input type="checkbox"/> No <input type="checkbox"/>
Start date	Student code	Immunisation statement attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaphylaxis plan attached Yes <input type="checkbox"/> No <input type="checkbox"/>
Family New <input type="checkbox"/> Existing <input type="checkbox"/>	VSN	Visa information attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma plan attached Yes <input type="checkbox"/> No <input type="checkbox"/>
Year level	House		

STUDENT DETAILS	
Surname	
First name	
Preferred first name	
Date of birth	Religion
Male <input type="checkbox"/>	Female <input type="checkbox"/>

HOME ADDRESS OF STUDENT	
Street number and name	
Town	Postcode
Home phone	

PREVIOUS SCHOOL / PRESCHOOL PERMISSION:	
Preschool attended: <i>(Prep enrolments only)</i>	
Previous school attended <i>(Year 1 – 8 enrolments only)</i>	
Year level at previous school Year at Australian School (e.g. 2016)	1 st 1 st Australian School Year (e.g. 2016)
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 Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please complete consent to transferring information form attached)</i>	

PARISH / SACRAMENTAL DETAILS			
Sacrament:	Date:	Parish Details:	Copy of Certificate supplied:
Baptism			<input type="checkbox"/>
Reconciliation			<input type="checkbox"/>
Eucharist			<input type="checkbox"/>
Confirmation			<input type="checkbox"/>

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED (Government requirement)

Please tick the relevant category below and record the Visa Subclass number (original documents to be sighted and copies to be retained by the school)

Australian citizen not born in Australia

<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if country of birth is not Australia)	
<input type="checkbox"/>	Australian Passport Number (If applicable)	Passport No:
<input type="checkbox"/>	Naturalisation Certificate Number	Certificate No:
<input type="checkbox"/>	Visa Subclass recorded on entry to Australia	Visa Subclass No:
<input type="checkbox"/>	Date of Arrival into Australia	Date:

Not currently an Australian Citizen please provide further details as appropriate below

<input type="checkbox"/>	Permanent resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Temporary resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number)	Visa Subclass No:

Please attach Visa/document of travel/letter of notification and passport photo page.

MEDICAL INFORMATION

Doctor's Name		Phone
Medicare No	Ref No	Expiry
Private Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fund Number
Ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membership No
Health Care Card / Pension Card No		Expiry

Please indicate whether the student applying for enrolment has any known or suspected medical conditions. (please tick Yes or No for each oth the following)

Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify
Special Diet	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify
Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify
Disabilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify
Phobia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify

	SEVERE ALLERGIC REACTION	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, specify to what the child is allergic	
	<i>ASCIA Allergy plan & medication must be provided to the school</i>	
	ANAPHYLAXIS - Has the student been diagnosed as being at risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>ASCIA Anaphylaxis Action Plan & Epipen must be provided to school</i>
	ASTHMA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>ASTHMA Action Plan & medication must be provided to school</i>	

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It 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

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"/>
physical impairment	<input type="checkbox"/>	academic concerns	<input type="checkbox"/>	other condition (please specify)	<input type="checkbox"/>

Has your child ever seen a

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"/>	optometrist	<input type="checkbox"/>	Other specialist (please specify)	<input type="checkbox"/>

Has your child ever been diagnosed with a disorder / condition that may affect learning? Yes No

Have you attached all relevant information/reports? Yes No

FAMILY DETAILS

Who will be responsible for payment of the school fees?

Surname	First name	Address and email	Phone	Relationship to the student

EMERGENCY CONTACT

(please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted)

Surname		First Name		Title	
Address					
Home Phone		Work Phone		Mobile	
Email					
Relationship to Student					

STUDENT FAMILY DETAILS

Does the student live with more than one family e.g. split living arrangements?

No (complete primary family details only) Yes (complete both primary and alternative family details)

The Primary Family should be the family the student lives with mostly. They will be first point of contact by the school. Unexplained student absence notifications are sent via SMS to primary family adult A.

PRIMARY FAMILY DETAILS

The student lives with the primary family Always Mostly Balanced Occasionally Never

Send letters / reports / newsletter Adult A Adult B Both Adults

ADULT A

(nominated primary carer to receive SMS notifications)

Surname			First name				
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Other
Relationship to student	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other (specify)		
Residential address							
Postal address							
Home phone			Work phone			Mobile	
Email							
Religion				Nationality			
Country of birth	<input type="checkbox"/> Australia			<input type="checkbox"/> Other (please specify)			
Citizenship status	<input type="checkbox"/> Australian citizen		<input type="checkbox"/> Permanent resident		<input type="checkbox"/> Temporary resident		
Government requirement							
Occupation				What is the occupation group? <i>(select from list of parental occupation groups)</i>			
Does Adult A speak a language other than English at home?			English only <input type="checkbox"/>		Other language		
Is an interpreter required?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the highest year of primary or secondary school Adult A has completed? <i>(Persons who have never attended secondary school, tick 'Year 9 or below'.)</i>							
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"/>	
If schooling completed overseas, how many years of school did you complete? <i>(including tertiary)</i>							
What is the level of the highest qualification 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"/>	

ADULT B

(Only complete primary family adult B if you live at the same address as Adult A. If this is not the case, please complete the alternative family section on the following page.)

Surname			First name		
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>		Title	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other	
Relationship to student	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify)				
Residential address					
Postal address					
Home phone		Work phone		Mobile	
Email					
Religion			Nationality		
Country of birth	<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)		
Citizenship status	<input type="checkbox"/> Australian citizen	<input type="checkbox"/> Permanent resident		<input type="checkbox"/> Temporary resident	
Government requirement					
Occupation			What is the occupation group? <i>(select from list of parental occupation groups)</i>		
Does Adult B speak a language other than English at home?			English only <input type="checkbox"/>		Other language:
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the highest year of primary or secondary school Adult B has completed? <i>(Persons who have never attended secondary school, tick 'Year 9 or below'.)</i>					
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"/>	
If schooling completed overseas, how many years of school did you complete? <i>(including tertiary)</i>					
What is the level of the highest qualification Adult B has completed?					
No post-school qualification <input type="checkbox"/>		Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>		Advanced diploma/diploma <input type="checkbox"/>	
				Bachelor degree or above <input type="checkbox"/>	

ALTERNATIVE FAMILY DETAILS

(Complete this section if you have shared care with the primary family or the student lives with you occasionally)

The student lives with the primary family Always Mostly Balanced Occasionally
 Never

Send letters / reports / newsletter Adult A Adult B Both Adults

Do you require split billing of student fees: *(If yes, fees will be divided and separate accounts mailed to both families)*
 Yes No

ADULT A

Surname				First name			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Other
Relationship to student	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other (specify)		
Residential address							
Postal address							
Home phone		Work phone		Mobile			
Email							
Religion				Nationality			
Country of birth	<input type="checkbox"/> Australia			<input type="checkbox"/> Other (please specify)			
Citizenship status	<input type="checkbox"/> Australian citizen	<input type="checkbox"/> Permanent resident		<input type="checkbox"/> Temporary resident			
Government requirement							
Occupation				What is the occupation group? <i>(select from list of parental occupation groups)</i>			
Does Adult A speak a language other than English at home?				English only	<input type="checkbox"/>	Other language	
Is an interpreter required?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What is the highest year of primary or secondary school Adult A has completed? <i>(Persons who have never attended secondary school, tick 'Year 9 or below'.)</i>							
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"/>	
If schooling completed overseas, how many years of school did you complete? <i>(including tertiary)</i>							
What is the level of the highest qualification has completed?							
No post-school qualification <input type="checkbox"/>		Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>		Advanced diploma/diploma <input type="checkbox"/>		Bachelor degree or above <input type="checkbox"/>	

