

STUDENT LAST NAME

# ST JOSEPH'S SCHOOL

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## APPLICATION FOR ENROLMENT

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Gladstone Street, Quarry Hill

Phone: 5443 2108 Fax: 5442 6310

Email: [principal@sjquarryhill.catholic.edu.au](mailto:principal@sjquarryhill.catholic.edu.au)

Website: [sjquarryhill.catholic.edu.au](http://sjquarryhill.catholic.edu.au)

### OFFICE USE ONLY

Student No: ..... Year Level: ..... Year: ..... Class: .....

Certificates:     Birth Certificate     Immunisation     Baptismal



*Please attach copies of certificates / documents here.*

## FAMILY INFORMATION

Family Name:				
Do you have children already attending St. Joseph's School?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Correspondence to be addressed to:				
Address:				
		Post Code:		
Residential Structure: <i>Who does the student live with?</i>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother & Partner	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Father Only	<input type="checkbox"/> Father & Partner	<input type="checkbox"/> Other	
Number of children in family:	Boys:	Girls:	Language Spoken at Home:	
Private Hospital Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulance Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parish: <i>(please indicate even if your family is not Catholic)</i>	<input type="checkbox"/> St. Joseph's Quarry Hill	<input type="checkbox"/> St. Mary's Golden Square	<input type="checkbox"/> Sacred Heart Cathedral	
	<input type="checkbox"/> St. Kilian's Bendigo	<input type="checkbox"/> Other, please specify		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to this student? <i>(If yes, please provide a copy of supporting documentation)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT INFORMATION

First Name:		Middle Name:	
Last Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Preferred Name:		Date of Birth:        /        /	
Address: <input type="checkbox"/> Please tick if same as above			
		Post Code:	
Place of Birth:	Country of Birth:	Nationality:	
Enrolment Year Level:	Commencement Date:    /    /	VSN: <small>(Victorian Student Number)</small>	
Previous School/Preschool:		Previous Year Level:	
Language Spoken at Home:		Religion:	Position in Family: <small>(e.g. 1/3, 3/3)</small>
Sacraments Received: <i>(Please supply copies of Certificates if applicable)</i>			
Baptism:	Date:    /    /	Church:	Parish:
Reconciliation:	Date:    /    /	Church:	Parish:
First Eucharist:	Date:    /    /	Church:	Parish:
Confirmation:	Date:    /    /	Church:	Parish:
Student Type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
Is the student of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander			

Name of Doctor:		Clinic:	
Phone:	Medicare Card Number:	Expiry Date:	/
Does your child have an Immunisation Status Certificate? <i>(If yes, please attach. The school must have a copy for this enrolment to be complete)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child suffer from Asthma? <i>(If yes, you will need to complete an Asthma Plan)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a major medical condition or illness that we need to know about? <i>(If yes, you will need to give more information below and/or provide documentation)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any serious allergies? <i>(If yes, please specify below and/or provide documentation)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have an EPI-PEN? <i>(If yes, you will need to complete an Emergency Response Plan)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the questions above, please supply details and management (If appropriate)

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Does your child have any additional needs or considerations?  Yes  No

Physical Needs       Medical Needs       Educational Needs       Behavioural Needs       Other Needs

Has your child been seen by a  Speech Pathologist       Paediatrician       Occupational Therapist

Optometrist       Other Specialist

*(If yes, please provide full details and supporting documents if applicable)*

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Please list names and birth dates of younger siblings yet to commence school:

Name: ..... Date of Birth: ..... / ..... / .....

Name: ..... Date of Birth: ..... / ..... / .....

Name: ..... Date of Birth: ..... / ..... / .....

**PARISH SACRAMENTAL PROGRAM**

*All children are expected to participate in classroom teaching of the Sacraments. However, according to Diocesan Guidelines, the Sacraments of Reconciliation, Confirmation and Eucharist are for children who are baptised and have at least one parent a baptised Catholic. The Sacramental Program usually takes place when students are in Year 2 & 3. If children/parents wish to be baptised into the Catholic Church, contact should be made with the Parish Priest.*

**PARENT/GUARDIAN**

First Name: ..... Last Name: .....

