

Student's Personal Details

Personal Information

Legal Family Name		
Legal Given Name(s)	First:	Second:
Current School Include ELC if a kindergarten enrolment	School Name	
	Suburb/Town	
	Current Year Group	
In which country was the student born? (tick)	Australia	<input type="checkbox"/>
	Other-Specify	<input type="checkbox"/> <input type="text"/>
Date arrived in Australia	DD/MM/YY	
Sex (tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	DD/MM/YY	
Student ID Number		
Date started school In Australia	DD/MM/YY	

ATTACHMENT REMINDER: Please attach proof of Australian Residency or Authority to Enrol, such as: Australian Birth Certificate, New Zealand Birth Certificate, Australian Naturalisation Certificate, Passport or Visa (e.g. Bridging, Temporary Resident, Student)

Prime Residential Address This is the student's principal place of residence during term. Note: Do not use PO Box numbers	No or RMB			
	Street			
	Property name			
	Suburb/Town	State		
	Postcode	Telephone		Silent (Y/N) <input type="checkbox"/>
	Fax	Mobile		
	Family email			

Other Residential Address (Where applicable) This is the student's alternative place of residence during term when the student lives with parents/carers who live apart and/or who live with other partners. Note: Do not use PO Box numbers	No or RMB			
	Street			
	Property name			
	Suburb/Town	State		
	Postcode	Telephone		Silent (Y/N) <input type="checkbox"/>
	Fax	Mobile		
	Family email			
	Percentage of time spent at this address during the year	%		

Religious Information

Student's religion	If none write "No Religion"	
If Catholic, indicate when and where baptised	dd/mm/yy	
	Place/ Parish	

ATTACHMENT REMINDER: Please attach a copy of the Certificate of Baptism.

Student's Personal Details

Planning Information

Does the student have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Disability description	<input type="text"/>				
Does the student have a learning difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Learning difficulty description	<input type="text"/>				
Does the student speak a language other than English at home? (Tick)	No, English Only <input type="checkbox"/>	Yes, Other (Please Specify) <input type="checkbox"/> <input type="text"/>			
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>	Yes, Aboriginal & Torres Strait Islander <input type="checkbox"/>
	Tick one only				
If travelling to school by bus nominate route/bus company	<input type="text"/>				

Medical/Emergency Information

Medical condition(s) (Specific student information relevant to the school e.g. medical conditions, medications, etc.)	Condition 1	<input type="text"/>
	Treatment 1	<input type="text"/>
	Condition 2	<input type="text"/>
	Treatment 2	<input type="text"/>

Additional comment (Other information that would assist with the care of the student.)	<input type="text"/>
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Have all relevant immunisations been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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ATTACHMENT REMINDER: Please attach current Immunisation records

Sibling Details

Other family member details (Enter details of student's siblings and for those at school, indicate school and year level.) For more siblings, please attach separate details.	Name	<input type="text"/>	Date of Birth	<input type="text"/>
	School	<input type="text"/>	Year Level	<input type="text"/>
	Name	<input type="text"/>	Date of Birth	<input type="text"/>
	School	<input type="text"/>	Year Level	<input type="text"/>
	Name	<input type="text"/>	Date of Birth	<input type="text"/>
	School	<input type="text"/>	Year Level	<input type="text"/>
	Name	<input type="text"/>	Date of Birth	<input type="text"/>
	School	<input type="text"/>	Year Level	<input type="text"/>

Student's Family Details

Parent/Legal Guardian Details **A**

Mother/Legal Guardian A
(Parent or female with parental responsibility)

If partner is not Father or Legal Guardian B complete details for partner in Carer 1.

Title	Given Name	
Family Name		
Address		
		Postcode
Business Phone	Mobile Phone	
Email		
Country Of Birth		

Does the **Mother/Guardian A** speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English only

Yes, Other (please specify)

Mother/Guardian A's religion

If none write "No Religion"

Employment Details

Employment Details

Employer
Occupation

Category/Classification

(Required for Australian Government 'National Reporting on Student Outcomes'. Refer to separate enrolment information.)

- Senior management in large business organisation, government administration and defence, and qualified professional
- Other business manager, arts/media/sportsperson and associate professional
- Tradesman/woman, clerk and skilled office, sales and service staff
- Machine operator, hospitality staff, assistant, labourer and related worker
- Not in paid work in the last 12 months Not stated or unknown

Education Details

What is the highest year of primary or secondary school the **Mother/Guardian A** has completed? (Tick one only.) (For persons who have 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 the **Mother/Guardian A** has completed? (Tick one only.)

Bachelor degree or above

Advanced Diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

ATTACHMENT REMINDER: Please attach copies of any family law, Personal Protection Order or other relevant court orders which restrict access to the student.

Student's Family Details

Parent/Legal Guardian Details **B**

Father/Legal Guardian **B**

(Parent or male with parental responsibility)

If partner is not Mother or Legal Guardian A complete details for partner in Carer 2.

Title	Given Name
Family Name	
Address	
	Postcode
Business Phone	Mobile Phone
Email	
Country Of Birth	

Does the **Father/Guardian B** speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English only

Yes, Other (please specify)

Father/Guardian B's religion

If none write "No Religion"

Employment Details

Employment Details

Employer
Occupation

Category/Classification

(Required for Australian Government 'National Reporting on Student Outcomes'. Refer to separate enrolment Information.)

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

Other business manager, arts/media/sportsperson and associate professional

Tradesman/woman, clerk and skilled office, sales and service staff

Machine operator, hospitality staff, assistant, labourer and related worker

Not in paid work in the last 12 months Not stated or unknown

Education Details

What is the highest year of primary or secondary school the **Father/Guardian B** has completed? (Tick one only). (For persons who have 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 the **Father/Guardian B** has completed? (Tick one only.)

Bachelor degree or above

Advanced Diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

ATTACHMENT REMINDER: Please attach copies of any family law, Personal Protection Order or other relevant court orders which restrict access to the student.

Student's Family Details

Other Carer Details 1

Carer 1

Details of other adult carer who regularly provides care for the student, including:

• carer who provides separate residential support, or

Carer who lives with Mother/Guardian A.

Title	Given Name
Family Name	
Address	
	Postcode
Business Phone	Mobile Phone
Email	
Relationship to student	

Does this carer speak a language other than English at home?(If more than one language, indicate the one that is spoken most often.)

- No, English only
- Yes, Other (please specify)

Carer's religion

If none write "No Religion"

Employment Details

Employment Details

Employer
Occupation

Category/Classification

(Required for Australian Government 'National Reporting on Student Outcomes'. Refer to separate enrolment information.)

- Senior management in large business organisation, government administration and defence, and qualified professional
- Other business manager, arts/media/sportsperson and associate professional
- Tradesman/woman, clerk and skilled office, sales and service staff
- Machine operator, hospitality staff, assistant, labourer and related worker
- Not in paid work in the last 12 months Not stated or unknown

Education Details

What is the highest year of primary or secondary school this carer has completed? (Tick one only.) (For persons who have 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 carer has completed? (Tick one only.)

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

Note: Applicants are encouraged to inform schools of any special/sensitive family living arrangements that may impact on the relationship between school, student and family.

Student's Family Details

Other Carer Details 2

Carer 2

Details of other adult carer who regularly provides care for the student, including:

- carer who provides separate residential support, or

Carer who lives with Father/Guardian B.

Title	Given Name
Family Name	
Address	
	Postcode
Business Phone	Mobile Phone
Email	
Relationship to student	

Does this carer speak a language other than English at home?(If more than one language, indicate the one that is spoken most often.)

- No, English only
- Yes, Other (please specify)

Carer's religion

If none write "No Religion"

Employment Details

Employment Details

Employer
Occupation

Category/Classification

(Required for Australian Government 'National Reporting on Student Outcomes'. Refer to separate enrolment information.)

- Senior management in large business organisation, government administration and defence, and qualified professional
- Other business manager, arts/media/sportsperson and associate professional
- Tradesman/woman, clerk and skilled office, sales and service staff
- Machine operator, hospitality staff, assistant, labourer and related worker
- Not in paid work in the last 12 months Not stated or unknown

Education Details

What is the highest year of primary or secondary school this carer has completed? (Tick one only.) (For persons who have 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 carer has completed? (Tick one only.)

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

Note: Applicants are encouraged to inform schools of any special/sensitive family living arrangements that may impact on the relationship between school, student and family.

Correspondence and Contact Details

Addresses

Correspondence details for Mother/Legal Guardian A

(If different from student primary residential address and/or Mother/Legal Guardian A address)

Address	
	Postcode
Home Phone	Silent Y/N
Fax	Mobile
Email	

Correspondence details for Father/Legal Guardian B

(If different from student primary residential address and/or Father/Legal Guardian B address)

Address	
	Postcode
Home Phone	Silent Y/N
Fax	Mobile
Email	

Billing Address

(If different from residential address.)

Billing Title	
	Postcode
Home Phone	Silent Y/N
Fax	Mobile
Email	

Canberra Catholic Schools Building Fund (CCSBF).

