

ST THERESE'S PRIMARY SCHOOL

131 Endeavour Drive, Cranbourne North, 3977

PO Box 520, Cranbourne, 3977

Phone: 5996 7525

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The dove on our logo represents the Spirit who brings peace and joy. The olive branch symbolises growth. The circle represents the security of a nurturing, encouraging community. The opening of the circle reminds us that our school must be open, welcoming new members and open to new ideas.

APPLICATION FOR ENROLMENT 2020

FAMILY: _____ **STUDENT:** _____

Children are eligible to start school in the year they turn 5 years of age, by April 30, 2020.

A copy of the child's Birth Certificate, Health Immunisation Certificate and Baptism certificate (if applicable) must be provided with the enrolment form, for the application to be processed. Copies of these can be made at the school office. Students transferring from another school must provide a copy of their latest school report. Following submission of this enrolment form, you will be required to attend an Enrolment Interview with the Principal.

FOR OFFICE USE ONLY

REGISTRATION NO: _____

VSN NO: _____

COMMENCEMENT DATE: ___ / ___ /2020

YEAR LEVEL: _____

CLASS _____

Family Mailing/Contact Details			
Family Surname:		Mail to: (e.g. Mr & Mrs Smith)	
Fee Account to be addressed to:			
Address:			
		Suburb:	Post Code:
Email Address for CareMonkey:			
Student Details			
First Name:		Commencement Year or Date:	
Middle Name:		First Australian School Year (e.g. 2015):	
Surname:		Grade Entering:	
Preferred Name:		Religion:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:	
Parish/Sacrament Details			
Sacrament	Date	Parish	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"/>
Current Parish of Residence:			
Travel Information			
Usual method of travelling to School:			
Other Children in Family			
Full Name	Date of Birth	Gender	School Attending and Year Level if Applicable
Previous School / Pre-School Permission <i>Please supply your child's latest School Report if applicable</i>			
Name of previous school/pre-school:			
I/We give permission for the School to contact the previous school or pre-school:			Yes <input type="checkbox"/> No <input type="checkbox"/>
In the event that the student transfers to another school I/We give permission for the School to transfer information on this form to that school. <i>You will need to provide school and/or external test results (e.g. NAPLAN) where requested.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension / Health Care Card. Please present card at the School Office and complete necessary forms			
If eligible this will entitle you to a concession on our Family Fee as well as CSEF entitlements			
Do you hold a current Pension or Health Care Card: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Pension or Health Care Card Number:		Expiry Date:	

Indigenous Identifier <i>Is the student of Aboriginal or Torres Strait Islander origin?</i>	
(For persons of both Aboriginal and Torres Strait Islander origin mark 'Yes' to both)	
No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)			
Student Speaks:		Mother/Guardian Speaks:	Father/Guardian Speaks:
No:	English Only (please ✓)		
Yes:	Other – please specify:		
If Yes, please complete EAL FORM on pages 14 and 15 of this Enrolment Form.			

Nationality - Government requirement		
Nationality:		
In which country was the student born:	Australia	Other – please specify:

If the Child was NOT born in Australia, please complete the table below.

If Not Born in Australia, Citizenship Status is 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):
<input type="checkbox"/>	Naturalisation Certificate Number (If applicable):
Visa Subclass recorded on entry to Australia:	
Visa Subclass Number:	
Date of Arrival into Australia: _____	

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 Details		
Doctor / Clinic Name:		
Telephone Number:		
Address:		
Student's Medicare Number:	Expiry Date:	Ref#:
Date of last Tetanus Injection / Booster:		
Private Health Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fund Name:	Membership Number:	
Ambulance Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Membership Number:	
Immunisations: Medicare Immunisation Certificate provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Health Department regulations require all children without an Immunisation Certificate to be excluded from School for a period of 14 days in the event of a vaccine preventable disease such as measles. Please see Victorian Department of Health website for more details.</i>		
Medical Conditions		
Please specify any known medical conditions the student suffers from, excluding Asthma or Anaphylaxis, ie diabetes, Attention Deficit Hyperactivity Disorder (ADHD):		
Medication		
Please specify medication and requirements regarding the administration of this medication (prescribed and non-prescribed), whether it is for an ongoing or temporary illnesses:		
Allergies		
Please specify any known allergy the student has, ie allergy to nuts, gluten, penicillin, bee stings etc		
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the student know how to use their EpiPen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>An Anaphylaxis Action Plan must accompany enrolment form</u>		
Has the student been diagnosed as an asthmatic? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>An Asthma Action Plan must accompany enrolment form</u>		
If a student is to be administered medication by School staff, written authorisation from a parent/guardian is required, detailing medication and dosage. Please request a Medication Authority Form from the School office.		
<i>It is mandatory for parents/guardians to advise the School in writing for management plans for the medical conditions or allergies identified in this form with advice from medical practitioners included in instances where a formal diagnosis has been made. Please attach copies of the relevant information and action plans.</i>		

Special Needs

Indicate whether the student applying for enrolment has any known or suspected special needs:

Does your child have:

- | | | | | | |
|--------------------------------|--------------------------|----------------------------|--------------------------|-----------------------|--------------------------|
| Autism | <input type="checkbox"/> | Behaviour Disorders | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> |
| An Intellectual Disability | <input type="checkbox"/> | A Speech/Language Disorder | <input type="checkbox"/> | Mental Health Issues | <input type="checkbox"/> |
| A Physical Disability | <input type="checkbox"/> | A Vision Impairment | <input type="checkbox"/> | ADD / ADHD | <input type="checkbox"/> |
| Giftedness | <input type="checkbox"/> | Learning Difficulties | <input type="checkbox"/> | Acquired Brain Injury | <input type="checkbox"/> |
| Other – <i>please specify:</i> | <input type="checkbox"/> | | | | |
| None of the above | <input type="checkbox"/> | | | | |

If you have answered “yes” to any of the above, please provide **full written 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 based upon these needs.

Is your child receiving support from a specialist service including optometrist, speech therapist, psychologist, paediatrician or occupational therapist etc.? Yes No

If yes, please provide full details and include any relevant documentation:

What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school/pre-school:

Alternative teaching and learning strategies

- Signing
- Braille
- A reader or scribe
- Access to technology
- Modifications to equipment, furniture and learning spaces
- Personal carer support
- Other - *please specify:*

Health and Safety

To your knowledge, is there anything in your child’s history or circumstances (including medical history), which might pose a risk of any type to him or her, other students, or staff at this School? Yes No

If “yes” please provide a brief description (include any documents which may describe such risk):

Please provide the names and contact details of health professionals and/or support personnel at the last school or other relevant agencies that have knowledge of these issues:

The information provided in this section will not in itself be a reason for accepting or rejecting an enrolment application. It is, however, knowledge that is necessary for the School to be able to take into account and cater for all the needs and challenges that the child presents at this School. Should known needs/challenges of the child not be revealed at enrolment, the School may not be able to fully cater for your child.

I/we consent to the School contacting health professionals, support personnel at the last school or other relevant agencies. Yes No N/A

Please attach any relevant documentation to the Enrolment Form including documentation from health professionals/medical practitioners in instances where a formal diagnosis has been made.

Home Care Arrangements

Please indicate the home care arrangements for this student:

- Living with both Mother & Father at same address
- Other - please describe the living arrangements of the student below:

Other general family details that the School should be aware of:

Court Orders

Are there any current court orders relating to the student? Yes No

If "yes", copies of these Court Orders e.g. Intervention Orders, Family Court/Federal Magistrates Court Orders or other relevant court orders must be provided. Any subsequent court orders must be provided when they are received by the parent/guardian. **This is a positive ongoing obligation on the parent / guardian to supply to the School.**

Is there any information of a legal nature you wish the School to be made aware of? Yes No

If "yes", please describe:

LIST OF PARENTAL OCCUPATION GROUPS - Government requirement			
Group A	Group B	Group C	Group D
Senior management in large business organisation, government administration and defence, and qualified professionals.	Other business managers, arts/media/sportspersons and associate professors.	Tradesmen/women, clerks and skilled office, sales and service staff.	Machine operators, hospitality staff, assistants, labourers and related workers.
<p>Senior executive/manager/department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director, health/education/police/fire services administrator. Other administrator such as school principal, faculty head/dean, library, museum or gallery director, research facility director.</p> <p>Defence Forces Commissioned Officer</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer.</p> <p>Air/sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller.</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager Finance, engineering, production, personnel, industrial relations, sales, marketing.</p> <p>Financial services manager Bank branch manager, finance/investment/insurance broker, credit/loans officer.</p> <p>Retail sales/services manager shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency.</p> <p>Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsperson, coach, trainer, sports official.</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration recruitment/employment/industrial relations/training officer, market research analyst, technical sales representative, retail buyer, officer/project manager.</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a four year Trade Certificate, usually by apprenticeship. <u>All tradesmen/women are included in this group.</u></p> <p>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, bond clerk, customs agent, customer services clerk, admissions clerk.</p> <p>Skilled office, sales and service staff.</p> <p>Office secretary, personal assistant, desktop publishing operator, switchboard operator.</p> <p>Sales company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher.</p> <p>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.</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators.</p> <p>Hospitality staff hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper.</p> <p>Office assistants, sales assistants, and other assistants.</p> <p>Office typist, word processing/data entry/business machine operator, receptionist, office assistant.</p> <p>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.</p> <p>Assistant/aide trade's assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant.</p> <p>Labourers and related work.</p> <p>Defence Forces ranks below senior NCO not included in other categories.</p> <p>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.</p> <p>Other worker labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.</p>

Contact Details		
Details	Father / Guardian Residing at Same Address	Mother/Guardian Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Residential Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address – Street		
Suburb and Post Code		
Home Telephone Number		
Work Telephone Number		
Mobile Phone Number		
Employer		
Occupation		
Occupation Group (Refer to insert "List of Parental Occupations") <i>Government Requirement</i>	Group A <input type="checkbox"/>	Group A <input type="checkbox"/>
	Group B <input type="checkbox"/>	Group B <input type="checkbox"/>
	Group C <input type="checkbox"/>	Group C <input type="checkbox"/>
	Group D <input type="checkbox"/>	Group D <input type="checkbox"/>
	Not in paid work in last 12 months <input type="checkbox"/>	Not in paid work in last 12 months <input type="checkbox"/>
Highest Year of School Education <i>Government Requirement</i>	Year 12 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
	Year 11 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>
	Year 10 or equivalent <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>
	Year 9 or equivalent or below <input type="checkbox"/>	Year 9 or equivalent or below <input type="checkbox"/>
Level of Highest Qualification <i>Government Requirement</i>	Bachelor degree or above <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
	Advanced Diploma/Diploma <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>
	Certificate I to IV (incl trade cert) <input type="checkbox"/>	Certificate I to IV (incl trade cert) <input type="checkbox"/>
	No non-school qualification <input type="checkbox"/>	No non-school qualification <input type="checkbox"/>
Country of Birth		
Nationality		
Religion		
Emergency Contact Details		
Details	Emergency Contact	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	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
Title		
First Name		
Surname		
Home Telephone Number		
Business Telephone Number		
Mobile Phone Number		
Relationship to Student		

Contact Details	
Details	Non Residential Parent (if applicable)
	Please only complete if there is a Parent who does not reside at the Student's Home Address
Title	
First Name	
Surname	
Address – Street	
Suburb and Post Code	
Home Telephone Number	
Business Telephone Number	
Mobile Phone Number	
Email Address	
Relationship to Student	
Employer	
Occupation	
Occupation Group # (Refer to insert "List of Parental Occupations") <i>Government Requirement</i>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Not in paid work in last 12 months <input type="checkbox"/>
Highest Year of School Education <i>Government Requirement</i>	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"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "yes", please list below:
	1. 2.
Country of Birth	
Nationality	
Religion	
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"/> <i>(If "yes", supporting documentation must be provided.)</i>

Agreement

As the School is a Catholic school, there are certain expectations, obligations and guarantees required of the parents/guardians of its students, so that a harmonious partnership may be established between home and the School.

- | | |
|--|------------------------------|
| 1. I understand that the information that I have provided must be kept up to date throughout the period of enrolment | Yes <input type="checkbox"/> |
| 2. I agree to faithfully/strictly abide by the School rules, regulations and policies as conveyed through the Parent Handbook, Newsletter, School Policy documents or any other means. | Yes <input type="checkbox"/> |
| 3. I understand that by not supporting the School rules, regulations and policies, my child's continued enrolment will cease. | Yes <input type="checkbox"/> |
| 4. I agree to strictly support our child's participation in the religious life of the School (e.g. School liturgies and Masses). | Yes <input type="checkbox"/> |
| 5. I agree to fully meet all fees and cost commitments required by the School. | Yes <input type="checkbox"/> |
| 6. I understand that supporting School activities and the activities of the parent body of the School and Parish are ways of further developing, strengthening and promoting a harmonious partnership. | Yes <input type="checkbox"/> |
| 7. I understand that the School may contact my child's previous school/pre-school prior to making a decision about this enrolment application. | Yes <input type="checkbox"/> |
| 8. I have read and agree to faithfully/strictly abide by the School 'Parent-School Relationships Code of Conduct'. | Yes <input type="checkbox"/> |

SIGNED:

Father/Carer/Guardian

SIGNED:

*and/or**Mother/Carer/Guardian*

PRINT NAME:

PRINT NAME:

DATE:

DATE:

Documentation – Please Tick ✓ Document's that you have provided

I have included copies of the following documents with this application for enrolment (original documents can be presented to the school office to be copied):

- Birth Certificate
- Baptismal Certificate
- Immunisation Certificate
- Visa documentation
- Relevant Family Court Orders
- Asthma Management Plan
- Anaphylaxis Management Plan
- Other relevant medical and/or special needs information including assessments

Fees Agreement

Account to be paid by (please tick):

Both Parents Father only Mother only

Split between Father _____% and Mother _____%

Other - *please specify*: _____

I/We accept responsibility for the payment of all costs fees and levies for _____
(Name of Student)

I/We agree that all fees and levies as determined by the School will be paid by the due date unless otherwise agreed in advance in writing with the School as represented by *Fr Joseph Abutu of St Agatha's Parish*.
(Weekly/Fortnightly/Monthly payments may be made by arrangement).

Name of person(s) responsible for payment of fees:

1. _____ Signature: _____

2. _____ Signature: _____

NB: All person(s) named as responsible for fee payment MUST sign this form as it will be considered legally binding.

Responsibility for Payment of Fees

School Office staff can assist with any queries you may have in regard to payment of fees and levies.

Each person who signs this form accepts legal responsibility for payment of School fees and levies incurred for the entire period of the enrolment of the student.

Payment of fees is subject to all the terms and conditions contained in this form.

Where there is more than one person signing this form:

1. only one account will be issued in the name of all individuals listed on this form unless otherwise indicated;
2. each person is independently and jointly responsible for payment of the whole of the fees, meaning the School can (at its discretion) seek to recover the whole of the fees from any one parent/guardian or any combination of them unless otherwise indicated;
3. notice to any one parent/guardian is taken to be notice to all parents/guardians;
4. each individual consents to their personal information in relation to this account (including payments made or overdue) being disclosed to each other individual on the account or to other third parties in the case that recovery proceedings are required; and
5. amendments to fee payment arrangements can only be made with the written agreement of all affected parties (including all parents/guardians listed on this form and those who will be responsible for paying fees).

School Fees

School Fees are billed per family. Statements are sent out at the beginning of the year with the full amount payable by November 30, each year. We accept payments by credit card, eftpos, cash, BPAY or we can arrange payment via weekly, fortnightly or monthly direct debit. If the fee payer holds an eligible, means tested Health Care Card, or Pension Card, the family may qualify for a school fee concession as well as the CSEF (Camps, Sports and Excursion Fund) Please see the office for further details and forms.

Pro-rated School Fees

In cases where a student commences at or leaves the School part-way through the year, fees and levies will be pro-rated in accordance with this part.

Family Fees

Subject to minimum notice requirements for withdrawing a student, tuition fees and levies will be pro-rated to the nearest week, including any partial weeks of attendance as full weeks.

