



Application to enrol in an Armidale Diocesan Catholic School

School name

ST JOSEPH'S PRIMARY SCHOOL



MUNGINDI

SAS NO.

Office use only

Student's family name

Student's given name/s

Thank you for your interest in enrolling your child in an Armidale Diocesan School. The school will contact you to arrange a suitable time for an enrolment interview with the school Principal or his/her representative.

This application to enrol form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the Principal. You are welcome to provide further information on an attached sheet.

Following receipt of this application and after an enrolment interview the Principal will notify you of the outcome of your application. The information you have provided will be used by the school to enrol your child, if your application is accepted. **Please do not purchase items such as uniforms until you receive confirmation of enrolment.**

This enrolment application is for the nominated school above.

When you come to the enrolment interview please bring original documents with you:
(Parent/Carer please tick forms provided)

- Proof of student's residential address** (e.g. original copies of council rates notice, residential lease, electricity accounts, statutory declaration etc.)
- Birth certificate or identity documents**
- Copies of any family law or other relevant court orders** (if applicable) (e.g. students in the care of the Minister or other family member)
- Immunisation history statement**
- Baptismal certificate and other Sacramental documents** (if applicable).
- Reports from previous school/s**

If your child is not a permanent resident, you will need to provide:

- Passport or travel documents**
- Current visa and previous visas** (if applicable)

If your child is a temporary visa holder you will also need to provide:

- Authority to Enrol** issued by the Temporary Visa Holders Program Unit. This is required for visitor and temporary resident visa holders
- Authority to Enrol or evidence of permission to transfer** issued by the International Student Centre
- Evidence of the visa the student has applied for** (if the student holds a bridging visa).

Student details

Student Details	OFFICE USE ONLY
Family name _____	
Given name/s _____	
Preferred first name _____	
Sex (tick box) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth: _____ Day/ month/year	

Into which calendar year are you seeking to enrol this student? _____ Which level/grade? (Please circle)

K 1 2 3 4 5 6 7 8 9 10 11 12

In which country was the student born? _____	CATHOLIC SACRAMENTS (include date, Parish & Town)
Religion (if none, please write 'no religion') _____	Baptism _____
Nationality _____	Reconciliation _____
If born overseas, what date did the student arrive in Australia? _____ Day/ month/year	Eucharist _____
	Confirmation _____

Languages spoken at home

Does the student speak a language other than English at home?

No, English only

Yes, language other than English spoken

If **yes**, what languages are spoken at home?

Please write the exact language spoken – for example, Cantonese or Mandarin, not simply 'Chinese'. Please do not write a nationality such as 'Indian'. Please specify the actual language spoken e.g. Hindi or Punjabi.

Main Language spoken at home

Other languages spoken at home (including English)

Student details

Students with additional needs

Is your child a young person with:

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behaviour disorders |
| <input type="checkbox"/> A hearing impairment | <input type="checkbox"/> An intellectual disability |
| <input type="checkbox"/> A language disorder | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> A physical disability | <input type="checkbox"/> A vision impairment |
| <input type="checkbox"/> Difficulties in the basics of learning | |
| <input type="checkbox"/> Acquired brain injury | |
| <input type="checkbox"/> Has attended early intervention | |
| <input type="checkbox"/> Receipt of a 'Carer's Allowance' | |
| <input type="checkbox"/> Other (please specify) | |

Legislation and diocesan policy recognises that 'accommodations and/or learning adjustments' may be required for students with additional needs.

What **accommodations** and/or **learning adjustments** were provided for your child in his/her previous school?

Alternative teaching and learning strategies

- | | |
|--|---|
| <input type="checkbox"/> Signing | <input type="checkbox"/> Braille |
| <input type="checkbox"/> A reader or scribe | <input type="checkbox"/> Access to technology |
| <input type="checkbox"/> Modifications to equipment, furniture and learning spaces | |
| <input type="checkbox"/> Educational assistant support | |
| <input type="checkbox"/> Acceleration or extension programs | |
| <input type="checkbox"/> Other (Please specify) | |

Is there anything that you **do or modify at home** that may help us at school to meet your child's additional needs?

What **accommodations** and/or **learning adjustments** may be required for your child in this school?

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behaviour disorders |
| <input type="checkbox"/> A hearing impairment | <input type="checkbox"/> An intellectual disability |
| <input type="checkbox"/> A language disorder | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> A physical disability | <input type="checkbox"/> A vision impairment |
| <input type="checkbox"/> Difficulties in the basics of learning | |
| <input type="checkbox"/> Acquired brain injury | |
| <input type="checkbox"/> Has attended early intervention | |
| <input type="checkbox"/> Receipt of a 'Carer's Allowance' | |
| <input type="checkbox"/> Other (please specify) | |

Medical information

Doctor's name/medical centre

Street no. _____

Street name _____

Town _____

Post code _____

Telephone number _____

Medicare number

Expiry date: _____ / _____

Please tell the principal before your child starts school if he or she has any allergies or other medical conditions. This is essential. You should also let the school know as soon as you are aware of any new allergies or other medical conditions.

Allergies Yes No

Please specify any allergies suffered by the student e.g. peanuts, insect stings

Other Medical Conditions Yes No

Please specify any other medical conditions of which the school should be aware – e.g. asthma, diabetes, epilepsy

Medication

Please specify any prescribed medication to be taken by the student. (Please provide list if insufficient space).

Parent/carer permission

I give my permission for the school to seek information from the doctor listed above about how to manage any allergy or medical condition experienced by the student.

Yes No

Family details

family address during term*

*Please note that a parent who is not living with this student should complete details in the **Other Parent** section (page 4).