Relationship to Student: ..... Residential Guardian:  Yes  No

Address:  Please tick if same as student .....

Post Code: .....

Email Address: .....

Home Phone: ..... Mobile Phone: .....

Occupation: ..... Employer: .....

Business Phone: ..... Religion: .....

Country of Birth: ..... Nationality: .....

**From 2005, new nationally defined background characteristic information regarding parents/guardians occupation groups and level of education is collected for all Australian students participating in national testing. This information is provided to the Government to be combined with student outcome data for the various national tests, aggregated and used for national reporting purposes.**

Does this person speak a language other than English at home?  
*(If more than one language, indicate the language that is spoken most often)*  No, English only  Yes, please specify

What is the highest year of primary or secondary school this person has completed?  
*Tick one box only*  
*(For persons who never attended school, mark Year 9 or equivalent or below)*

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

What is the level of the highest qualification this person has completed?  
*Tick one box only*

Bachelor Degree or above .....   
Advanced Diploma/Diploma .....   
Certificate I to IV (including trade certificate) .....   
No non-school qualification .....

What is the occupational group of this person?  
*(Please select the appropriate occupation group letter from the list on the back of this application)* Occupation Group Letter

**PARENT/GUARDIAN**

First Name: ..... Last Name: .....

Relationship to Student: ..... Residential Guardian:  Yes  No

Address:  Please tick if same as student .....

Post Code: .....

Email Address: .....

Home Phone: ..... Mobile Phone: .....

Occupation: ..... Employer: .....

Business Phone: ..... Religion: .....

Country of Birth: ..... Nationality: .....

Does this person speak a language other than English at home?  
*(If more than one language, indicate the language that is spoken most often)*  No, English only  Yes, please specify

What is the highest year of primary or secondary school this person has completed?  
*Tick one box only*  
*(For persons who never attended school, mark Year 9 or equivalent or below)*

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

What is the level of the highest qualification this person has completed?  
*Tick one box only*

Bachelor Degree or above .....   
Advanced Diploma/Diploma .....   
Certificate I to IV (including trade certificate) .....   
No non-school qualification .....

What is the occupational group of this person?  
*(Please select the appropriate occupation group letter from the list on the back of this application)* Occupation Group Letter

## **EMERGENCY CONTACTS**

Every effort will be made to contact parents/guardians in the case of an emergency or illness. In the event that parents and/or guardians are unavailable, please nominate two people who can be contacted if needed.

*(It is important that these contacts live locally and are available during school hours)*

First Name: ..... Last Name: .....

Relationship to Student: ..... Home Phone: .....

Mobile Phone: ..... Business Phone: .....

First Name: ..... Last Name: .....

Relationship to Student: ..... Home Phone: .....

Mobile Phone: ..... Business Phone: .....

## **MEDICAL AUTHORITY**

In the event of illness or injury to my son/daughter whilst at school, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.
- Consent to my child being conveyed in an ambulance should it be deemed necessary.
- Consent to my child receiving such medical attention as may be deemed necessary by a medical practitioner.

Signature: (Parent/Guardian)

Signed: ..... Name: ..... Date: ..... / ..... / .....

Signed: ..... Name: ..... Date: ..... / ..... / .....

## **PAYMENT OF SCHOOL FEES & LEVIES**

Person/s responsible for payment of school fees & levies: .....

School Fee Statement to be addressed to: .....

..... Post Code: .....

Where the payment of school fees and levies is to be divided, please indicate who is responsible and to what percentage?

Name: ..... % of fees: .....

Name: ..... % of fees: .....

## **PARENT/GUARDIAN AGREEMENT**

In making this application for my son/daughter to be enrolled at St. Joseph's School, I/we

- certify that the information herein is correct.
- agree to co-operate to the best of my/our ability in matters relating to the school, such as parent/student/teacher meetings, school functions and events etc.
- undertake to pay the fees and levies due to St. Joseph's School.
- ensure that the school is notified of any changes to the details in this application.
- have read the School Privacy Information and understand how information provided to the school might be used by the school in the daily education and pastoral care of my son/daughter, and I accept the use of this information for such purposes.
- understand that this is an application for enrolment only and that if successful I/we will be notified in writing by the Principal.