For example, in a school year with 40 weeks, if a student commences on Thursday of the 12th week, the amount of tuition fees owing will be pro-rated to 29 weeks. In this example the amount payable would be 72.5% of the full year family fee.

Excursion/Camp/Swimming/Sports Levies

Excursion/Camp/Swimming/Sports levies are payable in full and are not pro-rated. Where a student will not or did not participate in the activity a credit may be provided, unless the School had already incurred a cost associated with that student.

Notice of Withdrawal

Written notice of at least **four weeks** is required prior to withdrawal of a student from the School. Where notice is not provided, full fees and all levies will need to be paid for the number of weeks where notice was not provided.

This notice period may be reduced or waived in special circumstances. Please contact the Principal if you would like to discuss this possibility.

Special Payment Arrangements

If you are experiencing financial hardship or are struggling to pay on time, please speak to the Principal. Variations in payment arrangements can be approved where required, and in exceptional circumstances limited fee remissions may be provided.

You will be required to provide evidence of need to enter into a special payment arrangement or receive a fee remission.

Failure to pay

Where payment is not made on time, debt recovery action may be commenced against any one or all of the parent(s)/guardian(s) named on this form.

The School or the Diocese may charge the parent(s)/guardian(s) for, and the parent(s)/guardian(s) indemnify the School and the Diocese from, all costs and expenses (including without limitation all legal costs and expenses on an indemnity basis) incurred by the School or the Diocese resulting from the default (failure to pay) or in taking action to enforce compliance with these terms and conditions.

Disclosure

By signing this form you agree that the School may share information collected with other Catholic systemic schools within the Diocese of Sale.

Parental Permissions

1. Where I am unable to be contacted, I give the Principal (or Delegate) of the School permission to consent to my child receiving medical or surgical assistance or an anaesthetic given as recommended by a medical practitioner in the event of any accident or illness.
2. I give the Principal (or Delegate) of the School permission to consent to such first aid as is considered reasonable or necessary in the event of accident or illness.
3. I accept all risks and liabilities involved in the administration of medical surgical, anaesthetic or first aid treatment as considered necessary and the responsibility for payment of all expenses and costs incurred in relation to such treatment and any emergency transportation required.
4. I/we certify that my child does not, to our knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment (except as noted in the medical details or special needs section above).
5. Medication will not be administered at School, except where that medication has been supplied by the parents and a medication form (available from the School office) has been completed. I/we consent to the School administering medication to our child on our behalf in these circumstances.
6. I/we understand the School will take all reasonable care in the event of my child suffering an accident or illness, but that the School will not be responsible for any fees, costs or expenses of any medical or dental or treatment administered to my child in such an event. Nor will the School be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

7. In the event I/we am/are unable to be contacted, I/we consent to the School seeking such medical or dental advice on behalf of our child as it sees fit in the event of an accident or illness. This treatment may include, but is not limited to, blood transfusion, the administration of anaesthetic and surgery.
8. I/we agree to pay all fees, costs and expenses incurred including hospital accommodation. I/we understand that the School will not be held liable for ambulance or other transport costs. Ambulance membership is available through most health funds or directly from Ambulance Victoria.
(The School does however carry student accident insurance for all students whenever they are at School or are involved in any activities organised by the School. This cover also includes travel to and from School or School activities.)
9. I/we consent to my child participating in all activities, organised or available at School, School camps, and all other outings, excursions and functions. I/we understand that this consent can be withdrawn at any time by notifying the School in writing and that additional consent will be sought by the school for offsite activities.
10. I/we accept that the daily life of the School involves my child's participation in the life of the Catholic Church through prayer, liturgy, sacramental celebrations and the provision of the religious education program of the School. I/we agree to support our child's participation in this program.
11. I/we give consent for my child to be photographed and for these photographs to be used without acknowledgement, remuneration or compensation in the School and in various Catholic Education Office, Diocese of Sale or Catholic Education Commission of Victoria publications. Publications may include but are not limited to, newsletters, parent handbooks, brochures, annual reports, newspaper advertisements, posters and the School / Catholic Education Office Diocese of Sale website. On occasion, information such as sporting achievements, pupil activities and art works will be published in the School newsletter and on our website naming the child.
Yes No
12. I/we certify that the consent which I/we have given in the above paragraphs is valid at all times while our child is in the custody of the School including:
a) When my child is at School
b) When my child is present at School camps
c) When my child is attending or participating in a School outing, excursion or function.
Yes No
13. I/we give consent for our child to use the resources of computer, access to network resources, email and internet. Students may only access the internet and email during class time under teacher supervision and subject to any Information Technology policies which may be in force from time to time.