ADULT B					
Surname		First name			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		Title	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other	
Relationship to student	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify)				
Residential address					
Postal address					
Home phone		Work phone		Mobile	
Email					
Religion			Nationality		
Country of birth	<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)		
Citizenship status	<input type="checkbox"/> Australian citizen		<input type="checkbox"/> Permanent resident		<input type="checkbox"/> Temporary resident
Government requirement					
Occupation			What is the occupation group? <i>(select from list of parental occupation groups)</i>		
Does Adult A speak a language other than English at home?			English only <input type="checkbox"/>		Other language
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the highest year of primary or secondary school Adult B has completed? <i>(Persons who have never attended secondary school, tick 'Year 9 or below'.)</i>					
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"/>					
If schooling completed overseas, how many years of school did you complete? <i>(including tertiary)</i>					
What is the level of the highest qualification 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"/>					

COURT ORDERS OR PARENTING ORDERS <i>(if applicable)</i>	
Are there any current court orders or parenting orders relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, copies of these court orders / parenting orders (e.g. AVOs, Family Court / Federal Magistrates Court orders or other relevant information) must be provided</i>	
Is there any other information you wish the school to be aware of?	

AGREEMENT

Please tick the following boxes and sign below:

1. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
 - € Birth Certificate
 - € Baptismal Certificate
 - € Immunisation Certificate
 - € Citizenship documentation (if applicable - visa document and passport)
 - € Relevant Family Court Orders (where applicable).
 - € Relevant medical and/or additional needs information including clinical/educational assessments
(where applicable).
2. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
3. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (e.g. school liturgies, retreat programs).
4. If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
5. I/we will support and abide by school policies and rules, as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the school.
6. If in times of emergencies, accidents or serious illness and I cannot be contacted, I give permission for the principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical center or doctor by ambulance). I also understand that the signatories below are required to meet any costs incurred.
 - I give permission for child's hair to be checked for head lice in the event of an outbreak or when required.
 - I give permission for school staff to provide sunscreen for my child during P.E. lessons, at sporting events, on excursions etc.
 - I consent my child participating in activities held at St Mary's Church Robinvale. I understand that my child will walk from school to the church as required and this may be done on a regular basis.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance, the enrolment may be withdrawn.

SIGNATURES

Parent / Guardian	Parent / Guardian
Print name	Print name
Signature	Signature
Date	Date

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

Consent

The signature of:

- student, if they are over 15 and living independently
- 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.

Note: Secondary students may complete parts of the form and co-sign.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on our website www.smrobinvale.catholic.edu.au

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12 Watkin Street
 Robinvale Vic 3549
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Photograph/Recording permission form



Dear Parent/Guardian

At certain times throughout the year, students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Catholic Education Melbourne (CEM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

We would like permission to use your child's photograph/recording for the above purposes. Please complete the permission form below and return it to the school as soon as possible.

Thank you for your continued support.

Student's full name		Year Level	
----------------------------	--	-------------------	--

- I give permission for my child's:
 - name
 - photograph
 - recording
 to be published by the school on/in:
 - the school website
 - social media
 - promotional materials
 - newspapers and other media
- I authorise CEM/the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CEM/the CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/recording of my child to be used by the school/CEM/the CECV in the agreed publications without acknowledgement, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/recording appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

LICENSED UNDER NEALS: The photograph/recording may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

SIGNATURES	
Parent / Guardian	Parent / Guardian
Print name	Print name
Signature	Signature
Date	Date

Any permission and consent given may be withdrawn by the parent/guardian or student (if they are aged 15 or over) by notifying the school in advance of any photograph or recording being made.

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Consent to transfer information form



Student details					
First name		Surname		Date of birth	

School transfer details			
Current			
E No	School	Suburb	Phone

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 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 school, detailed below**, to be provided to St Mary's School. I understand that this information will be collected and used by St Mary's School to inform health and safety management strategies and educational programming for my child.

Information (e.g. personalised learning plans/student program, medical reports, specialist notes, medical management plans, behaviour support plans)			
Date	Name (e.g. medical practitioner's name)	Title (e.g. speech pathologist)	Description (e.g. language assessment)

Consent	
Parent / Guardian	Parent / Guardian
Print name	Print name
Signature	Signature
Date	Date