Signature: (Parent/Guardian)

Signed: ..... Name: ..... Date: ..... / ..... / .....

Signed: ..... Name: ..... Date: ..... / ..... / .....

## **PREFERENCE OF CATHOLIC PRIMARY SCHOOL**

Have you submitted an Application for Enrolment at any other Catholic Primary School/s?  Yes  No

If yes, at which school/s: .....

Is St. Joseph's School your 1<sup>st</sup> preference:  Yes  No

If no, please specify your 1<sup>st</sup> preference: .....

## **SCHOOL PRIVACY INFORMATION**

1. The School [the Diocese both independently and through its Schools] collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses appropriate information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, our diocese and the parish - St. Joseph's, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. [On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website].
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
9. We will include your contact details in a class list for staff and in our school directory for staff use only.
10. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

**Please ensure that you have attached copies of the following certificates to complete this application.**

- Birth Certificate (***must be provided***)
- School Entry Immunisation Status Certificate (***must be provided***)
- Baptismal Certificate (and other Sacramental Certificates) (*where applicable*)
- Most recent previous school reports (*if transferring from another school*)
- Relevant Family Court Orders, custody, access or guardianship documents (*where applicable*)
- Relevant medical/special needs information including clinical/educational assessments (*where applicable*)

## **LIST OF PARENTAL OCCUPATIONS**

Please select the appropriate group from the following list. If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work in the last 12 months, enter 'N' into the 'occupation group' field on the enrolment form.

### **OCCUPATION GROUP A**

**Senior management in large business organisation, government administration and defence and qualified professionals**

- **Senior Executive / Manager / Department Head** in industry, commerce, media or other large organisation.
- **Public Service Manager** (Section head or above), regional director, health / education / police / fire services administrator
- **Other administrator** [school principal, faculty head, dean, library / museum / gallery director, research facility director]
- **Defence Forces** commissioned Officer
- **Professionals** – generally have a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; teach others:
  - *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
  - *Business* [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
  - *Air/sea transport* [aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller]

### **OCCUPATION GROUP B**

**Other business managers, arts / media / sportspersons and associate professionals**

- **Owner / Manager** of farm, construction, import / export, wholesale, manufacturing, transport, real estate business
- **Specialist Manager** [finance / engineering / production / personnel / industrial relations / sales / marketing]
- **Financial Services Manager** [bank branch manager, finance / investment / insurance broker / credit / loans manager]
- **Retail sales / Service Manager** [shop / petrol station, restaurant, club, hotel / motel, cinema, theatre, agency]
- **Arts / Media / Sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman / woman, coach, trainer, sports official]
- **Associate Professionals** – generally have diploma / technical qualifications and support managers and professionals:
  - *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
  - *Business/administration* [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
  - *Defence Forces* senior Non-Commissioned Officer

### **OCCUPATION GROUP C**

**Tradesmen / women, clerks and skilled office, sales and service staff**

- **Tradesmen / women** generally have completed a 4 year Trade Certificate, usually be apprenticeship. All tradesmen/women are included in this group
- **Clerks** [bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, store / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
- **Skilled office, sales and service staff:**
  - *Office* [secretary, personal assistant, desktop publishing operator, switchboard operator]
  - *Sales* [company sales representative, auctioneer, insurance agent / assessor / loss adjustor, market researcher]
  - *Service* [aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer / supervisor]

### **OCCUPATION GROUP D**

**Machine operators, hospitality staff, assistants, labourers and related workers**

- **Drivers, mobile plant, production / processing machinery and other machinery operators**
- **Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]
- **Office assistants, sales assistants and other assistants:**
  - *Office* [typist, word processing / data entry / business machine operator, receptionist, office assistant]
  - *Sales* [sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, self stacker]
  - *Assistant/aide* [trade's assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant]
- **Labourers and related workers:**
  - *Defence Forces* – ranks below senior NCO not included above
  - *Agriculture, horticulture, forestry, fishing, mining worker* [farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry / logging worker, miner, seafarer / fishing hand]
  - *Other worker* [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]