Name to be used for all correspondence

For example: Mr & Mrs Adam Black, Ms Betty Green

Relationship to student

Address for correspondence (RMB/PO Box)

Street Number/Property Name

Street Name

Town

Postcode

Home telephone number/mobile number

Work telephone number (if applicable)

Family email address

Is the above address your residential address?

Yes

No

If no, write your residential address below.

Parent's Religion (if none please write 'no religion')

Mother:

Father:

Student's address during term*

*If this is the same as the residential address on the left, please tick this box

If it is not the same address, please complete the information below:

Name of property (if applicable)

Flat/unit no. Street no. RMB no.

Name of street/road

Town

Postcode

Home telephone number/mobile number

If the student has a second residential address during school term, please write it here:

Family Billing Details

Leave blank if same as residential address

School accounts to be sent to:

Name Address Postcode

Emergency contacts

First emergency contact

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally, the contact person should be someone who lives in the neighbourhood of the school. Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Name of emergency contact person

For example: Mr Adam Black, Ms Betty Green

Contact details

Daytime telephone number

Mobile telephone number (if available)

Relationship to family e.g. neighbour, uncle, aunt

Name of property (if applicable)

Flat/unit no. Street no. RMB no.

Name of street/road

Town /Postcode

Second emergency contact

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally, the contact person should be someone who lives in the neighbourhood of the school. Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Name of emergency contact person

For example: Mr Adam Black, Ms Betty Green

Contact details

Daytime telephone number

Mobile telephone number (if available)

Relationship to family e.g. neighbour, uncle, aunt

Name of property (if applicable)

Flat/unit no. Street no. RMB no.

Name of street/road

Town /Postcode

Family details for National Goals for Schooling Data Collection

Parent/Carer 2

e.g. Father, living at the same address as the student

If applicable, copies of any relevant family law or other court orders must be provided.

*Please note that a parent who is not living with this student should complete details in the **Other Parent** section. Page 4

Name and contact details

Relationship to the student

Title (e.g. Mr/Ms/Mrs/Dr)

Family name

Given name/s

Work telephone number (if available)

Mobile telephone number (if available)

Occupation of Parent/Carer 2

Occupation group

What is the occupation group of **Parent/Carer 1**
See page 12

- Please select the appropriate parent occupation group from the list provided.
- If the person is not currently in paid work but had a job or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, please write '8' in the box.

(write 1, 2, 3, 4 or 8)

School Education

What is the highest year of primary or secondary school that **Parent/Carer 2** has completed? For persons who have never attended school, tick Year 9 or equivalent or below (one box only)

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

Educational qualifications

What is the highest qualification **Parent/Carer 1** has completed? (tick one box only).

- Bachelor degree or above
- Advanced diploma/diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Country of birth

In which country was **Parent/Carer 2** born?

Nationality of **Parent/Carer 2**

Languages spoken at home

Does **Parent/Carer 2** speak a language other than English at home?

- No, English only
- Yes, Language other than English spoken

If **yes**, what languages are spoken at home?

Please write the exact language spoken – for example, Cantonese or Mandarin, not simply 'Chinese'. Please do not write a nationality such as 'Indian'. Please specify the actual language spoken e.g. Hindi or Punjabi.

Main Language spoken at home

Other languages spoken at home (including English)

An interpreter service may be available during school interviews. Would this service be required?

- Yes No

Parent/Carer declaration

In dealing with this application, it may be necessary for the school to look at documents held by previous schools, health care professionals or other government agencies. This information will be collected, used and stored consistent with the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002*. The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

Acknowledgement

I acknowledge that the Catholic Schools Office, Armidale may seek and gain access to relevant information about this student related to one or more of the questions in this application that is held by previous schools, health care professionals or other government agencies.

I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

Declaration of accuracy

I declare that the information provided in this Application to Enrol is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be withdrawn.

Signature of Parent/Carer

Date

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Print name

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Signature of second applicant (if applicable) Date

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Print name

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Principal's certification

Special Circumstances and Student

History assessed? Yes No

Risk Assessment required? Yes No

If yes – date

Risk Assessment conducted? Yes No

Risk Management Plan and Resources

in place? Yes No

If yes – date

/ /

On the basis of the information provided on this form and gained from the required assessments,

I **accept** or **decline** this application to enrol.

Signature of Principal

Date

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Print name

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AGREEMENT

Catholic Schools Office, Diocese of Armidale

Application for enrolment of your child means that you are choosing a Catholic education for your child. It implies a commitment to support the faith practice and aims of the school and a willingness to cooperate in their implementation. Specifically it means:

- Religious Education is a core subject
- Practice of the Catholic Faith and Parish involvement are emphasised
- Academic excellence and the acquisition of skills are developed within a Catholic framework
- Participation in academic and spiritual life of the school

Your child is expected to adhere to the school's standards for:

- Behaviour, dress and self-discipline
- Application to course work and study
- Participation in school activities
- Respect for people and property
- Observance of school regulations
- Participation in faith practice and worship

Parents are expected to participate in the total life of the school through events such as Parent/Teacher nights.

1. I/We agree to support school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.
2. If this enrolment application is successful I/we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
3. I/We understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment, e.g. change of address, court orders, medical/specialist reports.
4. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (e.g. school liturgies, retreat programs).
5. I/we give permission for my/our child's photograph to be used in publications e.g. school website, school newsletter, newspaper publications, Diocesan publications Yes No
6. If, in time of emergencies, accidents or serious illness, I/we cannot be contacted I/we give permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital or doctor by ambulance or private vehicle. Yes No
7. I/We give permission for my/our Secondary child to refer themselves to in-school counselling services. (For students enrolling in Secondary school). Yes No

I/We have read all of the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful. I/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

Signature: _____

Father/Carer

Signature: _____

Mother/Carer

Date: _____

Date: _____

January 2012