



# St Mary's Primary School Greensborough

## ENROLMENT APPLICATION FORM

### PERSONAL DETAILS OF STUDENT

SURNAME:		YEAR COMMENCING:	
FIRST GIVEN NAME:		GRADE ENTERING:	
SECOND GIVEN NAME:		PREFERRED NAME:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH:	
(must turn 5 by 30 April of School commencement year)			
RELIGION:			

### HOME ADDRESS:

NO. & STREET:	
SUBURB:	POSTCODE:
HOME PHONE:	MOBILE PHONE:
FAMILY EMAIL ADDRESS: (required for online communication)	

Please list any siblings:

Name	Date of Birth	Class at St Mary's (if applicable)

Have you applied to another primary school?     Yes     No  
 If yes, please indicate the order of school preference, including St Mary's:

1. .... 2. .... 3. ....

### OFFICE USE ONLY

Date Received:	Start Date:	Student Number:
<i>Copy of Documents (attached):</i>		
Birth <input type="checkbox"/>	Immunisation <input type="checkbox"/>	Baptism <input type="checkbox"/>
Reconciliation <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
Visa <input type="checkbox"/>	Passport <input type="checkbox"/>	Allergy <input type="checkbox"/>
Health Condition <input type="checkbox"/>	Additional Needs <input type="checkbox"/>	Family <input type="checkbox"/>
ASTHMA <input type="checkbox"/>	ANAPHYLAXIS <input type="checkbox"/>	Supporting Letter <input type="checkbox"/>
Entered in SAS <input type="checkbox"/>		

**DETAILS OF STUDENT**

Country of Birth:	Nationality:	Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Arrival in Australia (if applicable):	First Australian Primary School Year:	
Is the child on a Visa ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please attach a copy of full Visa and Passport details		
Visa Sub Class:	Visa Expiry Date:	
Visa Statistical Code: (Required for some sub-classes)		
Does your child speak any languages other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please specify languages in order of use, including English. 1. 2.		
Does your child attend Language School? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, Language Learnt: _____ Name of Language School: _____		
Is your child of Aboriginal and/or Torres Strait Islander origin? (tick one)  <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		

**PREVIOUS SCHOOL/KINDERGARTEN DETAILS**

Name and phone number of KINDERGARTEN attended: (if enrolling as a Prep)	
Date of first enrolment in an Australian School: (if not enrolling as a Prep)	
Does the student have a Victorian Student Number (VSN) <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but the VSN is unknown Please Specify: _____ <input type="checkbox"/> No. The student has never been issued a VSN.	
Years of interruption to education:	Is the student repeating a year? Yes No

**SACRAMENTAL DETAILS**

Child's Religion:		Residential Parish:
Sacrament	Date Received	Parish/Church
Baptism		
Reconciliation		
Eucharist		
Confirmation		

## PRIMARY FAMILY DETAILS

*NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with".*

### ADULT A DETAILS (PRIMARY CARER – first contact)

### ADULT B DETAILS

Relationship to Student:

Relationship to Student:

<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms,Mrs,Mr,Dr etc)	Title: (Ms,Mrs,Mr,Dr etc)
Surname:	Surname:
Given Names:	Given Names:
Preferred Name:	Preferred Name:
Adult A's occupation:	Adult B's occupation:
Adult A's employer:	Adult B's employer:
Country of Birth:	Country of Birth:
Nationality:	Nationality:
Religion:	Religion:
Do you speak any languages other than English at home? No <input type="checkbox"/> English only Yes <input type="checkbox"/> (please specify) _____	Do you speak any languages other than English at home? No <input type="checkbox"/> English only Yes <input type="checkbox"/> (please specify) _____
Highest Year of School Education:  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"/>	Highest Year of School Education:  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"/>
Level of Highest Qualification:  Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Level of Highest Qualification:  Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Occupational Group: <i>(refer to attached list of Parental Occupation)</i>  Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/>	Occupational Group: <i>(refer to attached list of Parental Occupation)</i>  Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/>
Main language spoken at home:	

## PRIMARY FAMILY CONTACT DETAILS

### Adult A Contact Details

### Adult B Contact Details

Home Phone:	Home Phone:
Mobile:	Mobile:
Business Phone:	Business Phone:
Email Address:	Email Address:
Email Address for Correspondence: <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Other:	

## FAMILY BILLING ADDRESS

Write "As Above" if the same as the Family Home Address

NO. & STREET:	
SUBURB:	
STATE:	POSTCODE:

Mail to ( <i>eg Mr P &amp; Mrs J Smith</i> ):
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Resides with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
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<p>Are there any family circumstances which you believe the school should be aware of eg deceased family member, separation, divorce, Court Order etc?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## PRIMARY FAMILY EMERGENCY CONTACTS

Please do not enter Adult A or Adult B's details as we will always contact you first. These are additional contacts in the case that you are unattainable. Please ensure they are available during school hours. In the event that both parents/guardians and emergency contacts are unable to be contacted, a staff member will transport your child for medical assistance or an ambulance may be called.

	Name	Relationship to Student	Phone Contact 1	Phone Contact 2
1				
2				
3				
4				

# STUDENT MEDICAL DETAILS

## PRIMARY FAMILY DOCTOR DETAILS

Doctor's Name:	Phone:
Address:	
Ambulance Subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare No:

<b>MEDICAL AUTHORITY (to be signed by Parent/Guardian)</b>		
In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance as my child may require. I accept all operations, blood transfusions and/or anaesthetic risks involved and the responsibility for my payment of any expenses thus incurred.		
Following notification by the school, I will promptly attend any location to which my child will be taken for treatment.		
Signature of Adult A .....	Date:.....	
Signature of Adult B .....	Date:.....	
I/we give permission for my child to participate in the school-managed Head Lice Program at St Mary's Greensborough, which includes initial checking by the Principal and Deputy Principal together and by the Council Nurse as a follow-up when requested by St Mary's School.    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signed .....	Signed .....	Date.....
(Adult A)	(Adult B)	

## HEALTH CONDITIONS AND/OR ALLERGIES/MEDICAL ALERT

<p>Please specify any health conditions, allergies and/or medical alerts relating to the student applying for enrolment (eg allergies, anaphylaxis, asthma management, dietary restrictions any other medical conditions etc).</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Has your child been immunised?      Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please attach to this application a copy of your Immunisation Records from your local Council OR the Child History Statement from the Australian Childhood Immunisation Register.



## SCHOOL FEES/CAPITAL LEVY – PER FAMILY

School fees are billed per family. Statements are sent out at the beginning of each term. You can elect to pay by term, week, fortnight, month or an annual payment in Term One. Payment options are cash, cheque, credit card, EFTPOS or direct debit. For direct debit payments, please call at the school office to collect a Direct Debit Request Form.

Person responsible for payment of school fees: .....

I/we agree to honour the financial commitments required.

Signed: ..... Signed: .....

Date: ..... Date: .....

## EDUCATION LEVY/PER CHILD

The education levy charges are per child and payment is made at the beginning of the year to cover the cost of excursions, classroom materials, books and swimming lessons, as well as gym and dance programs, where applicable. Parents are asked to pay these levies early in the school year so that classroom materials can be purchased and programs are able to commence.

Should you have any concerns regarding the payment of school fees or levies, please make an appointment with the School Bursar, Philippa Griffin, or speak with Fr Steven.

**AGREEMENT – ST MARY’S PRIMARY SCHOOL, GREENSBOROUGH**

Please tick the following boxes and sign below:

1. I/we have included copies of the following documents with this application for enrolment:

- Birth Certificate
- Baptism Certificate
- Visa Details (where applicable)
- Most recent previous school reports and external test results (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
- Immunisation Certificate
- Citizenship documentation (where applicable)
- Passport Details (where applicable)

- 2. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
- 3. If this enrolment is accepted, I/we agree to support our child’s participation in the religious life of the school (eg school liturgies, Sacramental programs).
- 4. If this enrolment application is successful, I/we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
- 5. I/we are not aware of any outstanding fees or charges in relation to the student applying to enrol that I/we are responsible for at another Catholic school.

Signature ..... Date .....  
(Mother/Guardian)

Signature ..... Date .....  
(Father/Guardian)

I/we agree to my child’s photograph being used for school promotional material (i.e. Leader Newspaper, school brochure etc.)

Signature ..... Date .....  
(Mother/Guardian)

Signature ..... Date .....  
(Father/Guardian)

**PLEASE NOTE: ACCEPTANCE TO THIS SCHOOL DOES NOT CONSTITUTE ACCEPTANCE INTO ANY OTHER CATHOLIC SCHOOL (PRIMARY OR SECONDARY).**

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I/we acknowledge that all information provided is accurate. I/we understand that enrolment may not be able to proceed should any information be incorrect.

Signature ..... Date .....  
(Mother/Guardian)

Signature ..... Date .....  
(Father/Guardian)

**St Mary’s complies with the requirements of the Commonwealth Privacy Act (21 December 2001). Policy may be obtained by contacting 9433 4000.**



## PARENTAL OCCUPATION DEFINITION

Parental Occupation is defined as the main work undertaken by the parent/guardian. If the parent/guardian has more than one job, please report the main job.

Occupation Group A	Occupation Group B
<p><b>Senior management in large business organisation, government administration and defence, and qualified professionals.</b></p> <p><b>Senior Executive/Manager/ Department Head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public Service Manager</b> (Section head or above), regional director, health/education/police/fire services administrator.</p> <p><b>Other administrator</b> [school principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> - 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><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals.</b></p> <p><b>Owner/Manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist Manager</b> (finance/engineering/production/personnel/ industrial relations/sales/marketing).</p> <p><b>Financial Services Manager</b> (bank branch manager, finance/ investment/insurance broker, credit/loans officer).</p> <p><b>Retail sales/Services Manager</b> (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency).</p> <p><b>Arts/Media/Sports</b> (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official).</p> <p><b>Associate Professionals</b> - generally have diploma / technical qualifications and support managers and professionals:</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business / administration</b> [recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager].</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>
Occupation Group C	Occupation Group D
<p><b>Tradesmen/women, clerks and skilled office, sales and service staff.</b></p> <p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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><b>Skilled office, sales and service staff:</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers.</b></p> <p><b>Drivers, mobile plant, production/processing machinery and other machinery operators.</b></p> <p><b>Hospitality staff</b> (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper).</p> <p><b>Office assistants, sales assistants and other assistants:</b></p> <p><b>Office</b> (typist, word processing/data entry/business machine operator, receptionist, office assistant).</p> <p><b>Sales</b> (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><b>Assistant/aide</b> ( trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal Attendant).</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> - ranks below senior NCO not included above</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand).</p> <p><b>Other worker</b> (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).</p>

**SCHOOL POLICY REGARDING ENROLMENT AND PRIVACY** - All States and Territories have privacy or freedom of information legislation encompassing such matters as the manner and purpose of collection of personal information, storage and security of data, and access to Information. Schools and school systems have in place comprehensive confidentiality and security policies and procedures for the collection and handling of personal information. Such policies set out the types of information collected, used and disclosed, the purpose for which it is collected, and matters relating to access and correction of Information. All information that could identify or would reasonably identify individual students to whom particular background characteristics belong is removed for national reporting so that no personal information is reported publicly.