



DIOCESE OF SALE CATHOLIC EDUCATION LTD.



Office Use Only		
Student Code	Family Code	Date Received

APPLICATION FOR ENROLMENT

Full Name of Student

Full Name of Parent / Guardian A

Full Name of Parent / Guardian B

Part A: Student Details

Family Mailing / Contact Details

Family Surname

Mail to (e.g. Mr & Mrs Smith)

Postal Address

Suburb / Town

Post Code

Mobile Telephone Number for SMS Notifications

Email Address for Electronic Correspondence

Student Details

First Name

Middle Name

Surname

Preferred First Name

Gender

☐ Female

☐ Male

☐ Other

Date of Birth	Religion
First Australian School Year (e.g. 2015)	
To Enter Grade / Year Level (e.g. Year 7)	In Year (e.g. 2021)
Preferred Campus (where applicable and subject to availability)	
Residential Address	
Suburb / Town	Post Code

Parish / Sacrament Details			
Sacrament	Date	Parish	Copy of Certificate Supplied
Baptism			☐ Yes ☐ No
Reconciliation			☐ Yes ☐ No
Eucharist			☐ Yes ☐ No
Confirmation			☐ Yes ☐ No

Current Parish of Residence

Parish Priest Name

Travel Information

The School requires the following information to assist with bus arrangements and for the purpose of assessing conveyance allowance eligibility for students enrolling at a school outside Melbourne's [metropolitan conveyance boundary](#) and who reside 4.8 kilometres or more from the School or nearest bus stop.

Distance from home to School (kilometres)

Distance from home to nearest School bus stop (kilometres)

Usual method of travelling to School (kilometres)

Other Children in Family

Full Name

Date of Birth

School Attending and Year Level (if applicable)

Previous School / Pre-School Permission

Name of previous School / Pre-School

I/We give permission for the School to contact the previous school or pre-school

☐ Yes

☐ No

In the event that the student is enrolled at a new DOSCEL school, I/We give permission for the current school to provide information on this form to the new DOSCEL school

☐ Yes

☐ No

Part B: Student Citizenship Status

Nationality - Government Requirement

Nationality

In which country was the student born

☐ Australia

☐ Other (please specify)

Is the student of Aboriginal or Torres Strait Islander origin?

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

☐ Yes, both Aboriginal and Torres Strait Islander

Does the student or their parent(s)/guardian(s) speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often)

	Student	Parent / Guardian A	Parent / Guardian B
No - English Only	☐	☐	☐
Yes - Other (please specify)	☐	☐	☐

If Not Born in Australia, Citizenship Status Required – Government Requirement

Please select 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

Australian Citizen Naturalisation Certificate or Australian
Passport number / Document of Travel if Country of Birth is not Australia

Australian Passport Number (if applicable)

Naturalisation Certificate Number

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

☐ Permanent Resident
(if ticked, record the Visa Subclass Number)

Visa Subclass No

☐ Temporary Resident
(if ticked, record the Visa Subclass Number)

Visa Subclass No

☐ 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

Part C: Medical / Health Information

Pension / Health Care Card

Do you hold a current Pension or Health Care Card?

☐ Yes

☐ No

Pension or Health Care Card Number
(Pension or Health Care Card Number of Parent / Guardian)

Expiry Date

Medical Details

Doctor's Name

Telephone Number

Clinic Name and Address

Dentist's Name

Telephone Number

Clinic Name and Address

Student's Medicare No.

Expiry Date

Date of last Tetanus Injection / Booster

Private Health Cover

☐ Yes

☐ No

Fund Name

Membership Number

Ambulance Cover

☐ Yes

☐ No

Membership Number

Immunisations: Has the Immunisation History Statement
been provided?

☐ Yes

☐ No

Health Department regulations require all children without an Immunisation History Statement 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 www.health.vic.gov.au for more details.

Medical Conditions

Medical Conditions - Please specify any known medical conditions the student suffers from, e.g. asthma, diabetes and any prescribed medication taken by the student

Medication - Please specify the requirements regarding the administration of medication for both prescribed and non-prescribed medications, whether for ongoing or temporary illnesses

Allergies - Please specify any known allergy the student has, e.g. allergy to nuts, penicillin, bee stings, including specific details

Has the student been diagnosed as being at risk of anaphylaxis?

☐ Yes

☐ No

If yes

Does the student have an EpiPen?

☐ Yes

☐ No

☐ N/A

Does the student know how to use their EpiPen?

☐ Yes

☐ No

☐ N/A

If a student is to be given medication by School staff or has a severe allergy, written authorisation is required. Please request a Medication Authority Form from the School office.

It is mandatory for parents/guardians to advise the School in writing of 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.

