

OFFICE USE ONLY

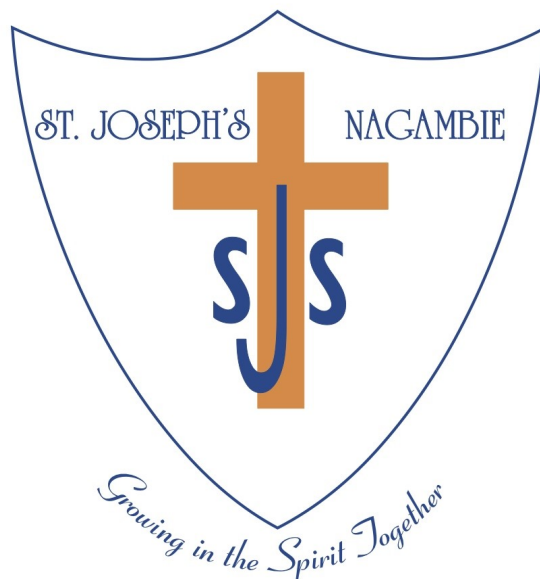
Surname.....

Family Code:.....

Student Number:.....

House Team.....

New Arrival.....



ST. JOSEPH'S SCHOOL
PREP—YEAR 6

APPLICATION FOR ENROLMENT

PLEASE complete and return to: The Principal
St Joseph's School
367 High St
Nagambie Vic 3608
Ph: (03) 5794 2608
Fax: (03) 5794 1435

IMPORTANT

1. Please complete the application form as fully as possible
2. Please print all answers
3. Please ensure that all required documentation is included

FATHER'S INFORMATION

Given Names.....
Title.....
Surname.....
Are you the residential guardian?.....
Address.....
.....P/Code.....
Home Telephone No.....
Mobile No.....
Email address.....

Marital Status...*(Please circle)*

Married De Facto Single
Separated Divorced Widow/ er

Country of Birth.....

Religion.....

Occupation

Occupation Group Letter.....

Occupation Group letter - Please select the appropriate occupation group letter from the list.

Group **A** = senior management in large business organisation, government administration and defence and qualified professionals

Group **B** = other business managers, arts/media/sportspersons and associate professionals

Group **C** = tradesmen/women, clerks and skilled office, sales and service staff

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

Employer / Business name.....

Business address.....

Business phone.....

Do you, the parent/guardian speak a language other than English at home?

No, English only []

Yes, other please specify.....

What is the highest level of qualification has the father completed?

Father (tick one)

Bachelor degree or above []

Advanced diploma / Diploma []

Certificate I to IV (including trade certificate) []

No non-school qualification []

What is your highest level of Education?

Year 12 or equivalent []

Year 11 or equivalent []

Year 10 or equivalent []

Unknown []

MOTHER'S INFORMATION

Given Names.....
Title.....
Surname.....
Are you a residential guardian?.....
Address.....
..... P/Code.....
Home Telephone No.....
Mobile No.....
Email address.....

Marital Status...*(Please circle)*

Married DeFacto Single
Separated Divorced Widow/ er

Country of Birth.....

Religion.....

Occupation

Occupation Group Letter.....

Occupation Group letter - Please select the appropriate occupation group letter from the list.

Group **A** = senior management in large business organisation, government administration and defence and qualified professionals

Group **B** = other business managers, arts/media/sportspersons and associate professionals

Group **C** = tradesmen/women, clerks and skilled office, sales and service staff

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

Employer / Business name.....

Business address.....

Business phone.....

Do you, the parent/guardian speak a language other than English at home?

No, English only []

Yes, other please specify.....

What is the highest level of qualification has the mother completed?

Mother (tick one)

Bachelor degree or above []

Advanced diploma / Diploma []

Certificate I to IV (including trade certificate) []

No non-school qualification []

What is your highest level of Education?

Year 12 or equivalent []

Year 11 or equivalent []

Year 10 or equivalent []

Unknown []

CUSTODY/GUARDIAN CIRCUMSTANCES

Are there any Custodial / Guardianship / Family Court Orders in place?

Yes [] No []

Please describe:

.....
.....
.....
.....

Has your child received the services of any of the following: *(Please tick)*

- [] Speech pathologist
- [] Social Worker
- [] Psychologist / psychiatrist
- [] GP / Paediatrician
- [] Audiologist
- [] Eye specialist

The following documents are required to be submitted with this enrolment form.

- [] Birth certificate
- [] Baptism Certificate
- [] Immunisation Certificate
- [] Family Court Order *(If applicable)*
- [] Sacramental Certificates *(If applicable)*
- [] Visa / Passport *(if applicable)*

GUARDIAN INFORMATION

(If applicable)

Given Names.....

Title.....

Surname.....

Address.....

.....P/Code.....

Home Telephone No.....

Occupation.....

Employer.....

Business phone.....

Mobile phone.....

I / We certify that the information supplied on this form is correct.

.....
Father's Signature

.....
Mother's Signature

STEP PARENT

(If applicable)

Given Names.....

Title.....

Surname.....

Occupation.....

Employer.....

Business phone.....

Mobile phone.....

.....
Date

STUDENT INFORMATION

(PLEASE USE BLOCK LETTERS)

Year Level Applied For.....
Commencement Date.....
Surname.....
Given Names.....
Preferred Name.....
Residential Address.....
.....
.....Post Code.....
Home Phone.....
Male [] Female []
Date of Birth/...../.....
Religion.....
Sacraments:
Baptism [] Eucharist []
Reconciliation [] Confirmation []
Indigenous Student:
Aboriginal No [] Yes []
Aborigine /Torres Strait Yes []
Torres Strait Islander Yes []
Country of Birth.....
Kind-
er.....Previ
ous school / kinder.....
Does the student speak a language
other than English at home?
No, English only []
Yes, other please specify
1st Australian School Year.....
Year Level at Present.....
No. of Children in Family.....
Male.....Female
Place in Family.....
Other Siblings at school.....
.....
.....

MEDICAL

Family Doctor.....
Phone.....
Physical Disabilities.....
Special Aids.....

ALLERGIES

Allergic to.....
Reaction to.....
Relieving Medication.....
Dose.....Frequency.....

ASTHMA PLAN

Does your child suffer from Asthma?
Yes [] No []
If Yes, an Asthma Management Plan is required.
(a plan can be obtained from the office)

DENTIST

Name.....
Phone.....

HEALTH FUND

Name
No.....
Fund No.....

MEDICARE NUMBER

.....

AMBULANCE SUBSCRIBER

Yes [] No []
Number.....

TRANSPORT

Means of transport.....
Ks from school.....

HEALTHCARE/PENSION CARD

NUMBER

Yes [] No []
.....

ACCOUNTS TO BE SENT TO

Name.....

Address.....

.....P/Code.....

EMERGENCY CONTACT: 1

Name.....

Male [] Female []

Relationship to student e.g. Uncle, sister, neighbour

.....

Home Phone.....

Work Phone.....

Mobile Phone.....

EMERGENCY CONTACT: 2

Name.....

Male [] Female []

Relationship to student e.g. Uncle, sister, neighbour

.....

Home Phone.....

Work Phone.....

Mobile Phone.....

STUDENTS BORN OVERSEAS

Country of Birth.....

Date of Entry to Australia.....

Visa Number.....

School attended overseas.....

.....

Residential Status.....

Permanent / Temporary.....

**STUDENTS TRANSFERRING
FROM ANOTHER SCHOOL IN
AUSTRALIA**

Name of School last attended.....

.....

Address of Previous School.....

.....

Contact Number of Previous School.....

Classroom Teacher's Name.....

Number of Years at School.....

Reason for Transfer.....

CONSENT PAGE:

- 1. I am to adhere to the school’s policies and programs as outlined in the Parent Hand book.
- 2. I agree to give the school permission to examine my child for head lice if necessary.
- 3. I give permission for my child to use the internet. (Note: the school has high speed and secure internet access.)
- 4. I give permission for the school to use information such as academic and sporting achievements, pupil activities and other news to be published in School newsletters, magazines, media and on our web-site].
- 5. Privacy Act

Standard Collection Notice

1. The School [the Diocese both independently and through its Schools] collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

5. The School from time to time discloses appropriate information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, our diocese and the parish, St Joseph’s P & F, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counselors.

6. If we do not obtain the information referred to above we may not be able to enroll or continue the enrolment of your son/daughter.

7. Personal information collected from pupils is regularly disclosed to their parents or guardians. [On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website].

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.

9 We will include your contact details in a class list for staff and in our School directory for staff use only.

10. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

Parent/guardian’s signature Date

Name