



| | | | | | | | |
|-----------------|--------------|--|--|--|--|--|--|
| Office Use Only | Student Code | | | | | | |
| | Email | | | | | | |
| | House | | | | | | |

1. STUDENT DETAILS

| New Enrolment Details - Student | | | | | | | |
|------------------------------------|--|------------------------------|---------|--------------------------|--------|--------------------------|--|
| First name | | Middle name | | | | | |
| Surname | | Preferred name | | | | | |
| Date of birth | | Gender (tick correct option) | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | |
| School Year of Entry (e.g. Year 7) | | Calendar Year of Entry | 20 ____ | | | | |

| Student Residential Details | | | | |
|-----------------------------|------------------------|--------------------------|----------|--------------------------|
| House / Unit / Flat No. | | Street Name | | |
| Suburb | | Postcode | | |
| State | | Country | | |
| Hone Phone No. | | | | |
| Student lives with | Both Parents | <input type="checkbox"/> | Mother | <input type="checkbox"/> |
| | Father | <input type="checkbox"/> | Guardian | <input type="checkbox"/> |
| | Other (Please Specify) | | | |

| Citizenship Details / Government Data Collection | | | | |
|--|---|--------------------------|----|--------------------------|
| Country of Citizenship | | Nationality | | |
| Country of Birth | | Place of Birth | | |
| Students First Language | | Ethnic Group | | |
| Residential Status | Australian Citizen | <input type="checkbox"/> | | |
| | Permanent Resident or New Zealand Citizen | <input type="checkbox"/> | | |
| | Temporary Resident | <input type="checkbox"/> | | |
| ATSI (Tick correct option) | Neither Aboriginal or Torres Strait origin | <input type="checkbox"/> | | |
| | Aboriginal, but not Torres Strait Islander origin | <input type="checkbox"/> | | |
| | Both Torres Strait and Aboriginal origin | <input type="checkbox"/> | | |
| | Torres Strait Islander, but not Aboriginal origin | <input type="checkbox"/> | | |
| | Not stated / Unknown | <input type="checkbox"/> | | |
| Language other than English Spoken at Home | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Student Mainly Speaks English At Home | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Specific Main Language spoken at Home | | | | |
| Other Language | | | | |



| Visa Details (If applicable) | | | | | | | | |
|---|--|--|--|----------------------------|---|--------------------------|---|--------------------------|
| Visa Sub Class Number: | | | | | | | | |
| Visa arrival date | | | | Visa expiry date | | | | |
| Passport number | | | | Overseas Health Cover Paid | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| PLEASE PROVIDE A COPY OF PASSPORT AND VISA WHERE APPLICABLE | | | | | | | | |

| Previous school (If applicable) | | | | |
|---------------------------------|------|--|----|--|
| Previous School | | | | |
| Address of Previous School | | | | |
| Dates of Attendance | From | | to | |
| Reason for change | | | | |

2. MEDICAL DETAILS

| Medical Details | | | | |
|-----------------|--|--------------|--------------|--|
| Doctor's Name | | | Phone Number | |
| Street Number: | | Street Name: | | |
| Suburb: | | Post Code: | | |

| Allergies Medical Alert | | | | | | | | | | | | | | |
|---|---|--------------------------|---|--------------------------|--------------------|---|--------------------------|---|--------------------------|----------|---|--------------------------|---|--------------------------|
| Please specify any allergies/medical alert relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc). | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Anaphylaxis Action Plan | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Asthma Action Plan | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Diabetes | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |

| Immunisations | | | | | | | | | | | | | | |
|---------------|---|--------------------------|---|--------------------------|----------------|---|--------------------------|---|--------------------------|--------------------|---|--------------------------|---|--------------------------|
| Polio | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Measles/Mumps | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Diphtheria/Tetanus | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Rubella | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Whooping Cough | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Meningococcal | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |

| Permission to Administer over the counter medicine | | | | | | | | | | | |
|--|---|--------------------------|---|--------------------------|---------------------------|---|--------------------------|---|--------------------------|--|--|
| Salbutamol (Ventolin) | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Paracetamol (Panadol) | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | | |
| Ibuprofen/Nurofen (Not for asthmatics) | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Antihistamine (Claratyne) | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | | |



| Medicare Health Fund Details | | | |
|--------------------------------|--|---------------------------|--|
| Medicare Number | | | |
| Expiry Date | | Medicare position on card | |
| Private Health Fund Name | | Health Fund Number | |