Does your family contribute to this fund through another school (ACT schools only)

Yes, No or N/A	Student Name
School	

Emergency contacts

Emergency Contact 1

Please nominate a person other than **parent/guardian/carer** who may be contacted in the event of an emergency.

Name	
Telephone	Mobile Phone
Business Phone	Relationship to student

Emergency Contact 2

Please nominate a person other than **parent/guardian/carer** who may be contacted in the event of an emergency.

Name	
Telephone	Mobile Phone
Business Phone	Relationship to student

Catholic Early Learning Centre

(Complete Only if applicable)

General Practitioner (GP)

Name	Phone
Address	

Medicare Number

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Do you have additional cover

Ambulance	Yes/No	Private Health Care	Yes/No
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ELC (Preschool) Only

Identify which parent is eligible Parent for Child Rebate

Name	Date of Birth
Parent CRN Number	Child CRN Number

Names of other adults authorised to collect child

Name	
Address	Phone
Name	
Address	Phone

Declarations and Commitment

Permissions

Medical Treatment	I authorise the school to seek necessary medical attention for my child and agree to pay all costs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School Excursions	I give permission for my child to attend school outings within the general locality.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Photographs	I give permission for photos of my child to be used for school/CEO/Websites/Catholic Voice and other publications.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	<input type="text"/>	Signature	<input type="text"/>

Safety and Welfare Information

Special Note: The following information is required to assist the Catholic Education Office and the school assess and manage the enrolment of students who may pose a risk of harm to themselves, other students or staff.

Are there any circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (Behaviour, residential circumstances, etc)	Yes or No <input type="text"/>				
	Describe circumstances <input type="text"/>				
To your knowledge, is there anything in the student's history or circumstances that might pose a risk of any type to the student, other students, staff or visitors?	Yes or No <input type="text"/>				
	Provide brief description <input type="text"/>				
Has the student any history of violent or socially unacceptable behaviour?		Actual Violence	Illegal Drugs	Possession of weapon(s)	Threats of violence
	Yes or No <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has the student been suspended or expelled from any previous school as a result of this behaviour?	Yes or No <input type="text"/>				

Enrolment Interview

You may be invited to discuss this application at an interview, at which time the school and families will have an opportunity to discuss specific behavioural, pastoral and/or welfare issues. A representative of the Catholic Education Office may participate in the interview.

Please assist the school manage your interview by informing the school's enrolment officer of any special interview requirements such as:

Access provisions (specify)

Interpreter required (specify)

Other (specify)

Enrolment declaration

Catholic philosophy, values and aims

Application for enrolment of your child in a Catholic school means that you are choosing a Catholic education for your child. It requires your commitment to support the philosophy, values and aims of the school and a willingness to co-operate in their implementation. Specifically it means:

- Religious Education is a core subject including participation in prayer and liturgy.
- Catholic values are emphasised.
- Academic excellence and the acquisition of skills are promoted within a Catholic framework.

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.

Your co-operation is essential to assist your child attain these goals. Parents are expected to participate in the total life of the school including: Parent/Teacher nights, school/community liturgies and activities of the Parents and Friends' Association.

Each person signing below agrees:

- 1. I have read and agree to the responsibilities in the above "Catholic philosophy, values and aims" and apply for enrolment of my child subject to those conditions. I agree to adhere to the policies and guidelines determined by the school.**
- 2. I agree jointly and severally to pay all school fees, levies and charges incurred while my child is enrolled, including any expenses incurred by the School as a result of late or non-payment. (Note: No student will be refused enrolment because of an inability, as distinct from an unwillingness, of a parent/guardian to meet their school fee commitments. Please contact the Principal or Secondary Bursar to discuss your particular circumstances.)**
- 3. I acknowledge that false, misleading or incomplete information on this form may entitle the School to cancel my child's enrolment.**
- 4. I have read and understand the "Enrolment Information Collection Notice" contained in the ACT Enrolment Information Package.**

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Please provide copies of the following documents with this application. Incomplete documentation will delay the enrolment process.

The School/College reserves the right to sight proof of residential address.

Proof of Australian Residency or Authority to enrol

Birth Certificate

Baptismal Certificate

Immunisation records (ELC and Primary Only)

Court orders (if applicable)

Most recent end of Semester school report

Office Use Only

Application complete Yes/No

Matters outstanding List

Data entered into MAZE Yes/No Date

Interview (if required)

Enrolment interview details

Date proposed Time proposed

Interviewer

Confirmed with parent

Special provisions

CEO Representative (if required)

Financial interview details

Date proposed Time proposed

Interviewer

Confirmed with parent

Special provisions

Offer of Placement

Enrolment determined A/R/W Date advised

