



St Paul the Apostle

CATHOLIC PRIMARY SCHOOL, DOREEN

80 Bassetts Road Doreen 3754
spadoreen.catholic.edu.au 03)9216 2000

Enrolment Form

Private and Confidential

APPLICATION INTO YEAR LEVEL: **PREP ONE TWO THREE FOUR FIVE SIX** IN 20__
(Please circle the Year Level)

CHILD'S SURNAME: _____ CHRISTIAN NAME: _____

ADDRESS: _____ SUBURB: _____

POST CODE: _____ PARISH: _____ MALE FEMALE

TELEPHONE NO: _____ EMAIL: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD IS OF: ABORIGINAL ORIGIN: TORRES STRAIT ISLANDER ORIGIN: BOTH ORIGINS:

CITIZENSHIP STATUS: (Please tick the appropriate residency status)

Australian Citizen: Permanent Resident: Exchange Student:
Temporary Resident: Refugee (within last 7 years):

(NB: If your child was born outside of Australia, please provide a copy of the Visa and date of arrival stamp)

LANGUAGE SPOKEN AT HOME BY CHILD: ENGLISH and OTHER: _____

CATHOLIC: OTHER RELIGION: _____ (please specify)
NO RELIGION:

SACRAMENTS: (If Catholic – attach a copy of the Baptism certificate unless the child was baptised in this parish)

Baptism: Date: _____ Church/Place: _____
Reconciliation: Date: _____ Church/Place: _____
Eucharist: Date: _____ Church/Place: _____
Confirmation: Date: _____ Church/Place: _____

To support your enrolment application, please provide the following documents:

- Birth certificate or Identity documents
- Baptism Certificate
- Immunisation Certificate/ Status

(Original documents must be sighted and a photocopy attached.)

(NB: If your child was born outside of Australia, please provide a copy of the Visa and date of arrival stamp)

FAMILY INFORMATION

FATHER / GUARDIAN	MOTHER / GUARDIAN
Title	Title
Surname	Surname
Name	Name
Address	Address
Suburb	Suburb
Postcode	Postcode
Home No.	Home No.
Work No.	Work No.
Mobile No.	Mobile No.
Email address	Email address
Religion	Religion
Country of Birth	Country of Birth
Nationality	Nationality
Language Spoken at home other than English	Language Spoken at home other than English
No, English only (tick)	No, English only (tick)
Yes, other (please specify)	Yes, other (please specify)
Occupation	Occupation
Working with Children Check Card No. Expiry Date: V / E (please circle)	Working with Children Check Card No. Expiry Date: V / E (please circle)
Health Care Card No: (if applicable) Expiry Date:	Health Care Card No: (if applicable) Expiry Date:
<i>What is the highest year of primary or secondary school the parent/guardian has completed?</i> Year Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	<i>What is the highest year of primary or secondary school the parent/guardian has completed?</i> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
<i>What is the level of the highest qualification the parent/guardian has completed?</i> Year Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 – IV (including trade certificate) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	<i>What is the level of the highest qualification the parent/guardian has completed?</i> Year Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 – IV (including trade certificate) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
<i>Please select your Occupation Group Letter from the attached occupation list</i> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<i>Please select your Occupation Group Letter From the attached occupation list</i> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>

PREVIOUS SCHOOL OR PRE-SCHOOL

PRE-SCHOOL ATTENDED: _____ GROUP: _____

SCHOOL: _____ YEAR LEVEL: _____ VSN NO: _____
(Please provide copies of reports, assessments etc., to assist with your child's transition)

I GIVE CONSENT FOR ST PAUL THE APOSTLE STAFF TO MAKE CONTACT WITH THE PRE-SCHOOL/ SCHOOL
(Exchanging of this confidential information re: your child's progress will be used to assist with your child's transition)

EMERGENCY CONTACT INFORMATION

Every effort will be made to contact you in case of an illness or emergency situation. However should you be unavailable, please nominate two relatives, friends, neighbours who can drive & are available during school hours.

NAME OF EMERGENCY CONTACT 1: _____

RELATIONSHIP TO THE CHILD: _____

CONTACT PHONE NUMBERS: _____

NAME OF EMERGENCY CONTACT 2: _____

RELATIONSHIP TO THE CHILD: _____

CONTACT PHONE NOS: _____

NAME OF FAMILY DOCTOR: _____

ADDRESS: _____ PHONE NO: _____

MEDICARE NO: _____ EXPIRY DATE: _____ AMBULANCE SUBSCRIPTION: YES NO

NB: In an emergency, an ambulance will be called and expenses incurred will be the responsibility of the parent.

MEDICAL INFORMATION

It is essential that the school is alerted to any allergies/medical alerts, particularly anaphylaxis or other medical conditions (Asthma, diabetes, epilepsy and allergies to nuts, dairy, penicillin, bee stings etc., or serious life threatening illnesses).

