

INFORMATION AND GUIDELINES FOR ENROLMENT

Completion of this application form does not guarantee enrolment. Successful applicants will be determined in accordance with Diocesan enrolment criteria.

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 cooperate 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 encouraged to participate in the total life of the school including: Parent/Teacher nights, school/community liturgies and activities of the Parents and Friends' Association.

Your privacy protected

The information you provide will be used to process your child's application for enrolment, which may include a risk assessment. It will only be used or disclosed for general student administration, communication, State and National reporting purposes and other matters relating to the education and welfare of the student. All information will be stored securely. The school and the Catholic Schools Office are subject to the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002*. You may access or correct any personal information provided by contacting the school.

Information required

The information you provide will assist the school to communicate with you and to care for your child while at school. We are required by law to ensure the health and safety of students, staff and visitors to the school. It is therefore important to answer all questions on this form except those about your occupation and education. Should you choose to submit an incomplete form, processing your application may be delayed and the quality of service to you may be affected.

It is also important to indicate if your child has any physical, social/emotional, intellectual and health care needs which may affect learning, school activities or require specialised educational support or emergency attention at school. If the student section relating to medical and individual needs is not completed we will assume the applicant has no special needs about which we should be aware.

Asking about parental occupation and education

All parents across Australia, no matter which school their child attends, are asked to provide information about family background. The main purpose of collecting this information is to promote an education system fair for all Australian students regardless of their background. This information is used to evaluate whether education policies are effective and to ensure that no group is experiencing undue disadvantage because of their economic or social background. Providing information about your occupation and education is voluntary but your information will ensure that all students are being well served by Australian schools.

The five groups listed on page '2' are used by the Australian Bureau of Statistics to classify occupations. Please choose the group that you think best describes you. If you have retired or stopped work in the past year please choose the group in which you used to work. You will need this table to answer the questions on pages 7 and 8.

Documents Required

When you come to the school to enrol please bring these documents with you:

- **Birth Certificate or identity documents**
- **Baptism Certificate**
- **Evidence of residential address**
- **Immunisation history statement** (only required for students enrolling in primary schools for the first time)
- **Copies of any family law or other relevant court orders** (if applicable)

In addition if your child is not an Australian citizen you will need to provide a **current visa and previous visas (if applicable)**

Fees

Although the Diocese of Maitland-Newcastle school system is supported by State and Federal government subsidies, its continuing existence depends substantially on the contribution made by the payment of school fees, Diocesan Family School Building Levy and other charges.

A schedule of fees is published annually. Parents who believe that they may have difficulty in meeting their obligations in respect to school fees, Diocesan Family & School Building Levy and charges are requested to make an appointment with the Principal of the school in which enrolment has been approved to discuss their circumstances.

Return of Application

Return all primary enrolments to the school where the student is currently seeking enrolment. Return all secondary enrolments to the zoned secondary school. For Year 6 and Year 10 students applying for enrolment, return to the school currently attending.

PARENT OCCUPATION GROUPS

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director] **Defence Forces** Commissioned Officer

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.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/ engineering/ production/personnel/industrial I relations/sales/ marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] **Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

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]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [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]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

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]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Group 5: Not in paid work (last 12 months)

- If the person has not been in paid work in the last 12 months please write '5' in the box
- If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

GENERAL DETAILS

Student Details

School for which enrolment is sought

Student's family name

Student's given names

FAMILY DETAILS

Address

RESIDENTIAL ADDRESS *(NOTE: Do not use P.O. Box Numbers)*

Residential Street No/Property Name

Residential Street Name

Residential Suburb/Town

Residential Postcode

CORRESPONDENCE ADDRESS

Name for correspondence (eg Mr and Mrs P Jones)

Correspondence Street No/Property Name

Correspondence Street Name

Correspondence Suburb/Town

Correspondence Postcode

Family Home Telephone Number

Office Use Only					
Day	Day	Month	Month	Year	Year

Other Details

Current parish

Children in Family

The student hassisters and brothers. Circle the student's place among siblings

Oldest						Youngest
	1	2	3	4	5	6

You may be entitled to a Family Fee concession.

Primary

How many students will you have enrolled in the Diocese of Maitland-Newcastle Catholic Schools including students in this enrolment application?

Secondary

Names of all siblings as well as stepbrothers and stepsisters residing with your child

Child's Full Name

School Attended

Grade or Age

STUDENT DETAILS

Student Details

Family name

First given name

Second given name

Preferred first name

Student country of birth

Sex

Male

Female

Date of birth

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

Intended Start Date

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

Into which year are you seeking to enrol this student?

K	1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	---	----	----	----

Languages other than English spoken at home

Does the **student** speak a language other than English at home?

No, English only

Yes

If **yes**, what languages other than English are spoken at home?

Please write the exact language spoken – for example, Cantonese or Mandarin not simply 'Chinese'. Do not write a nationality such as Indian. Please specify the actual language eg Hindi or Punjabi.

