Melbourne Archdiocese
Catholic Schools

Enrolment Application Form

MACS school being applied to: **ST PAUL'S PRIMARY SCHOOL, MONBULK - E1335**

The School operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS). This form is informed by the MACS Enrolment Policy. Lodging this form does not guarantee enrolment at the school. If an offer of enrolment is made, an enrolment is considered complete when the school has received an acceptance of their offer, any application fees required by the school and all required documentation including; Signed Enrolment Agreement, Signed Parent/Carer Code of Conduct, and Student Code of Conduct.

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent and Carer documentation checklist at the end of the form.

DUE DATE:

STUDENT DETAILS			
Family name:			
Given name/s:		**Preferred name:**	
Entry year (YYYY):		**Entry level/year**:	
Date of birth:	**Religion:** *(include rite)*		
Home Address:			
M (Male): ☐	F (Female): ☐	Self-identified / X (Indeterminate/Intersex/ Unspecified): ☐	
Does the student have a sibling currently or previously enrolled at the school?	Yes ☐	No ☐	
If yes, please provide sibling details:	Family name: Given name/s:	Age:	
Were the student's parents or grandparents previously enrolled at the school?	Yes ☐	No ☐	
If yes, please state last year of enrolment:			

NATIONALITY AND CITIZENSHIP		
Government Requirement	**Nationality**:	**Ethnicity:**
In which country was the student born?	Australia ☐ Other ☐ *(please specify):*	
Date of arrival in Australia OR Date of return to Australia:		
What is the residential status of the student?	Permanent ☐	Temporary ☐
Evidence of Australian Residency: Australian Citizen ☐	Permanent Resident ☐	

Eligible for Australian Passport ☐ Temporary Resident ☐ Other/Visitor/Overseas Student ☐	
Visa sub class:**	**Visa expiry date:**
Previous visa sub class:	
*** Please attach visa/ImmiCard/letter of notification and passport photo page.** **** Please note that all enrolments for students with visas require approval through Melbourne Archdiocese Catholic Schools (MACS). Refer to the Dependant Full Fee Overseas Student Procedure (link) for further information.** **Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified.**	

Does the student or their parent(s)/carer(s) speak a language other than English at home?
Note: Record all languages spoken.

		Student	Parent/Carer 1	Parent/Carer2
No	English only	☐	☐	☐
Yes	Other – *please specify all languages*			

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 ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

Please note that the student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census.

SACRAMENTAL INFORMATION		
Baptism	**Date:**	**Parish:**
Confirmation	**Date:**	**Parish:**
Parish where the student lives:		

PARENT/CARER 1			
Title: (Dr/Mr/Mrs/Ms/Mx)	**Family name:**		**Given name:**
House number:	**Street name:**		
Suburb:		**State:**	**Postcode:**
Telephone:	**Home:**	**Work:**	**Mobile:**
SMS messaging: *(for emergency and reminder purposes)*		Yes ☐	No ☐
Email:			
Relationship to student:			
Government Requirement	**Occupation:**	**What is the occupation group?** *(Select from list of occupation groups in the School Family Occupation Index)*	A ☐ B ☐ C ☐ D ☐ N ☐
Religion: *(include rite)*			
Country of birth:	Australia ☐	Other ☐ *(please specify):*	
Aboriginal or Torres Strait Islander origin: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐			
Nationality:		**Ethnicity if not born in Australia:**	
Visa subclass:		**Visa expiry:**	
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified.			
Do you speak a language other than English at home? *Note: Record all languages spoken*			
What is the highest year of primary or secondary school Parent/Carer 1 has completed? *(Persons who have never attended secondary school, tick Year 9 or below.)*			
Year 9 or below ☐	Year 10 or equivalent ☐	Year 11 or equivalent ☐	Year 12 or equivalent ☐
What is the level of the highest qualification Parent/Carer 1 has completed?			
No post-school qualification ☐	Certificate I to IV *(including trade certificate)* ☐	Advanced diploma/Diploma ☐	Bachelor's degree or above ☐

PARENT/CARER 2		
Title: (Dr/Mr/Mrs/Ms/Mx)	**Family name:**	**Given name:**
House number:	**Street name:**	
Suburb:	**State:**	**Postcode:**

Telephone:	Home:	Work:	Mobile:
SMS messaging: *(for emergency and reminder purposes)*		Yes ☐	No ☐
Email:			
Relationship to student:			
Government Requirement	**Occupation:**	**What is the occupation group?** *(Select from list of occupation groups in the School Family Occupation Index)*	A ☐ B ☐ C ☐ D ☐ N ☐
Religion: *(include rite)*			
Country of birth: Australia ☐ Other ☐ *(please specify):*			
Aboriginal or Torres Strait Islander origin: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐			
Nationality:		**Ethnicity if not born in Australia:**	
Visa subclass:		**Visa expiry:**	
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified.			
Do you speak a language other than English at home? *Note: Record all languages spoken*			

What is the highest year of primary or secondary school Parent/Carer 2 has completed? *(Persons who have never attended secondary school, tick Year 9 or below)*

Year 9 or below	Year 10 or equivalent	Year 11 or equivalent	Year 12 or equivalent
☐	☐	☐	☐

What is the level of the highest qualification Parent/Carer 2 has completed?

No post-school qualification	Certificate I to IV *(including trade certificate)*	Advanced diploma/Diploma	Bachelor's degree or above
☐	☐	☐	☐

EMERGENCY CONTACTS – OTHER THAN PARENT OR CARER	
Please nominate two additional people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact Parent/Carer 1 or Parent/Carer 2.	
Emergency Contact 1	**Emergency Contact 2**
Family name **Given name/s:**	**Family name:** **Given name/s:**
Relationship to student:	**Relationship to student:**
Home telephone:	**Home telephone:**
Mobile:	**Mobile:**
If applicable, Parent/Carer 2 may nominate below two alternative people as emergency contacts relevant to any court orders or parenting arrangements. Please leave the section below blank if the emergency contacts are the same as above.	

Emergency Contact 3	Emergency Contact 4
Family name Given name/s:	Family name: Given name/s:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:
Where Parent/Carer 1 and Parent/Carer 2 have nominated different emergency contacts, please confirm which times/days each emergency contact may be contacted by the school.	

MEDICAL INFORMATION				
Doctor's name:				
Doctor's address:				
Telephone:				
Medicare number:			**Ref number:**	**Expiry:**
Private health insurance:	Yes ☐	No ☐	**Fund:**	**Number:**
Ambulance cover:	Yes ☐	No ☐	**Number:**	
Health Care Card:	Yes ☐	No ☐	**Health Care Card No:**	**Expiry:**
Medical condition/ diagnoses:	Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting 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. Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur. Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety			
Has the student been diagnosed as being at risk of anaphylaxis?			Yes ☐	No ☐
If yes, does the student have an autoinjector device? eg EpiPen or Anapen			Yes ☐	No ☐
If the student has identified medical and/or health condition/diagnoses, please consider the Student Health Support Policy, First Aid Policy, and supporting documents. **If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.**				

IMMUNISATION *(please attach an immunisation history statement)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit myGov) and provide it to the school with this enrolment form.

Immunisation history statement attached: Yes ☐ No ☐ If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check? Yes ☐ No ☐

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This 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)	☐ behavioural concerns	☐ hearing impairment
☐ intellectual disability/ developmental delay	☐ mental health concerns	☐ oral language/communication difficulties
☐ ADD/ADHD	☐ acquired brain injury	☐ vision impairment
☐ giftedness	☐ physical impairment	☐ other condition *(please specify)*

Has your child ever seen a:

☐ paediatrician	☐ physiotherapist	☐ audiologist
☐ psychologist/counsellor	☐ occupational therapist	☐ speech pathologist
☐ psychiatrist	☐ continence nurse	☐ other specialist *(please specify)*

Have you attached all relevant information and reports? Yes ☐ No ☐

SIBLINGS ATTENDING A PRESCHOOL SETTING/ SCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	Preschool /School	Year/grade	Date of birth

HOME CARE ARRANGEMENTS	
☐ Living with immediate family	☐ Out-of-home care
☐ Parent/Carer	☐ Shared parenting, *e.g. one week with each parent:* Days with Parent /Carer A: Days with Parent /Carer B:
☐ Kinship care	☐ Other *(please specify)*

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

SCHOOL FEES/LEVIES PAYER DETAILS *(The account nominated below in this application is for administrative purposes only. Liability for payment of school fees is set out in the Enrolment Agreement.)*				
To whom the account for school fees and levies is sent?				
Family name	First name	Address and email	Telephone	Relationship to the student
The default billing arrangement for fees and charges is one invoice per family. Requests for alternative invoicing arrangements should be directed to the principal.				

Please note that the completion of this enrolment application form is a prerequisite for consideration of your child's enrolment at the school. Lodging this form does not guarantee enrolment at the school. Should an offer of enrolment be made, an enrolment is considered complete when the school has received all required documentation including; Enrolment Agreement, Parent/Carer Code of Conduct, and Student Code of Conduct and any application fees required by the school.

Parent/Carer signature:		Date:
Parent/Carer signature:		Date:

Signing Requirements for Enrolment Application form

This form must be signed and completed by one of the following categories of persons:

- Parents named in the child's birth certificate or in relevant court order
- The student if they are 18 years of age or living independently
- An informal carer, who has provided a statutory declaration.

Note: In the absence of a current court order to the contrary, each parent of a child who is not 18 years of age has parental responsibility.

Note: 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.

This form may be signed by only one parent or carer in circumstances where:

- one parent declares they have completed and signed the form on behalf of both parents, and contact details for the other parent have been provided in the form

or

- there is only one parent or carer with legal parental responsibility for the child
- parents are completing separate enrolment forms
- one parent has completed and signed the form and the contact details for the other parent are unknown to the enrolling parent and the school.

Disclaimer: *Personal information collected through this form will be held, used and disclosed in accordance with the Privacy Collection Notice – Students and Parents and the Privacy Policy, both of which are available on the school website.*

PARENT/CARER DOCUMENTATION CHECKLIST	
Please ensure that the following documents are attached to the Enrolment Application form *(as applicable to your child)*:	
☐	Birth certificate
☐	Immunisation history statement
☐	Baptism certificate – if applicable
☐	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia
☐	Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page
☐	Medical Management Plan signed by a relevant medical practitioner
☐	All relevant information and reports concerning additional needs of your child
☐	Any current court orders or parenting orders relating your child
☐	Any additional information you wish the school to be aware of