Special Needs

Indicate whether the student applying for enrolment has any known or suspected special needs, disability, impairment, disorder, injury or learning difficulty:

☐ Autism

☐ Behaviour Disorders

☐ Hearing Impairment

☐ An Intellectual Disability

☐ A Speech / Language Disorder

☐ Mental Health Issues

☐ A Physical Disability

☐ A Vision Impairment

☐ ADD / ADHD

☐ Giftedness

☐ Learning Difficulties

☐ Acquired Brain Injury

☐ Other (please specify)

If you have answered “yes” to any of the above, please provide:

- a. full written details of those needs including advice from appropriate medical and allied health professionals to enable the school to plan accordingly
- b. any assessment/intervention/support that the student may be currently receiving, together with relevant supporting documentation.

Is your child receiving support from a specialist service, including medical or allied health professionals (optometrist, speech therapist, psychologist or occupational therapist etc.)?

☐ Yes

☐ No

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

Do you anticipate that any accommodations and/or learning adjustments will be required for the student, having regard to:

- a. any accommodations or adjustments made at the student’s previous school, pre-school or home-school;
- b. any external or medical support the student currently requires; and
- c. any other matter the School would consider relevant?

For example:

☐ Alternative teaching and learning strategies

☐ Signing

☐ Braille

☐ A reader or scribe

☐ Access to technology

☐ Personal carer support

☐ Modifications to equipment, furniture and learning spaces

☐ 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 themselves, 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

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 Application for Enrolment Form including documentation from health professionals/medical practitioners in instances where a formal diagnosis has been made.

Part D: Home Environment

Please indicate the home care arrangements for this student

☐ Living with both parents at same address

☐ Out of Home Care arrangement

☐ 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 to the School. Any subsequent court orders must be provided to the School 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

Parent / Guardian Details

Details	Parent / Guardian A Residing at Same Address as Student	Parent / Guardian B Residing at Same Address as Student
Title		
First Name		
Middle Name		
Surname		
Residential Guardian	☐ Yes ☐ No	☐ Yes ☐ No
Address - Street		
Suburb and Post Code		
Home Telephone Number		
Work Telephone Number		
Facsimile		
Mobile Telephone Number		
Email Address		
Employer		
Occupation		
Occupation Group (Refer to "List of Parental/ Guardian Occupations in the attached Enrolment Handbook)	☐ Group A ☐ Group B ☐ Group C ☐ Group D ☐ Not in paid work in last 12 months	☐ Group A ☐ Group B ☐ Group C ☐ Group D ☐ Not in paid work in last 12 months

Highest Year of School Education	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below
Level of Highest Qualification	☐ Bachelor degree or above ☐ Advanced Diploma/Diploma ☐ Certificate I to IV (incl trade cert) ☐ No non-school qualification	☐ Bachelor degree or above ☐ Advanced Diploma/Diploma ☐ Certificate I to IV (incl trade cert) ☐ No non-school qualification
Country of Birth		
Nationality		
Religion		

Non Residential Parent Details (if applicable)

Details

Non Residential Parent

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 Telephone Number

Email Address

Relationship to Student

Employer

Occupation

Occupation Group
(Refer to “List of Parental/
Guardian Occupations” in
the attached Enrolment
Handbook)

☐ Group A

☐ Group B

☐ Group C

☐ Group D

☐ Not in paid work in last 12 months

Highest Year of School
Education

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

Level of Highest
Qualification

☐ Bachelor degree or above

☐ Advanced Diploma/Diploma

☐ Certificate I to IV (incl trade cert)

☐ No non-school qualification

Does the Non
Residential Parent
speak a language(s)
other than English at
home?

☐ Yes

☐ No

If “yes”, please list below

Country of Birth

Nationality

Religion

Part E: Emergency Contacts

Details	Emergency Contact Please nominate a person other than a parent/guardian who may be contacted in the event of an emergency, if parents/guardians cannot be contacted	Emergency Contact Please nominate a person other than a parent/guardian who may be contacted in the event of an emergency, if parents/guardians cannot be contacted
Title		
First Name		
Surname		
Address - Street		
Suburb and Post Code		
Home Telephone Number		
Mobile Telephone Number		
Email Address		
Relationship to Student		

Part F: Agreement

By signing this agreement, I/we acknowledge that:

- a. there are certain expectations, obligations and guarantees required of the parents/guardians of the School's students, so that a harmonious relationship may be established between the parents/guardians and the School; and
- b. if my/our child's enrolment is accepted by the School:
 - i. this agreement will be enforceable; and
 - ii. I/we will be bound by the terms set out below.

Terms:

1. I/We understand that the information that I/we have provided must be kept up to date throughout the period of enrolment. I/We will promptly report any changes to the information contained in this form to the School Principal.
2. I/We agree to faithfully/strictly abide by the School rules, regulations, processes and policies as conveyed through the Parent Handbook, Newsletter, School Policy documents or any other means, as amended from time to time, and I/we agree to encourage the Student to comply with and abide by same.
3. I/We agree to strictly support our child's participation in the religious life of the School (e.g. School Liturgies and Masses).
4. I/We 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.
5. I/We understand that the School may contact my/our child's previous school prior to making a decision about this enrolment application.
6. I/We have read and agree to faithfully/strictly abide by the Enrolment Policy and Enrolment Handbook (and the policies referred to therein, including the School 'Parent-School Relationships Code of Conduct', as amended from time to time).
7. I/We have read and fully understand and agree to the terms and conditions set out in the Enrolment Policy and Enrolment Handbook with respect to Education Fees.
8. I/We have read and fully understand the basis upon which this enrolment agreement can be terminated, as set out in the Enrolment Handbook.

