

Catholic Regional College St Albans Enrolment Form – Secondary



Catholic Regional College St Albans is a college which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

Please ensure all relevant information is attached to this enrolment form when submitting. Please see the parent/guardian/carer documentation checklist at the end of the form.

| ENROLMENT FORM | |
|----------------|------|
| Name: | |
| Address: | |
| Email: | |
| Telephone: | Fax: |

| | | | | | |
|-----------------|--|------------------------------------|------------------------------|--|------------------------------|
| OFFICE USE ONLY | Date received: | Birth certificate attached: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Enrolment date: | English as an additional language: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Start date: | House colour: | | | |
| | Student/family code: | VSN: | | | |
| | Immunisation history statement attached: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Visa information attached (if relevant): | Yes <input type="checkbox"/> |

| STUDENT DETAILS | | |
|--------------------------------|----------------------------------|---|
| Surname: | Entry year (YYYY): | Entry level/grade: |
| First name/s: | | |
| Preferred first name: | | |
| Date of birth: | Religion: (include rite) | |
| Male: <input type="checkbox"/> | Female: <input type="checkbox"/> | Unspecified/Indeterminate/X: <input type="checkbox"/> |

| HOME ADDRESS OF STUDENT | |
|-------------------------|-----------|
| Street number and name: | |
| Suburb: | Postcode: |
| Home telephone: | |

FAMILY DETAILS

Who will be responsible for payment of the college fees and levies?

Surname:

First name:

Address:

Email:

Telephone:

Relationship to the student:

PARENT 1/GUARDIAN 1/CARER 1

Surname:

Title:
(Dr/Mr/Mrs/Ms)

First name:

Address:

Home
telephone:Work
telephone:

Mobile:

SMS messaging: *(for emergency and reminder purposes)*Yes No

Email:

**Government
Requirement**

Occupation:

What is the occupation group?
*(select from list of occupation
groups in the College Family
Occupation Index)*Religion: *(include rite)*Nationality:
Ethnicity if not born in Australia:Country of birth: Australia Other *(please specify):***What is the highest year of primary or secondary school Parent 1/Guardian 1/Carer 1 has completed?***(Persons who have never attended secondary school, tick Year 9 or below)*

Year 9 or below

Year 10 or equivalent

Year 11 or equivalent

Year 12 or equivalent

What is the level of the highest qualification Parent 1/Guardian 1/Carer 1 has completed?No post-school
qualificationCertificate I to IV
*(including trade
certificate)*Advanced
diploma/DiplomaBachelor degree or
above**PARENT 2/GUARDIAN 2/CARER 2**

Surname:

Title:
(Dr/Mr/Mrs/Ms)

First name:

Address:

Home
telephone:Work
telephone:

Mobile:

SMS messaging: *(for emergency and reminder purposes)*Yes No

| | | | |
|--|---|--|--|
| Email: | | | |
| Government Requirement | Occupation: | What is the occupation group? <i>(select from list of occupation groups in the College 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 Parent 2/Guardian 2/Carer 2 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 Parent 2/Guardian 2/Carer 2 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"/> |

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN/CARER

| | |
|--------------------------|--------------------------|
| 1. Name: | 2. Name: |
| Relationship to student: | Relationship to student: |
| Home telephone: | Home telephone: |
| Mobile: | Mobile: |

SACRAMENTAL INFORMATION

| | | |
|-----------------------|-------|---------|
| Baptism | Date: | Parish: |
| Confirmation | Date: | Parish: |
| Reconciliation | Date: | Parish: |
| Communion | Date: | Parish: |
| Current parish: | | |

PREVIOUS SCHOOL PERMISSION

| | | |
|---|-----------------------------|---|
| Name and address of previous school: | | |
| I/we give permission for the college to contact the previous school to gather relevant reports and information to support educational planning: | No <input type="checkbox"/> | Yes <input type="checkbox"/> <i>(If yes, please complete Consent for Transferring Information form.)</i> |

| 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 or their parent(s)/guardian(s)/carer(s) speak a language other than English at home? Note: Record all languages spoken. | | | | |
| | | Student | Parent/Guardian /Carer | Parent/Guardian /Carer |
| No | English only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | Other (please specify all languages) | | | |

| IF 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 College) | |
| Australian citizen not born in Australia: | |
| <input type="checkbox"/> | Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia) |
| Australian passport number: | |
| Naturalisation certificate number: | |
| Visa sub-class recorded on entry to Australia: | |
| Date of arrival in Australia: | |
| Not currently an Australian citizen, please provide further details as appropriate below: | |
| <input type="checkbox"/> | Permanent resident: (if ticked, record the visa sub-class number) |
| <input type="checkbox"/> | Temporary resident: (if ticked, record the visa sub-class number) |
| <input type="checkbox"/> | Other/visitor/overseas student: (if ticked, record the visa sub-class number) |
| * Please attach visa/ImmiCard/letter of notification and passport photo page | |

MEDICAL INFORMATION

Doctor's name:

Street number and name:

Suburb:

Postcode:

Telephone:

Medicare number:

Ref. number:

Expiry:

Private health insurance:

Yes No

Fund:

Number:

Ambulance cover:

Yes No

Number:

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.

Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.

Has the student been diagnosed as being at risk of anaphylaxis?

Yes No

If yes, does the student have an EpiPen or Anapen?

Yes No **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 College with this enrolment form.

Immunisation history statement attached:

Yes No

If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check?

Yes No

To meet duty of care obligations and facilitate the smooth transition of your child into the college, please provide all required information. This will assist the college 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 (<i>please specify</i>) |

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 (<i>please specify</i>) |

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 |
|------|------------------|------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

HOME CARE ARRANGEMENTS

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

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 college to be aware of?

Please note that the completion, signing and lodgement of this enrolment form is a prerequisite for consideration of the enrolment of your child at the college, 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 college. 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 college, once offered and accepted.

**Parent 1/guardian 1/carer 1
signature:**

Date:

**Parent 2/guardian 2/carer 2
signature:**

Date:

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

Consent

The signature of:

- student, if they are over 15 and living independently. Secondary students may complete parts of the form and co-sign
- parent as defined in the *Family Law Act 1975* (Cth)
 - 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 college
- 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 college's Privacy Collection Notice and Privacy Policy enclosed with this enrolment pack and available on its website www.crcstalbens.catholic.edu.au*

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

Please ensure that the following documents are attached to the enrolment application form
(as applicable to your child):

Birth certificate

Immunisation history statement

Baptism certificate

Consent to contact previous school

Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia

Visa information – visa/ImmiCard/letter of notification and passport photo page

Medical Management Plan signed by a relevant medical practitioner

All relevant information and reports concerning additional needs of your child

Any current court orders or parenting orders relating your child

Any additional information you wish the college to be aware of