| Additional Needs | | | | | | | | | | | |
|---|---------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|----------------------------|--------------------------|
| Indicate whether the student applying for enrolment has any known or suspected additional needs (please tick yes or no for each of the following) | | | | | | | | | | | |
| Physical Needs | | Medical Needs | | Educational Needs | | Behavioural Needs | | Sensory Needs (vision and/or hearing impairment) | | Any other additional needs | |
| Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child a young person with: (please tick as applicable) | | | | | | | | | | | |
| <input type="checkbox"/> | autism spectrum disorders | <input type="checkbox"/> | acquired brain injury | <input type="checkbox"/> | behaviour disorders | <input type="checkbox"/> | a language disorder | | | | |
| <input type="checkbox"/> | a hearing impairment | <input type="checkbox"/> | a vision impairment | <input type="checkbox"/> | an intellectual disability | <input type="checkbox"/> | special abilities | | | | |
| <input type="checkbox"/> | mental health issues | <input type="checkbox"/> | a physical disability | <input type="checkbox"/> | difficulties in the basic areas of learning | | | | | | |
| <p>If you have answered yes to any of the above, please provide full details of those needs and any intervention/support that he/she may be currently receiving (Current Supporting documentation must be provided eg. Paediatric Reports, Psychometric Assessments, Speech and Language Assessments, Occupational Therapy Assessments etc.). If this 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 for these needs.</p> | | | | | | | | | | | |



| | | |
|-----------------|----------------|--|
| Office Use Only | Household Code | |
|-----------------|----------------|--|

3. PARENT | CARER DETAILS

| Billing Details Mailing Address | | | |
|---------------------------------------|--------------------|--|-----------|
| Billing Mailing Title: (e.g. M Smith) | | | |
| Billing Address | House/Unit/Flat No | | |
| | Street Name | | |
| | Suburb | | Post Code |
| Home Phone Number | | | |
| Email Address | | | |

| Father Carer – Residing at Same Address | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| Is a Primary Contact | | Is authorised to pick up | | Receives absence notifications | | Receives correspondence | | Receives reports | | Receives Sentral portal access | | |
| Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Title: (e.g. Mr, Dr) | | | | Country of Birth: | | | | | | | | |
| Family Name | | | | Ethnic group: | | | | | | | | |
| Given Names | | | | | | | | | | | | |
| Language(s) spoken at home | | | | 1. | | | | 2. | | | | |
| Day Phone Number(s) | | | | | | | | | | | | |
| Would an interpreter be required? | | | | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Occupation | | | | |
| Mobile Number | | | | Religion | | | | | | | | |
| Usual Signature | | | | Email Address | | | | | | | | |
| ATSI (Tick correct option) | | | | Neither Aboriginal or Torres Strait origin | | | | | | | | <input type="checkbox"/> |
| | | | | Aboriginal, but not Torres Strait Islander origin | | | | | | | | <input type="checkbox"/> |
| | | | | Both Torres Strait and Aboriginal origin | | | | | | | | <input type="checkbox"/> |
| | | | | Torres Strait Islander, but not Aboriginal origin | | | | | | | | <input type="checkbox"/> |
| | | | | Not stated / Unknown | | | | | | | | <input type="checkbox"/> |



| Mother Carer – Residing at Same Address | | | | | | | | | | | |
|---|--------------------------|--------------------------|---|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|
| Is a Primary Contact | | Is authorised to pick up | | Receives absence notifications | | Receives correspondence | | Receives reports | | Receives Sentral portal access | |
| Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title: (e.g. Mr, Dr) | | | | Country of Birth: | | | | | | | |
| Family Name | | | | Ethnic group: | | | | | | | |
| Given Names | | | | | | | | | | | |
| Language(s) spoken at home | | | 1. | | | | 2. | | | | |
| Day Phone Number(s) | | | | | | | | | | | |
| Would an interpreter be required? | | | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | Occupation | | | | |
| Mobile Number | | | Religion | | | | | | | | |
| Usual Signature | | | Email Address | | | | | | | | |
| ATSI (Tick correct option) | | | Neither Aboriginal or Torres Strait origin | | | | | | | | <input type="checkbox"/> |
| | | | Aboriginal, but not Torres Strait Islander origin | | | | | | | | <input type="checkbox"/> |
| | | | Both Torres Strait and Aboriginal origin | | | | | | | | <input type="checkbox"/> |
| | | | Torres Strait Islander, but not Aboriginal origin | | | | | | | | <input type="checkbox"/> |
| | | | Not stated / Unknown | | | | | | | | <input type="checkbox"/> |

| Emergency Contact | |
|--|--|
| Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted | |
| Emergency Contact Name: Mr/ Mrs/ Dr. | |
| Telephone & Mobile Number(s) | |
| Relationships to Family (e.g. Aunt/Uncle/Friend) | |

| Complete this Section for a Parent Not Residing at Family Home | | | | | | | | |
|---|--------------------|-------------|-------------------------|--|---|--------------------------|---|--------------------------|
| Mailing Title (Mr, Mrs, Ms) | | Surname | | | | | | |
| Given Names | | | Relationship to Student | | | | | |
| Address | House/Unit/Flat No | Street Name | | | | | | |
| | Suburb | Post Code | | | | | | |
| Home Phone No. | | | | | | | | |
| Work Phone No: | | | | | | | | |
| Mobile No: | | | | | | | | |
| Email Address: | | | | | | | | |
| Are there any Family Court orders or Parenting Plans that have been issued in relation to the enrolling students? (Supporting documentation must be provided) | | | | | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |



| Parish Sacramental Details | | | | | | |
|------------------------------|---------------|------------------------------|--------------------------|---|--------------------------|--|
| Current Parish | | | | | | |
| Sacrament | Date Received | Copy of Certificate Supplied | | | | |
| Baptism | | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | |
| Confirmation | | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | |
| Eucharist | | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | |

| Children in Family | | | |
|--|-------------------|-------------|------------------|
| Please list below all children in the family attending St Charbel's College | | | |
| Birth Order | Full Student Name | School Year | School Attending |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| Please list below all children in the family attending other schools | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| Please list below all children in the family that are not of school age | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |

| Photography and Video Permission |
|--|
| By signing this application, I/we authorise and give permission for St Charbel's College to use my child's photograph / video for promotional and marketing, educational and instructional purposes and with the Department of Education. Examples of publication include: |
| <ul style="list-style-type: none"> • College newsletter • College website • College promotional materials • College Facebook • College intranet • Newspapers and other media |
| Licensed under NEALS: The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes. |



Confidential Release of Information

By signing this application I / we give permission for the release of information regarding our son / daughter

Child's Name

From (Previous School/s)

To

St Charbel's College

APPLICATION FOR ENROLMENT CHECKLIST

Please tick the following boxes and sign below

I/We have read and agree to the conditions outlined in the following documents (please tick all boxes as read)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | School Enrolment Procedures |
| <input type="checkbox"/> | Pastoral Care Guidelines |
| <input type="checkbox"/> | Child Protection Guidelines |
| <input type="checkbox"/> | Learning Support Guidelines |
| <input type="checkbox"/> | Privacy Guidelines |
| <input type="checkbox"/> | Communication Devices Student Use Guidelines |
| <input type="checkbox"/> | Publications Guidelines |
| <input type="checkbox"/> | Excursion Guidelines |
| <input type="checkbox"/> | Prescribed Medicines Guidelines |
| <input type="checkbox"/> | Anaphylaxis Guidelines |
| <input type="checkbox"/> | Asthma Guidelines |

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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Birth Certificate |
| <input type="checkbox"/> | Baptismal Certificate |
| <input type="checkbox"/> | Citizenship documentation (where applicable) |
| <input type="checkbox"/> | Relevant Family Court Orders (where applicable) |
| <input type="checkbox"/> | Relevant medical and/or additional needs information (where applicable) |
| <input type="checkbox"/> | Immunisation Certificate |
| <input type="checkbox"/> | Most recent previous school reports and external test results (where applicable) |



AGREEMENT

I/We also understand that if the application is accepted there will be a further **\$500** enrolment fee to be paid. I also understand this fee is non-refundable.

- a) I/we are not aware of any outstanding fees or charges, in relation to the student applying to enroll, that I/we are responsible for at another Catholic school.
- b) If this enrolment application is successful, I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
- c) 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.
- d) If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).
- e) I/we understand that if my child is accepted into Primary School, it does not guarantee automatic selection into High School.
- f) At the discretion of the Principal, enrolment will be considered to be terminated for any outstanding accumulated fees.

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 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.

| | | | |
|------------------------|--|------|----------------|
| Father / Guardian Name | | Date | ____/____/____ |
| Signature | | | |

| | | | |
|------------------------|--|------|----------------|
| Mother / Guardian Name | | Date | ____/____/____ |
| Signature | | | |

Please note: the completion of this application does not guarantee acceptance into St. Charbel's College.