Signed (Parent / Guardian A)

Signed (Parent / Guardian B)

and / or

Print Name

Print Name

Date

Date

Part G: Documentation

I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes where applicable):

- ☐ Student Birth Certificate
- ☐ Student Baptismal Certificate, Reconciliation, Eucharist, Confirmation certificates
- ☐ Immunisation History Statement
- ☐ Asthma Management Plan
- ☐ Anaphylaxis Management Plan
- ☐ Other relevant medical and/or special needs information including assessments and documentation from appropriate medical and allied health professionals
- ☐ Visa documentation
- ☐ Relevant Family Court Orders (such as Intervention Orders, Family Court/Federal Circuit Court Orders)

Part H: Education Fees

Account to be paid by (please tick):

- ☐ Both Parents ☐ Parent / Guardian A Only ☐ Parent / Guardian B Only
- ☐ Split between Parent / Guardian A % and Parent / Guardian B %
- ☐ Other (please specify)

☐ I/We accept responsibility for the payment of all costs, fees and levies for the student's enrolment at the School.

☐ 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 Principal (Weekly/Fortnightly/Monthly payments may be made by arrangement).

All person(s) named as responsible for fee payment MUST sign this section of the form. Upon signing this section, all person(s) named agree to be bound by the terms set out in the Enrolment Handbook.

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

Name	Signature
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Name	Signature
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An independent person must witness the signature of the person(s) signing the fee declaration. The witness cannot be a party already signing the declaration.

Name of Witness:

Name	Signature
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NB: Original identification of each named person(s) signing as being responsible for the payment of fees must be sighted by the School and a copy will be taken for verification purposes. Please note the original identification must include a signature of the named person(s) (e.g. drivers license)

Part I: Parental / Guardianship Permissions

1. I/We agree that the School may share information collected in this form with other Catholic schools within the Diocese of Sale, including Catholic College Sale and Lavalla Catholic College.
2. Where I/we am unable to be contacted, I/we give the Principal (or Delegate) of the School permission to consent to my/our child receiving medical or surgical assistance or an anaesthetic given as recommended by a medical practitioner in the event of any accident or illness.
3. I/We 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.
4. I/We 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.
5. I/We certify that my/our child does not, to my/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 Part C of this form).
6. I/We consent to the School administering medication to my/our child on my/our behalf. In these circumstances, medication will not be administered at School, except where:
 - prescription medication has been supplied by the parents/guardians and written medical advice from a medical practitioner has been provided;
 - Non-prescription medication has been supplied by the parents/guardians and a medication form (available from the School office) has been completed and signed by the parents/guardians.
7. I/We understand the School will take all reasonable care in the event of my/our 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/our 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/our child.
8. 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 my/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.
9. 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. [Note: 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.]
10. I/We consent to my/our 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.
11. I/We accept that the daily life of the School involves my/our 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 my/our child's participation in this program.
12. I/We give consent for my/our 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 Ltd 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.

YesNo
13. I/We certify that the consent which I/we have given in the above paragraphs is valid at all times while my/our child is in the custody of the School including when my/our child is:
 - at School
 - at School camps
 - attending or participating in a School outing, excursion or function.

YesNo

14. I/We give consent for my/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.
15. I/We give consent for my/our Family Mailing/Contact Details to be provided to the Parish for the specific purpose of the Parish contacting our family in relation to any court actions involving or relating to me/us and/or my/our child that are relevant to my/our child's enrolment and/or application for enrolment at the School.
16. I/We give consent for my/our Family Mailing/Contact Details to be provided to the Parish for the purpose of the Parish contacting our family in relation to Parish matters such as fundraising efforts and other Parish issues.
- ☐ Yes ☐ No
17. I/We give consent for my/our Family Mailing/Contact Details, Student Details and Parish/Sacrament Details to be provided to the Parish for the specific purpose of the Parish contacting our family in relation to Parish sacramental programs.
- ☐ Yes ☐ No

Signed (Parent / Guardian A)

Signed (Parent / Guardian B)

Print Name

Print Name

Date

Date

Part J: Declaration

I/We, as the parent/s/legal guardian/s of my/our child, declare that 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. I/We agree to be bound by the terms set out in this form and the Enrolment Handbook.

Signed (Parent / Guardian A)

Signed (Parent / Guardian B)

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).
3. Please refer to the attached Privacy Policy and Collection Notice which apply to the school for details regarding privacy of information collected by the DOSCEL and the School.
4. The Enrolment Policy and Enrolment Handbook, which includes links to other relevant policies and procedures with which you agree to comply (such as the Parent-School Relationships Code of Conduct), is attached for your reference.

