

# Enrolment Form

Our Lady of the Pines Catholic Primary School



Our Lady of the Pines Catholic Primary 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), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

## ENROLMENT FORM

Name:

Address:

Email:

Tel:

Fax:

### OFFICE USE ONLY

Date received:

Birth certificate attached:

Yes  No

Enrolment date:

English as an Additional Language:

Yes  No

Start date:

House colour:

Student/family code:

VSN:

Immunisation history statement attached:

Yes  No

Visa information attached (if relevant):

Yes  No

## STUDENT DETAILS

Surname:

Entry year (YYYY):

Entry level/grade:

First name/s:

Preferred first name:

Date of birth:

Religion: (include rite)

Male:

Female:

Other:

## HOME ADDRESS OF STUDENT

Street number and name:

Suburb:

Postcode:

Home phone:

### EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN

1. Name:	2. Name:
Relationship to child:	Relationship to child:
Home phone:	Home phone:
Mobile:	Mobile:

### SACRAMENTAL INFORMATION

Baptism	Date:	Parish:
Confirmation	Date:	Parish:
Reconciliation	Date:	Parish:
Communion	Date:	Parish:
Current parish:		

### PREVIOUS SCHOOL/PRESCHOOL PERMISSION

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 <a href="#">Form B</a> Sample Consent for Transferring Information.)
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### 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"/>		
<b>Does the student or their parent(s)/guardian(s) speak a language other than English at home?</b> Note: Record all languages spoken.				
	Student	Parent A/Guardian 1	Parent B/Guardian 2	
<b>No</b>	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	Other – please specify all languages			

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IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*	
<p><b>Please tick the relevant category below and record the visa subclass number as per government requirements:</b> (original documents to be sighted and copies to be retained by the school)</p>	
<b>Australian citizen not born in Australia:</b>	
<input type="checkbox"/>	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:	
<b>Not currently an Australian citizen, please provide further details as appropriate below:</b>	
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Other/visitor/overseas student: (if ticked, record the visa subclass number)
<b>* Please attach visa/ImmiCard/letter of notification and passport photo page.</b>	

MEDICAL INFORMATION		
Doctor's name:		
Street number and name:		
Suburb:	Postcode:	Phone:
Medicare number:	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 style="text-align: center;">Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p>	

<b>Has the student been diagnosed as being at risk of anaphylaxis?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, does the student have an EpiPen or Anapen?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IMMUNISATION (please attach an immunisation history statement for your child)		
<p>All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit <a href="http://myGov">myGov</a>) and provide it to the school with this enrolment form.</p>	<p>Immunisation history statement attached:</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If no, please provide explanation:</p>	
<p>If the student entered Australia on a humanitarian visa, did they receive a refugee health check?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>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.</p>														
ADDITIONAL NEEDS														
<b>Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
<p><b>Does your child present with:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> autism (ASD)</td> <td><input type="checkbox"/> behavioural concerns</td> <td><input type="checkbox"/> hearing impairment</td> </tr> <tr> <td><input type="checkbox"/> intellectual disability/developmental delay</td> <td><input type="checkbox"/> mental health issues</td> <td><input type="checkbox"/> oral language/communication difficulties</td> </tr> <tr> <td><input type="checkbox"/> ADD/ADHD</td> <td><input type="checkbox"/> acquired brain injury</td> <td><input type="checkbox"/> vision impairment</td> </tr> <tr> <td><input type="checkbox"/> giftedness</td> <td><input type="checkbox"/> physical impairment</td> <td><input type="checkbox"/> other condition (please specify)</td> </tr> </table>			<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)
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<p><b>Has your child ever seen a:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> paediatrician</td> <td><input type="checkbox"/> physiotherapist</td> <td><input type="checkbox"/> audiologist</td> </tr> <tr> <td><input type="checkbox"/> psychologist/counsellor</td> <td><input type="checkbox"/> occupational therapist</td> <td><input type="checkbox"/> speech pathologist</td> </tr> <tr> <td><input type="checkbox"/> psychiatrist</td> <td><input type="checkbox"/> continence nurse</td> <td><input type="checkbox"/> other specialist (please specify)</td> </tr> </table>			<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)			
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<b>Have you attached all relevant information/reports?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>												

FAMILY DETAILS
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Who will be responsible for payment of the school fees and levies?				
Surname	First name	Address and email	Phone	Relationship to the student

PARENT /GUARDIAN 1			
Surname:		Title: (e.g. Mr/Mrs/Ms)	First name:
Address:			
Home phone:		Work phone:	Mobile:
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:			
<b>Government Requirement</b>	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:	
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
<b>What is the highest year of primary or secondary school Parent A/Guardian 1 has completed?</b> (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"/>
<b>What is the level of the highest qualification Parent A/Guardian 1 has completed?</b>			
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"/>

PARENT /GUARDIAN 2			
Surname:		Title: (e.g. Mr/Mrs/Ms)	First name:
Address:			
Home phone:		Work phone:	Mobile:
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/> No <input type="checkbox"/>

Email:		
<b>Government Requirement</b>	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:
Country of birth:	Australia	Other (please specify):
<b>What is the highest year of primary or secondary school Parent B/Guardian 2 has completed?</b> (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"/>
<b>What is the level of the highest qualification Parent B/Guardian 2 has completed?</b>		
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"/>		

### 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"/> Carer/guardian	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other (please specify)

### COURT ORDERS OR PARENTING ORDERS (if applicable)