MY CHILD HAS: ASTHMA ALLERGIES ANAPHYLAXIS EPIPEN DIABETES EPILEPSY

(NB: If you have ticked a box, you are obligated to provide the school with an Action Plan you're your child's medical practitioner. Thankyou.)

Additional information: _____

OTHER CONDITIONS: (Please specify) _____

(Please provide the school with the action plan from your child's medical health practitioner)

Has your child been immunised YES NO (Please provide immunisation certificate)

SPECIAL EDUCATIONAL NEEDS: Please CIRCLE OR LIST any physical, social/emotional, or intellectual conditions which may affect learning, school activities or which may require additional attention at school:

AUTISM SPECTRUM DISORDERS PHYSICAL DISABILITY ADHD

INTELLECTUAL DISABILITY HEARING IMPAIRMENT VISION IMPAIRMENT

MENTAL HEALTH ISSUES LANGUAGE DISORDER BEHAVIOUR DISORDERS

ACQUIRED BRAIN INJURY LEARNING DIFFICULTIES SPECIAL ABILITIES

CHRONIC HEALTH: _____ OTHER: _____

My child receives disability funding/services (Please attach any relevant reports)

FAMILY STATUS (Please circle)

MARRIED **SEPARATED** **DIVORCED** **SINGLE PARENT** **WIDOWED** **OTHER:** _____

Are there any family court orders/parenting plans that have been issued in relation to your child? YES NO

If YES supporting documentation must be provided.

SIBLINGS

NAMES OF BROTHERS AND SISTERS ALREADY ENROLLED AT ST PAUL THE APOSTLE SCHOOL:

Child's Name: _____ Year Level: _____ Place in family: _____

Child's Name: _____ Year Level: _____ Place in family: _____

Child's Name: _____ Year Level: _____ Place in family: _____

NAMES OF YOUNGER BROTHERS AND SISTERS:

Child's Name: _____ Date of Birth: _____ Enrolment Year: _____

Child's Name: _____ Date of Birth: _____ Enrolment Year: _____

Child's Name: _____ Date of Birth: _____ Enrolment Year: _____

MEDICAL AUTHORISATION

I/We authorise the principal (or teacher in charge) of St Paul the Apostle School to consent to my child receiving medical or surgical assistance in the event of any illness or accident deemed serious;

I/We accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

Name of Parent/Guardian: _____ Signature: _____ Date: _____

Name of Parent/Guardian: _____ Signature: _____ Date: _____

COMMITMENT OF PARENTS

I/We agree to pay the school fees and student levies determined by St Paul the Apostle School and the Parish Finance Team. NB: There is an Annual Parish Contribution Levy payable per family and an expectation that as members of our school community, all families will contribute to building our parish/school community. Letters from the parish will be mailed to school families during first term each year.

I/We agree to contact the school bursar/parish priest to explain my/our inability to meet our financial commitment within the set timeline and to arrange an alternative payment plan.

I/We make a personal commitment to participate in school activities as members of our parish/school community and to enable our child to engage in school and parish life. I/We agree to observe the school rules and regulations including the Pastoral Care policy and School Uniform policy.

Name of Parent/Guardian: _____ Signature: _____ Date: _____

Name of Parent/Guardian: _____ Signature: _____ Date: _____

NAME OF PERSON/S PAYING THE ACCOUNTS

ACCOUNT TO BE ADDRESSED TO:

Name: _____

Address: _____ Post Code: _____

Name: _____

Address: _____ Post Code: _____

Comments: (Optional) _____

YOU WILL BE CONTACTED SHORTLY. PLEASE RETURN THIS FORM TO:

St Paul the Apostle Catholic Primary School, 80 Bassetts Road Doreen 3754

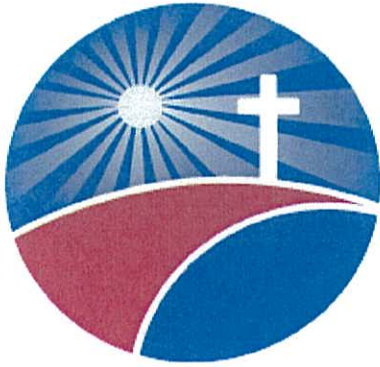
PHONE: 03 9216 2000

FAX: 03 9216 2020

EMAIL: enrolments@spadoreen.catholic.edu.au

PARENT/GUARDIAN OCCUPATION GROUPS

Group A Occupation	Group B Occupation	Group C Occupation	Group D Occupation
Senior management in large business organisation, government administration and defence and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>SENIOR EXECUTIVE / MANAGER / DEPARTMENT HEAD IN INDUSTRY, COMMERCE, MEDIA OR OTHER LARGE ORGANISATION</p> <p>PUBLIC SERVICE MANAGER (Section head or above), regional director, health / education / police / fire services administrator</p> <p>OTHER ADMINISTRATOR [school principal, faculty head / dean, library / museum / gallery director, research facility director]</p> <p>DEFENCE FORCES Commissioned Officer</p> <p>PROFESSIONALS - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems and teach others:</p> <p>HEALTH, EDUCATION, LAW, SOCIAL WELFARE, ENGINEERING, SCIENCE, COMPUTING PROFESSIONAL</p> <p>BUSINESS [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>AIR/SEA TRANSPORT [aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic Controller]</p>	<p>OWNER / MANAGER of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>SPECIALIST MANAGER [finance / engineering / production / personnel / industrial relations / sales / marketing]</p> <p>FINANCIAL SERVICES MANAGER [bank branch manager, finance / investment / insurance broker, credit /loans officer]</p> <p>RETAIL SALES/SERVICES MANAGER [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>ARTS / MEDIA / SPORTS [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]</p> <p>ASSOCIATE PROFESSIONALS - generally have diploma / technical qualifications and support managers and professionals:</p> <p>HEALTH, EDUCATION, LAW, SOCIAL WELFARE, ENGINEERING, SCIENCE, COMPUTING TECHNICIAN / ASSOCIATE PROFESSIONAL</p> <p>BUSINESS / ADMINISTRATION [recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager]</p> <p>DEFENCE FORCES senior Non-Commissioned Officer</p>	<p>TRADESMEN/WOMEN generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group</p> <p>CLERKS [bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p>SKILLED OFFICE, SALES AND SERVICE STAFF:</p> <p>OFFICE [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>SALES [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]</p> <p>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]</p>	<p>DRIVERS, MOBILE PLANT, PRODUCTION / PROCESSING MACHINERY AND OTHER MACHINERY OPERATORS. HOSPITALITY STAFF [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]</p> <p>OFFICE ASSISTANTS, SALES ASSISTANTS AND OTHER ASSISTANTS:</p> <p>OFFICE [typist, word processing / data entry / business machine operator, receptionist, office assist] 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, shelf stacker]</p> <p>ASSISTANT / AIDE [trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>LABOURERS & RELATED WORKERS</p> <p>DEFENCE FORCES - ranks below senior NCO not included above</p> <p>AGRICULTURE, HORTICULTURE, FORESTRY, FISHING, MINING WORKER [farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, green-keeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand]</p> <p>OTHER WORKER [labourer, factory hand, store-person, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>



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CONSENT FOR RELEASE OF INFORMATION

For:

_____ (Name of Child)

Date of Birth:

I _____ give permission for staff from St Paul the Apostle Catholic Primary School Doreen to seek any information about my child for educational purposes from my child's current Kindergarten/Child Care Centre/School.

I also give permission to the school to receive any reports/documentation/assessments/history relating to my child.

I understand this information will only be used to assist the school in managing my child's educational program and that this information will be kept strictly confidential.

Name of Mother/Guardian: _____

Signature: _____ Date: _____

Name of Father/Guardian: _____

Signature: _____ Date: _____



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CONSENT FORM – PAPER AND DIGITAL IMAGES

Name of Child: _____

- I give permission for my child's photo and name to be published in school publications, such as the school's newsletter (paper or digital) or website, or to promote the school in local newspapers in accordance with the school guidelines.
- I give permission for a photograph of my child to be used by the CEOM/CECV for online and printed promotional and educational materials without acknowledgement, remuneration or compensation.
- Licensed under NEALS
The photograph 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.
- I authorise the CEOM/CECV to use the photograph in material available free of charge to schools and education departments around Australia for the CEOM/CECV's promotional and educational purposes.
- I understand that if I wish to withdraw this authorisation, it is my responsibility to notify the school.

Name of Mother/Guardian: _____

Signature: _____ Date: _____

Name of Father/Guardian: _____

Signature: _____ Date: _____

I **do not** consent for my child's image to appear in any online capacity or publication.

Name of Mother/Guardian: _____

Signature: _____ Date: _____

Name of Father/Guardian: _____

Signature: _____ Date: _____

ST PAUL THE APOSTLE CATHOLIC PRIMARY SCHOOL DOREEN

STANDARD COLLECTION NOTICE

1. The School 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. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the pupil and to enable them to take part in all the activities of the School.
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. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, e.g. to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, the School's local diocese and the parish, Schools within other Dioceses/other Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians.
7. The School may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
8. The School's Privacy Policy sets out how parents or pupils may seek access to personal information collected 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. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
10. The School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines and on our website. Photographs of pupil activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and magazines and on our intranet. The School will obtain separate permissions from the pupils' parent or guardian prior to publication if we would like to include photographs or other identifying material in promotional material for the school or otherwise make it available to the public such as on the internet.
12. We may include pupils' and pupils' parents' contact details in a class list and School directory. If you provide the School with the personal information of others, e.g. 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 this information to third parties.

Name of Mother/Guardian: _____

Signature: _____ Date: _____

Name of Father/Guardian: _____

Signature: _____ Date: _____