Main language other than English spoken at home

Other language spoken at home

INDIGENOUS STATUS

Is the student of Aboriginal or Torres Strait Islander origin?

No

Aboriginal

Torres Strait Islander

Both Aboriginal & Torres Strait Islander

If born overseas, on what date did the student **arrive** in Australia?

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

STUDENT'S RESIDENCY STATUS

What is the student's residency status?

Australian citizen

Permanent resident

Temporary visa holder

Nationality of student

For Australian born citizens, if the student was living overseas for two or more years, on what date did the student **return** to Australia?

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

Previous School (school currently attending if still enrolled at another school)

If overseas, nominate country, If interstate, nominate state. If prior to school, name of preschool etc

If this is not the student's first enrolment at an Australian school, what was the student's first date of enrolment at an Australian School?

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

What is the religion of the student?

MEDICAL DETAILS & INDIVIDUAL NEEDS

Medical Details

Doctor's name/medical centre

Doctor's phone number

Doctor's address

Student's Medicare number

I give my **permission** for the school to seek information from the doctor/medical centre named above about how to manage any allergy or medical condition experienced by the student.

Yes

No

It is essential you tell the Principal before your child starts school if they have any allergies or other medical conditions. You should also let the school know as soon as you are aware of any new allergies or other medical conditions.

Allergies

Yes

No

Add details below – attach separate sheet if necessary

eg peanuts insect stings

Other Medical Conditions

Yes

No

Add details below – attach separate sheet if necessary

eg asthma, diabetes, epilepsy

Medication Required

Yes

No

Add details below – attach separate sheet if necessary

eg Will you require school staff to administer medication to your child?

Students with special needs: Is your child a young person with:

(Please attach any documentation)

autism

behaviour disorders

a hearing impairment

an intellectual disability

a language disorder

mental health issues

a physical disability

a vision impairment

difficulties in the basic areas of learning

acquired brain injury

Other (please specify)

Has if your child has had any specialist assessment or reports from the following:

		Name of Centre/Specialist	Date of first visit	Still attending? Y/N
Audiology Clinic	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
Specialist Clinic	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
Speech Pathologist	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>

STUDENT CIRCUMSTANCES

Special Circumstances

Are there circumstances about the student seeking enrolment that the school should know prior to enrolment?
(e.g. mature age, pregnancy, living apart from parental supervision, subject of a court order, out of home care arranged by state)

Yes

No

If **yes**, provide a brief description of the circumstances

Student's history relevant to risk assessment

The Catholic Schools Office has a responsibility to assess and manage any risk of harm to its staff and students. The information you provide will help us to safely support students in the school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students, or staff at this school?

Yes

No

If **yes**, provide brief description of student's medical or other history which might pose a risk of any type to him or her, other students, or staff

Please provide contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does your child have any history of violent behaviour?

Yes

No

If **yes**, please provide details

Has your child ever been suspended or expelled from any previous school?

Yes

No

If **yes**, was this for

Actual violence to any person?

Possession of weapon or any item used to cause harm or injury?

Illegal drugs?

Threats of violence or intimidation of staff, students, or others at the school?

Are you aware of any other incidents of the kind listed above that have involved the student outside of the school setting?

Yes

No

If **yes**, please provide a brief outline of these matters

OTHER STUDENT DETAILS

Immunisation Record

Polio (Sabine)

Measles/Mumps

Diphtheria /Tetanus

Rubella

Whooping Cough

Other eg Hepatitis, Meningococcal

Sacramental /Parish Details

Current Parish

Baptism

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

Parish

Eucharist

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

Parish

Confirmation

Day	Day	Month	Month	Year	Year
-----	-----	-------	-------	------	------

Parish

PARENT/CARER 1 residing at same address as student

Parent/Carer 1

This section is for the parents/carers with whom the student normally lives.

Title (eg Mr, Dr)

Sex

Male

Female

Relationship to student

Family Name

Given Names

Work Telephone Number

Mobile Telephone Number

Email Address

Occupation

Name of Employer

Occupation group (Write 1,2,3,4 or 5) See page 2 for instructions

Country of birth for parent/carer 1

Nationality of parent/carer 1

School Education

What is the highest level of schooling completed?

For persons who never attended school mark Year 9 or equivalent or below (mark one box only)

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

Educational qualifications

What is the highest qualification completed?

Bachelor degree or above

Advanced diploma/diploma

Certificate I to IV (inc. trade cert.)

No non-school qualification

Languages other than English spoken at home

Does Parent/Carer 1 speak a language other than English at home?

No, English only

Yes

If **yes**, what languages other than English are spoken at home?

Please write the exact language spoken – for example, Cantonese or Mandarin not simply 'Chinese'. Do not write a nationality such as Indian. Please specify the actual language eg Hindi or Punjabi.

Main language other than English spoken at home

Other language spoken at home

Interpreters may be available during school interviews. Would an interpreter be required?

No

Yes

Religion

What is the religion of parent/carer 1?

PARENT/CARER 2 residing at same address as student

Parent/Carer 2

This section is for the parents/carers with whom the student normally lives.

Title (eg Mr, Dr)

Sex

Male

Female

Relationship to student

Family Name

Given Names

Work Telephone Number

Mobile Telephone Number

Email Address

Occupation

Name of Employer

Occupation group (Write 1,2,3,4 or 5) See page 2 for instructions

Country of birth for parent/carer 2

Nationality of parent/carer 2

School Education

What is the highest level of schooling completed?

For persons who never attended school mark Year 9 or equivalent or below (mark one box only)

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

Educational qualifications

What is the highest qualification completed?

Bachelor degree or above

Advanced diploma/diploma

Certificate I to IV (inc. trade cert.)

No non-school qualification

Languages other than English spoken at home

Does Parent/Carer 1 speak a language other than English at home?

No, English only

Yes

If **yes**, what languages other than English are spoken at home?

Please write the exact language spoken – for example, Cantonese or Mandarin not simply 'Chinese'. Do not write a nationality such as Indian. Please specify the actual language eg Hindi or Punjabi.

Main language other than English spoken at home

Other language spoken at home

Interpreters may be available during school interviews. Would an interpreter be required?

No

Yes

Religion

What is the religion of parent/carer 2?

OTHER PARENT

Other Parent/ Carer details for parent not living with this student

** If applicable copies of any relevant family law or other court orders must be provided.*

Title eg Mr, Mrs, Dr

Family Name

Given Names

Relationship to Student

Details of Contact Supporting documents should be provided

Receive Academic Report?

Yes

No

RMB/P.O. Box

Street Number / Property Name

Street Name

Suburb /Town

Postcode

Signature of Custodial Parent

EMERGENCY CONTACTS

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts.

Emergency Contact 1

Full Name

Telephone Number

Mobile Phone

Relationship to Family (eg neighbour, aunt, grandparent)

Emergency Contact 2

Full Name

Telephone Number

Mobile Phone

Relationship to Family (eg neighbour, aunt, grandparent)

SIGNATURES both parents or guardians to sign

1. I/we acknowledge that acceptance of a place for a child signifies agreement to support all policies and guidelines covering Catholic schools in the Diocese of Maitland-Newcastle
2. I/We have read and agree to support the Catholic philosophy, values and aims of the school and cooperate in their implementation.
3. I/We agree to promptly pay all school fees, levies and charges incurred while my child is enrolled. *(Note: No student will be refused enrolment because of an inability, as distinct from unwillingness, of a parent/guardian to meet their school fee commitments. Please contact the Principal or Secondary Bursar to discuss your particular circumstances.)*
4. I/We acknowledge the details supplied in this form are full and accurate and I/we agree to advise the school of any change to these details.
5. I/We have read and understand the enrolment policy and the Enrolment Information Collection Notice

I give permission for photographs of my child to be taken for school and diocesan publications and websites.

Yes

No

Parent/carer 1 signature

Date

Parent/carer 2 signature

Date

OFFICE USE ONLY

Student Details

Student ID

Family Code

Date Enrolled

Scholastic Year

Roll Class

House

Family Details

Family residential structure

Billing Contact

Any family law, AVO's or other relevant court order (if applicable)

Yes

No

For parent not living with student (p9)

Shared parental responsibility

Receive academic report

Receive invoice

Documentary Evidence

Original documents must be sighted and photocopied

Birth Certificate

Baptismal Certificate

Proof of Residential Address

Any special needs supporting documentation

For students who are not Australian citizens they need to produce more information

Passport or travel documentation number

Country of issue

Current visa sub-class (if applicable)

Previous visa sub-classes (if applicable)

Immunisation certificate/history statement

Not Sighted

Incomplete

Complete

Other issues

Does the student need to be assessed for ESL support?

LBOTE

If already assessed what ESL phase is the student (1, 2, 3)

Overseas student

Is the student receiving ESL support

Bridging Visa

Other Enrolment Notes



Address: 286 Parkway Avenue, Hamilton
Office: Hebburn Street, Hamilton
Postal: PO Box 300, Hamilton NSW 2303
Telephone: (02) 4961 2863
Facsimile: (02) 4961 2384
Email: hml-finance@mn.catholic.edu.au

TAX INVOICE

ABN 79 469 343 054

Please return this form and payment with your child's Enrolment Application

Student Name: _____

Previous School Attended: _____

Date	Description	Amount
2018	Non-Refundable Enrolment Fee	\$100.00
Total		\$100.00

Payment Method: Cheque or Credit Card



Cash Payments must be made directly to the College

Please do not send cash through the mail

Please note that this enrolment fee cannot be paid by Bpay

Office Use Only:

- Account Number: 424666 _____ Date Processed: _____
- Enrolment Fee Paid: RCV _____

Please charge my credit card \$100.00 for the 2018 Enrolment Fee

for: _____

Insert Student's Name

Card Type: Visa or Mastercard

Card Number:

Expiry Date: /

Cardholder's Name: _____

Cardholder's Signature: _____ Contact Number: _____