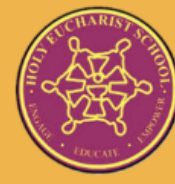


Holy Eucharist School Enrolment Form – Primary



Holy Eucharist School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

Please ensure all relevant information is attached to this Enrolment Form when submitting. A Parent/Guardian/Carer documentation checklist is at the end of the form for your reference.

STUDENT DETAILS					
Surname:		Entry year (YYYY):		Entry level/grade:	
Given name/s:			Preferred name:		
Address where student lives:				Post Code:	
Date of birth:	/	/	Religion: (include rite)		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Unspecified/Indeterminate/X: <input type="checkbox"/>		Current School Family: Yes <input type="checkbox"/> No <input type="checkbox"/>	

OFFICE USE ONLY	Date form received:	/	/	Birth certificate attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Interview day:			English as an Additional Language:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Time:	am/pm	Staff:	Need Interpreter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				If yes, language:		
	Start date:			Immunisation Certificate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Student ID:			VISA Applicants:	Sub Class No.	
VSN:			Original Visa information attached (if relevant):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date entered:			Staff:	EAL <input type="checkbox"/>	GRG <input type="checkbox"/>	FFPOS <input type="checkbox"/>

Person responsible to receive accounts for school fees and levies. Student Contact 1 - (PARENT 1/GUARDIAN 1/CARER 1)				Office Use: SC1 No.
Title: (Dr/Mr/Mrs/Ms)	Surname:	Given name:		
House Number:	Street Name:			
Suburb:	State:	Postcode:		
Telephone:	Mobile:	Work:		
SMS messaging: (for emergency and reminder purposes)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email:				
Relationship to student:				
Government Requirement	Occupation:	What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)		
Religion: (include rite)		Nationality:		
		Ethnicity if not born in Australia:		
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):				

What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? <i>(Persons who have never attended secondary school, tick Year 9 or below)</i>			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?			
No post-school qualification <input type="checkbox"/>	Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
As the SC1, I acknowledge that I will be the person responsible for the payment of the school fees & levies:		Sign here:	

Student Contact 2 (PARENT 1/GUARDIAN 1/CARER 1)			Office Use: SC2 No.
Title: (Dr/Mr/Mrs/Ms)		Surname:	
House Number:		Given name:	
Street Name:		State:	
Suburb:		Postcode:	
Telephone:	Mobile:	Work:	
SMS messaging: <i>(for emergency and reminder purposes)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:			
Relationship to student:			
Government Requirement	Occupation:	What is the occupation group? <i>(select from list of occupation groups in the School Family Occupation Index)</i>	
Religion: <i>(include rite)</i>		Nationality:	
		Ethnicity if not born in Australia:	
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other <i>(please specify):</i>			
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? <i>(Persons who have never attended secondary school, tick Year 9 or below)</i>			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?			
No post-school qualification <input type="checkbox"/>	Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

ADDITIONAL STUDENT DETAILS:		
PREVIOUS SCHOOL/PRESCHOOL		
Name of previous school/preschool:		
Address:		
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning:	No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>(If yes, please complete the Consent for Transferring Information form.)</i> FORM B

NATIONALITY				
Government Requirement		Nationality:		Ethnicity:
In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):				
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)				
No <input type="checkbox"/>		Yes, Aboriginal <input type="checkbox"/>		Yes, Torres Strait Islander <input type="checkbox"/>
Does the student speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? Note: Record all languages spoken.				
		Student	Student Contact 1 (Parent1/Guardian1/Carer1)	Student Contact 2 (Parent2/Guardian2/Carer2)
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages			

IF STUDENT NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*	
Please tick the relevant category below and record the visa subclass number as per government requirements: (original documents to be sighted and copies to be retained by the school)	
Australian citizen not born in Australia:	
<input type="checkbox"/>	Australian citizen (Please complete the following and provide a copy if country of birth is not Australia)
Date of Arrival in Australia:	
Australian passport number: Naturalisation certificate number:	
Visa subclass recorded on entry to Australia: (BRIDGING VISA's NOT ACCEPTABLE)	
Not currently an Australian citizen, please provide further details as appropriate below:	
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Other/visitor/overseas student: (if ticked, record the visa subclass number)
* Please attach visa/ImmiCard/letter of notification and passport photo page	

SACRAMENTAL INFORMATION				Copy of Certificate
Baptism	Date:		Parish:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communion	Date:		Parish:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reconciliation	Date:		Parish:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation	Date:		Parish:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish where the student lives:				

EMERGENCY CONTACTS – NOT Student Contact 1 OR Student Contact 2	
1. Full Name:	2. Full Name:
Title: <i>(Please circle one)</i> Dr / Mr / Mrs / Ms	Title: <i>(Please circle one)</i> Dr / Mr / Mrs / Ms
Relationship to student:	Relationship to student:
Mobile:	Mobile:
Other:	Other:
<i>Office Use:</i> SCEC1:	<i>Office Use:</i> SCEC2:

MEDICAL INFORMATION

Doctor's name:		
Telephone:		
Medicare number:	Ref number:	Expiry:
Private health insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Health Care Card (copy required) Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Care Card No:	Expiry:
<p>Medical condition: Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.</p> <p>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p>		
Has the student been diagnosed as being at risk of anaphylaxis?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does the student have an EpiPen or Anapen?		Yes <input type="checkbox"/> No <input type="checkbox"/>

IMMUNISATION *(please attach an immunisation history statement)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit myGov) and provide it to the school with this enrolment form.	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide explanation:
If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	Yes <input type="checkbox"/> No <input type="checkbox"/>

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

ADDITIONAL NEEDS

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes No

Does your child present with:

- | | | |
|---|--|---|
| <input type="checkbox"/> autism (ASD) | <input type="checkbox"/> behavioural concerns | <input type="checkbox"/> hearing impairment |
| <input type="checkbox"/> intellectual disability/ developmental delay | <input type="checkbox"/> mental health issues | <input type="checkbox"/> oral language/communication difficulties |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> vision impairment |
| <input type="checkbox"/> giftedness | <input type="checkbox"/> physical impairment | <input type="checkbox"/> other condition (please specify) |

Has your child ever seen a:

- | | | |
|--|---|--|
| <input type="checkbox"/> paediatrician | <input type="checkbox"/> physiotherapist | <input type="checkbox"/> audiologist |
| <input type="checkbox"/> psychologist/counsellor | <input type="checkbox"/> occupational therapist | <input type="checkbox"/> speech pathologist |
| <input type="checkbox"/> psychiatrist | <input type="checkbox"/> continence nurse | <input type="checkbox"/> other specialist (please specify) |

Have you attached all relevant information and reports? Yes No

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

YOUNGER SIBLINGS, not at school/preschool

Name:	Date of Birth:	Age:
Name:	Date of Birth:	Age:

HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family (i.e. Mother, Father and siblings)	<input type="checkbox"/> Single Parent – Living with: <input type="checkbox"/> Mother <input type="checkbox"/> Father	Shared parenting, e.g. one week with each parent:
<input type="checkbox"/> Guardian/Carer	<input type="checkbox"/> Out-of-home care	Days with Parent 1/Guardian 1/Carer 1:
<input type="checkbox"/> Kinship care Relationship to student:	<input type="checkbox"/> Other (please specify)	Days with Parent 2/Guardian 2/Carer 2:

COURT ORDERS OR PARENTING ORDERS (if applicable)

Are there any current court orders or parenting orders relating to the student?

Yes No *If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.*

Is there any other information you wish the school to be aware of?

Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School. Please refer to the Terms and Conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.

Student Contact 1**PARENT 1/GUARDIAN 1/****CARER 1 SIGNATURE:****Sign here:****Date:****Student Contact 2****PARENT 2 /GUARDIAN 2/****CARER 2 SIGNATURE:****Sign here:****Date:**

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- parent as defined in the *Family Law Act 1975*
 - Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
 - may be a relative or other carer
 - have day-to-day care of the student with the student regularly living with them
 - may provide any other consent required e.g. excursions.

Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website <http://www.hestalbanssth.catholic.edu.au>