Declaration	
I/We, as the parent/s/legal guardian/s of _____ declare that <i>(Name of Student)</i>	
I/we have read, understood and given consent to all matters contained in this form. I/We understand that my/our consent will remain valid while my/our child continues enrolment at the School. Should the relevant information change, I/we understand it is my/our duty to make the School immediately and fully aware of the changes.	
SIGNED: <i>Father/Carer/Guardian</i>	SIGNED: <i>Mother/Carer/Guardian</i>
PRINT NAME:	PRINT NAME:
DATE:	DATE:

Please note:

1. Acceptance of this application for enrolment is subject to the approval of the School's Enrolment Committee.
2. Acceptance to this School does not constitute acceptance into any other Catholic School (primary or secondary).

EAL FORM***ONLY complete this section if your child is from a language background other than English.***

Country of Birth:

If born overseas, when did the student first arrive in Australia?

Extended periods of time in other countries (three months or more)? : YES / NO

If yes: Where?

How long for?

Language spoken?

Family members living in the home(i.e. Siblings, Grandparents, Aunties/Uncles):

If refugee background, what was the student's arrival pathway into Australia?

Student's Linguistic Experience

Languages understood:

Languages spoken:

Languages read:

Languages written:

When did you child first start speaking (and which language/s)

- 6-18 months
- 18 months – 2 years
- 2 – 3 years
- Later than 3 years

Student's English Experience

To whom does your child speak English? (Please Tick)

How often? Please circle most relevant option

Mother

all / most / some / none of the time

Father

all / most / some / none of the time

Siblings

all / most / some / none of the time

Grandparents

all / most / some / none of the time

Extended Family

all / most / some / none of the time

When did your child first hear English? (Please circle)

Where:

- 0 – 18 months
- 18 months – 2 years
- 2 – 3 years
- Later than 3 years
- Kinder
- School

How often (number of hours per day, days per week)?

When did your child first speak English? (Please circle)

Where:

- 0 – 18 months
- 18 months – 2 years
- 2 – 3 years
- Later than 3 years
- Kinder
- School

How often (number of hours per day, days per week)?

EAL FORM continued.

Student's Other Language Experience	
To whom does your child communicate this Language? (Please Tick)	Which Language ?
Mother	How Often? Please circle most relevant option
Father	all / most / some / none of the time
Siblings	all / most / some / none of the time
Grandparents	all / most / some / none of the time
Extended Family	all / most / some / none of the time
When did your child first hear this Language? (Please circle)	Where:
<ul style="list-style-type: none"> • 0 – 18 months • 18 months – 2 years • 2 – 3 years • Later than 3 years • Kinder • School 	How often (number of hours per day, days per week)?
When did your child first speak this Language? (Please circle)	Where:
<ul style="list-style-type: none"> • 0 – 18 months • 18 months – 2 years • 2 – 3 years • Later than 3 years • Kinder • School 	How often (number of hours per day, days per week)?

Student's Schooling Experience in Australia	
School/Kinder experience:	School Location:
	Length of time:
	Type of schooling:
	Language of instruction:
	Languages learnt:
	Academic progress:
Has your child attended language centres/intensive English programs in Australia?	IF YES:
	Location of Centre:
	Length of time:
	Type of schooling:
	Language of instruction:
	Languages learnt:
	Academic progress:
Student's Schooling Experience Overseas	
School/Kinder experience:	School Location:
	Length of time:
	Type of schooling:
	Language of instruction:
	Languages learnt:
	Academic progress:
Has your child attended language centres/intensive English programs in another country?	IF YES:
	Location of Centre:
	Length of time:
	Type of schooling:
	Language of instruction:
	Languages learnt:
	Academic progress:

