



# MARY IMMACULATE CATHOLIC PRIMARY SCHOOL

## APPLICATION FOR ENROLMENT

Information on this form is strictly confidential

OFFICE USE ONLY

Student Number:  
Family Code:  
VSN No:

Name of Student:

### Family Mailing Details

Family Surname	Mail to [eg Mr & Mrs Smith]	
Address		
Suburb/City	Post Code	Family Phone Number
Current Parish		

### Student Details

First Name	Commencement Year (eg. Prep 2018)	
Middle Name	Kindergarten Attended Address	
Surname	Previous School Address	Year Level
Preferred Name	Religion	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Nationality	
Country of Birth	Date of Birth	
Does the student speak a language other than English <b>at home?</b> <b>If more than one language, indicate the one that is spoken most often</b>		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify _____		
Does your child attend Language School?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name of Language School attending: _____		
If yes, specify language learnt at Language School: _____		
Number of children in family: _____ Position of child in family: _____		
Names of siblings attending this school: _____		Year Level: _____
_____		Year Level: _____
_____		Year Level: _____
Names of siblings not attending this school (and year level if applicable):		
_____		Year Level: _____
_____		Year Level: _____
_____		Year Level: _____

**Indigenous Identifier** Aboriginal \ Torres Strait Islander: **Yes**  **No**  (If Yes, please tick  one below)  
 Aboriginal  Torres Strait Islander  Both Aboriginal & Torres Strait Islander

Contact Details		
Details	Mother/Carer	Father/Carer
Title		
First Name		
Surname		
Relationship to child		
Address – Street		
Suburb & Post Code		
Residential Guardian Y/N? If a Parent does not reside at the Student's Home Address	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no is ticked please ensure address is completed)	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no is ticked please ensure address is completed)
Home Phone Number		
Work Phone Number		
Mobile		
Email Address		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be attached.)	
Occupation & Employer		
Occupational Group For school funding purposes only Refer to attached page "List of Parental Occupations"	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N <input type="checkbox"/>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N <input type="checkbox"/>
Highest Year of School Education	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Country of Birth		
Nationality		
Religion		

### Financial Information

Fee Payer and accounts to be addressed to (eg.Mr/Mrs/Ms):

Address accounts to be forwarded to:

Are you a Health Benefit Card, Health Care Card or Pension Card holder?    **Yes**     **No**

Do you intend to claim Education Maintenance Allowance? **Yes**     **No**

### Medical Details

Doctor's Name	Phone Number
Ambulance Subscription <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Address
Date of Last Tetanus Injection/Booster	Medicare No.:
<b>Allergies / Medical Alert</b>	Private Health Insurance <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, please specify
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Fund Number
Please specify <b>any allergies/ medical alerts</b> relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc).	

### Medical Authority

In the event of any illness, or accident, I accept responsibility and authorize the person in charge in obtaining of such medical assistance as my child may require, should the school not be able to contact either parent. I also authorise the doctor called to administer an anaesthetic if necessary. Following notification by the school, I will promptly attend any location to which my child may be taken for treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Special Needs

Indicate whether the student applying for enrolment has any known or suspected **special needs** (please tick  Yes or No for each of the following)

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered yes to any of the above, please attach **full details** of those needs and any assessment/intervention/support that he/she may be currently receiving (**Supporting documentation must be provided**).

**If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.**

### Parish/Sacramental Details

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reconciliation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Eucharist			Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation			Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Details		
Details	Emergency Contact 1	Emergency Contact 2
	Every effort will be made to contact you in the case of an emergency or illness. However should you be unavailable, please nominate a person <b>other than a parent</b> who may be contacted <b>during school hours</b>	Every effort will be made to contact you in the case of an emergency or illness. However should you be unavailable, please nominate a person <b>other than a parent</b> who may be contacted <b>during school hours</b>
Relationship to Student		
Title		
First Name		
Surname		
Address - Street		
Suburb & Post Code		
Home Phone No.		
Business Phone No.		
Mobile Phone No.		

**NOTE: THIS APPLICATION MUST BE ACCOMPANIED BY COPIES OF THE CHILD'S BIRTH, BAPTISM AND IMMUNISATION CERTIFICATES**

Agreement
<p><b>Please tick the following boxes and sign below</b></p> <p>I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):</p> <p> <input type="checkbox"/> Birth Certificate  <input type="checkbox"/> Baptismal Certificate  <input type="checkbox"/> Immunisation Certificate  <input type="checkbox"/> Citizenship documentation (where applicable)  <input type="checkbox"/> Most recent previous school reports and external test results (where applicable)  <input type="checkbox"/> Relevant Family Court Orders (where applicable)  <input type="checkbox"/> Relevant medical and/or special needs information including clinical/educational assessments (where applicable) </p> <p> 1. 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.  2. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies).  3. 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 </p> <p> <b>SIGNED:</b> _____ (Mother/Carer) <b>and/or</b> _____ (Father/Carer) </p> <p> <b>DATE:</b> _____ </p>

**Parental Occupation Definition:**

**Parental Occupation** is defined as the **main** work undertaken by the parent/guardian.

If a parent/guardian has more than one job, report their main job.

**\*\*Please note this is a government requirement only, which determines funding for the school\*\***

**Group A: Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.

**Public service manager** (Section head or above), regional director, health/education/police/fire services administrator

**Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]

**Defence Forces** Commissioned Officer

**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional

**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

**Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

**Group B: Other business managers, arts/media/sportspersons and associate professionals**

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]

**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]

**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

**Defence Forces** senior Non-Commissioned Officer

**Group C: Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

**Skilled office, sales and service staff.**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

**Group D: Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production/processing machinery and other machinery operators.**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

**Office assistants, sales assistants and other assistants.**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

**Group N: If the person has not been in paid work in the last 12 months, enter 'N'.**

(If person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation)