

St. Christopher's Primary School
A Faith and Learning Community

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Confidential Enrolment Form



ENTRY LEVEL: ☐ Prep ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Starting YEAR: 2 0 _ _

CHILD'S DETAILS (Please complete in block letters)

SURNAME: _____ DATE OF BIRTH: ____/____/____

GIVEN NAME/S: _____ GENDER : ☐ Male ☐ Female

RESIDENTIAL ADDRESS: _____

SUBURB _____ POSTCODE: _____

COUNTRY OF BIRTH: ☐ Australia ☐ Other _____

RANK IN FAMILY: _____ ATTENDING SCHOOL: ☐ Full-time ☐ Part-time

LIST ALL OTHER CHILDREN IN THE FAMILY BELOW:

Name	Date of Birth	Gender

Is your child:

An Australian Citizen? ☐ Yes ☐ No (please complete **students with visas** section on page 5)

A permanent resident of Australia? ☐ Yes ☐ No (please complete **students with visas** section on page 5)

An Aboriginal or Torres Strait Islander? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both Aboriginal & TSI

IS YOUR CHILD CATHOLIC?

YES ☐ Rite: (**please circle**) Roman, Armenian, Maronite, Chaldean, Syrian, Coptic, Melkite, Ukrainian, Russian

NO ☐ Please specify which religion or n/a _____

SACRAMENTAL INFORMATION:

BAPTISM	DATE		CHURCH		SUBURB	
RECONCILIATION	DATE		CHURCH		SUBURB	
EUCCHARIST	DATE		CHURCH		SUBURB	
CONFIRMATION	DATE		CHURCH		SUBURB	

CHILD'S DETAILS

MAIN LANGUAGE YOUR CHILD SPEAKS AT HOME: _____

(If more than one language is spoken at home, indicate the one that is spoken most often.)

NAME OF LANGUAGE SCHOOL IF YOUR CHILD ATTENDS: _____

LANGUAGE STUDIED: _____

KINDERGARTEN SCHOOL NAME: _____

ADDRESS: _____

SUBURB _____ POSTCODE: _____

PH: _____ GROUP: _____ ie red group, possum group

CHILD'S HEALTH DETAILS

IS YOUR CHILD'S IMMUNISATION UP TO DATE? ☐ NO ☐ YES  **Please attach an Immunisation Record—see page 7**

NAME OF DOCTOR: _____ PHONE NUMBER: _____

ADDRESS: _____ POSTCODE: _____

CHILD'S MEDICARE NUMBER _ _ _ _ / _ _ _ _ / _ _ EXPIRY DATE _ _ / _ _ _ _

AMBULANCE COVER? ☐ NO ☐ YES AMBULANCE SUBSCRIPTION NO. : _____ EXPIRY DATE: _____

CHILD'S MEDICAL DETAILS

DOES THE CHILD HAVE A MEDICAL CONDITION OF WHICH THE SCHOOL SHOULD BE AWARE OF?

☐ NO (Please go to next section) ☐ YES (Please identify below)

☐ ALLERGY to _____ Medication: _____

☐ ANAPHYLAXIS to _____ EPIPEN ? ☐ YES ☐ NO

☐ ASTHMA - often/occasional /seasonal/severe ☐ DIABETES ☐ EPILEPSY ☐ FEBRILE CONVULSIONS

☐ OTHER, please specify _____

Please attach a Medical Action Plan provided by the doctor

CHILD'S ADDITIONAL NEEDS

DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS THE SCHOOL SHOULD BE AWARE OF?

☐ NO (Please go to the next section) ☐ YES (Please identify below)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Giftedness | <input type="checkbox"/> Behavioural disorders | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Mental Health issues | <input type="checkbox"/> Language Disorder | <input type="checkbox"/> English As A Second Language |
| <input type="checkbox"/> Speech Pathology | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Autism Spectrum Disorder (ASD) |
| <input type="checkbox"/> Other (please specify) _____ | | | |

IS THE CHILD CURRENTLY ATTENDING OR HAS PREVIOUSLY ATTENDED:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Counsellor/Psychologist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Behavioural Optometrist | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Other (please specify) _____ | |

 **Please attach documentation provided by the specialist**

PARENT/GUARDIAN DETAILS (Please complete in block letters)

☐ PARENT 1 / ☐ GUARDIAN 1 (Relationship to child) _____

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prof

SURNAME: _____

GIVEN NAME/S: _____

ADDRESS as per child or: _____

POSTCODE: _____

COUNTRY OF BIRTH: _____

RELIGION: _____

MAIN LANGUAGE SPOKEN AT HOME: _____

OCCUPATION: _____

EMPLOYER: _____

OCCUPATION GROUP: (Refer to page 8) Please tick one box:

GROUP: ☐ A ☐ B ☐ C ☐ D ☐ N

HIGHEST YEAR OF SCHOOL EDUCATION:

☐ Year 12 or equivalent ☐ Year 11 or equivalent

☐ Year 10 or equivalent ☐ Year 9 or equivalent

HIGHEST QUALIFICATION:

☐ Bachelor degree or above

☐ Advanced Diploma/Diploma

☐ Certificate I to IV (incl Trade Certificate)

☐ No school qualification

HOME PHONE: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

EMAIL: _____

☐ PARENT 2 / ☐ GUARDIAN 2 (Relationship to child) _____

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prof

SURNAME: _____

GIVEN NAME/S: _____

ADDRESS as per child or: _____

POSTCODE: _____

COUNTRY OF BIRTH: _____

RELIGION : _____

MAIN LANGUAGE SPOKEN AT HOME: _____

OCCUPATION: _____

EMPLOYER: _____

OCCUPATION GROUP: (Refer to page 8) Please tick one box:

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HIGHEST QUALIFICATION:

☐ Bachelor degree or above

☐ Advanced Diploma/Diploma

☐ Certificate I to V (incl Trade Certificate)

☐ No school qualification

HOME PHONE: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

EMAIL: _____

OTHER PERSON/S AUTHORISATIONS

Every effort will be made to contact you in case of an emergency or illness . However, should you be unavailable, please nominate **two** relatives, neighbours or friends who can drive and are available during school hours.

EMERGENCY CONTACT 1

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prof

SURNAME: _____

GIVEN NAME/S: _____

RELATIONSHIP TO CHILD: _____

HOME PHONE: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

EMERGENCY CONTACT 2

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prof

SURNAME: _____

GIVEN NAME/S: _____

RELATIONSHIP TO CHILD: _____

HOME PHONE: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

FAMILY DETAILS

Family Unit	Separated/Divorced/Other Family Unit
<input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____
Please indicate the homecare arrangements for the child: <input type="checkbox"/> Living with parent 1 and 2 <input type="checkbox"/> Single parent 1/parent 2 (please circle)	Please indicate the homecare arrangements for the child below: _____ _____ _____ _____
Please nominate Parent 1 <u>or</u> Parent 2 regarding fees and any correspondence i.e. fee invoices and statements <input type="checkbox"/> Parent 1 (As per parent details stated on page 3) <input type="checkbox"/> Parent 2 (As per parent details stated on page 3)	Please tick below regarding fee invoices, statements, school reports and any other correspondence: Parent 1 <input type="checkbox"/> Yes, I would like to Split fees and have a separate account _____ % <input type="checkbox"/> Yes, I would like to receive correspondence (invoice fees, statements, newsletter, school reports etc) <input type="checkbox"/> Yes, I am an Emergency Contact for this child* Parent 1 Signature: _____ Parent 2 <input type="checkbox"/> Yes, I would like to Split fees and have a separate account _____ % <input type="checkbox"/> Yes, I would like to receive correspondence (invoice fees, statements, newsletter, school reports etc) <input type="checkbox"/> Yes, I am an Emergency Contact for this child* Parent 2 Signature: _____ *Subject to court orders in place

FAMILY COURT ORDERS

Are there any:

- **Court orders, parenting orders or parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- **Other court orders** relating to the child's residence or the child's contact with a parent or other person?

☐ NO ☐ YES

 **Please bring in the original order to be sighted and attach a copy to this enrolment**

MODE OF TRANSPORTATION TO ST CHRISTOPHER'S

☐ Walk ☐ Car ☐ Bike ☐ Public Transport ☐ Other

PARENT/GUARDIAN SIGNATURE - Both parents please sign

I/WE APPLY TO ENROL _____ AT ST CHRISTOPHER'S PRIMARY SCHOOL.

ENTRY LEVEL: ☐Prep ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 Starting YEAR: 20__ __

I/WE UNDERSTAND THAT IF THE APPLICATION IS SUCCESSFUL THAT I/WE:

1. Are required to pay a NON-REFUNDABLE family enrolment fee upon acceptance.
2. Will encourage our/my child to comply and abide by School Policies, rules and regulations for his/her conduct at the School.
3. Inform the school of any change to the information provided on this enrolment application throughout the duration of his/her schooling at St Christopher's Primary School.
4. Will agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges and understand unpaid debt may be referred to a third party for collection.
5. Agree to support our child's participation in the religious life of the School (e.g. School liturgies and masses)

Signatures of both parent (or guardians) are required. If both parties are not signatories, then the signatory shall be solely responsible for the payment of all accounts.

Parent 1/Guardian 1 Signature		Parent 2/Guardian 2 Signature	
Print Name		Print Name	
Date Signed		Date Signed	

ONLY FAMILY WITH VISAS TO COMPLETE

IN WHICH COUNTRY DOES THE STUDENT HOLD CITIZENSHIP _____

COUNTRY OF PASSPORT _____ PASSPORT NUMBER _____

DATE OF ARRIVAL TO AUSTRALIA __ / __ / ____ RESIDENCE STATUS ☐Permanent ☐Temporary

VISA SUB-CLASS NUMBER _____ VISA EXPIRY DATE __ / __ / ____

 **Please provide a copy of the parents and child's passport and visa with this enrolment application**

ONLY ENROLMENTS FOR GRADE 1 to 6 TO COMPLETE (Previous school details)

CURRENT GRADE LEVEL ENTRY _____ YEAR _____

NAME OF CURRENT SCHOOL _____


ADDRESS OF CURRENT SCHOOL _____

SUBURB _____ POSTCODE _____

PHONE NUMBER _____ TEACHERS NAME _____

VICTORIAN STUDENT NUMBER (VSN) _____

ATTENDED FROM __ / __ / ____ TO __ / __ / ____

 **Please provide a copy of students last school report, a copy of their NAPLAN results (IF ANY) and any sacramental certificates ie Baptism, Eucharist and Confirmation (IF ANY) with this enrolment application**

PARENTAL PERMISSION FORM

Child's Name: _____

1. MEDIA

I give permission for my child's photograph/video and name to be published in:

- The school website and school publications
- Social media
- Promotional materials
- Newspapers and other media

I give permission for a photograph/video of my child to be used by St Christopher's in the agreed publications without acknowledgment, remuneration or compensation.

I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

☐ YES, I give permission ☐ NO, I don't give permission

Parent 1/Guardian 1		Signature		Date	
Parent 2/Guardian 2		Signature		Date	

2. MEDICAL

In the event of illness or serious injury to my child, I understand that I will be notified as soon as possible, but I authorise the person in charge, where it is impracticable to communicate with me, to consent to my child receiving such medical or surgical treatment as may be deemed necessary or to be transported to hospital by ambulance. I agree to pay all medical expenses on behalf of my child.

Parent 1/Guardian 1		Signature		Date	
Parent 2/Guardian 2		Signature		Date	

3. PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

I give permission for the school to contact the previous school or pre-school: ☐ YES ☐ NO

In the event that the student transfers to another school I/We give permission for the school to transfer information on this enrolment application to that school. ☐ YES ☐ NO

Parent 1/Guardian 1		Signature		Date	
Parent 2/Guardian 2		Signature		Date	

4. I understand this permission form is for the duration of my child's schooling at St Christopher's and agree if I/we wish to withdraw this authorisation, it is my responsibility to notify the school in writing.

Parent 1/Guardian 1		Signature		Date	
Parent 2/Guardian 2		Signature		Date	

CHECKLIST

HAVE YOU INCLUDED THE FOLLOWING?

The following documents must be accompanied with your enrolment form , if they are not included, the application will be returned.

- ☐ Birth Certificate
- ☐ Baptism Certificate
- ☐ Immunisation Record from the Department of Health Service (See below)
- ☐ **Certified** Rates or Rental Notice in the name and address stated on enrolment application

Other Applicable Documents

- ☐ Medical Plans - Asthma Plan, Anaphylaxis Plan etc **with PHOTO attached**
- ☐ Health Assessments/Reports
- ☐ NAPLAN Results/School report
- ☐ Court Orders/Parenting Plans
- ☐ Visas /Passport Copies

IMMUNISATION RECORD

The Immunisation History Statement (see picture on right) needs to be attached to your enrolment form. You can obtain your statement from:

- the Australian Childhood Immunisation Register (ACIR) telephone 1800 653 809 Email acir@medicareaustralia.gov.au
- Visit your local Medicare Office or online at www.medicareaustralia.gov.au/online
- If your child has not had their 4 year old injection at the time of enrolment, please attach a PARTIALLY completed Immunisation history statement. Once you receive your completed Immunisation History statement please hand in a copy to the office.
- Copies of your immunisation record from your health and development record book is **NOT ACCEPTED.**

ACIR Immunisation History Statement – fully immunised child

Children who have received all of their scheduled immunisations by 3½ - 4 years of age will receive an up to date ACIR Immunisation History Statement showing that the child does not require any further vaccinations before starting primary school.

Immunisation history statement - online version

As at: 12 June 2013
For: MARCOS O MYERS
Date of birth: 01 January 2008
Immunisation status: up to date

Schedule	Immunisation	Date given	Brand name given	Provider type
2 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	01 Mar 2008	Infanrix Hexa Prevnam 7 RotaTeq	GP
4 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	07 May 2008	Infanrix Hexa Prevnam 7 RotaTeq	GP
6 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	07 Jul 2008	Infanrix Hexa Prevnam 7 RotaTeq	GP
12 months	Hib Measles Mumps Rubella Meningococcal C	03 Jan 2009	Hibberix Priorix Meningitec	GP
18 months	Varicella	30 Jun 2009	Varivax	GP
4 years	Diphtheria Tetanus Pertussis Polio Measles Mumps Rubella	04 Jan 2012	Infanrix-IPV Priorix	GP

Next immunisation(s) due: _____ Date due: _____

This child has received all vaccines required by 5 years of age.

This child is fully immunised.

Select 'Up to Date - Immunisation History Statement' in your Immunisation Register drop down list.

PARENTAL OCCUPATION GROUPS

Please select the appropriate parental occupation group from the attached list

If the person is not currently in paid work but has had a job in the last 12 months 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, enter 'Group N'.

GROUP A	GROUP B	GROUP C	GROUP D
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	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.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/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/ships 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].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, 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, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</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, freight/transport/shipping 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 Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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, check-out operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</p> <p>Assistant/aide [trades' 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 workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, 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>