

# ENROLMENT APPLICATION FORM



## St John Vianney's Primary School

23 Police Road, Mulgrave 3170  
 03 8543 4444  
 admin@sjvmulgrave.catholic.edu.au  
 www.sjvmulgrave.catholic.edu.au

### OFFICE USE ONLY

Year level: ..... In: .....  
 VSN No: .....  
 Student ID: .....  
 Criteria: .....  
 Date Received: .....  
 House Colour: .....

## STUDENT INFORMATION

|                |                  |  |
|----------------|------------------|--|
| Surname:       | First Name:      | Preferred Name:  |
| Date of birth: | Religion (Rite): | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> |

## STUDENT HOME ADDRESS

|  |                  |
|--|------------------|
| Address:   | Home Phone:      |
| Suburb:  | State: Postcode: |
| Grade applying for and year:<br><i>EXAMPLE: Grade Prep in 2024</i> |                  |

## PREVIOUS SCHOOL/PRESCHOOL CONSENT

|  |                |
|--|----------------|
| Previous School/Kindergarten Name & Address:   | Year enrolled: |
| Do you give permission for the school to contact the previous School/Kindergarten & to gather relevant reports & information to support educational planning? Yes <input type="checkbox"/> No <input type="checkbox"/> |                |
| <b>Parent Signature:</b>   |                |

## FAMILY INFORMATION. BROTHERS/SISTERS

| Name | Date of birth | Do they attend SJV? |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |

Do you have any relatives attending SJV? Yes  No

| Name | Year Level |
|------|------------|
|      |            |
|      |            |

## SACRAMENTAL INFORMATION

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

## NATIONALITY

|   |   |
|---|---|
| Nationality of student:   | In which country was the student born: Australia <input type="checkbox"/> Other <input type="checkbox"/><br><i>IF OTHER PLEASE SPECIFY:</i> |
| Is the student of Aboriginal or Torres Strait Islander origin?<br>(For persons both Aboriginal & Torres Strait Islander origin, please tick <u>both boxes</u> ) |   |
| No <input type="checkbox"/>   | Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>   |

## CITIZENSHIP OF STUDENT

If not born in Australia, Citizenship status is required. **Government requirement.**

Please complete ALL details below and record the Visa Subclass number. Original documents must be sighted and copies to be retained by the school.

Australian Citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of birth is not Australia)

|  |                       |
|--|-----------------------|
| Australian Passport <input type="checkbox"/>                     | Passport number:      |
| Naturalisation Certificate <input type="checkbox"/>              | Certificate number:   |
| Visa Subclass record entry to Australia <input type="checkbox"/> | Visa Subclass number: |

Does the student speak a language other than English at home? No  Yes  Please specify: \_\_\_\_\_ Date of arrival in Australia: \_\_\_\_\_

If you are **NOT** currently an Australian Citizen please provide further details below:

|  |                       |
|--|-----------------------|
| Permanent resident: <input type="checkbox"/> <i>(If ticked, record the visa subclass number)</i>             | Visa subclass number: |
| Temporary resident: <input type="checkbox"/> <i>(If ticked, record the visa subclass number)</i>             | Visa subclass number: |
| Other/Visitor/Overseas Student: <input type="checkbox"/> <i>(If ticked, record the visa subclass number)</i> | Visa Subclass number: |

## IMMUNISATION

**YOU MUST PROVIDE A COPY OF YOUR CHILD'S IMMUNISATION RECORD**

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit [myGov](http://myGov)) and provide it to the school with this enrolment form.

Immunisation history statement attached: Yes  No  **If no, please provide an explanation:** \_\_\_\_\_

If the student entered Australia on a humanitarian visa, did they receive a refugee health check? Yes  No

## MEDICAL INFORMATION

Medical Condition(s): *PLEASE SPECIFY ANY MEDICAL CONDITIONS THE STUDENT HAS, EG. ASTHMA, DIABETES AND/ OR ANY PRESCRIBED MEDICATIONS TAKEN BY THE STUDENT. A MEDICAL ACTION PLAN WILL BE SENT HOME FOR YOU TO COMPLETE*

Allergies: *PLEASE LIST ANY KNOWN ALLERGIES THE STUDENT HAS, EG. ALLERGY TO NUTS/STINGS INCLUDING SPECIFIC DETAILS*

Has the student been diagnosed as being at risk of **Anaphylaxis?** Yes  No   
If Yes, does the student have an **Epipen?** Yes  No

|   |                 |           |
|---|-----------------|-----------|
| Doctors Name:   | Contact Number: | Address:  |
| Dentists Name:  | Contact Number: | Address:  |
| Medicare Number:  | Ref Number:     | Exp Date: |
| Private Health Insurance:   | Fund:           | Number:   |
| Ambulance: Yes <input type="checkbox"/> No <input type="checkbox"/> | Number:         |           |
| Healthcare Card Number:   | Exp Date:       |           |

## ADDITIONAL NEEDS

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It 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.

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

### DOES YOUR CHILD PRESENT WITH:

|  |  |   |
|--|--|---|
| 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 <input type="checkbox"/>                          |

If you ticked **Other** please specify:

### HAS YOUR CHILD EVER SEEN A:

|  |   |   |
|--|---|---|
| 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 <input type="checkbox"/>   |

If you ticked **Other** please specify:

Have you attached all relevant information/reports? Yes  No

## HOME CARE ARRANGEMENTS

|  |  |  |
|--|--|--|
| Living with immediate family: <input type="checkbox"/> | Out of home care: <input type="checkbox"/>   | Carer/Guardian: <input type="checkbox"/>           |
| Kindship Care: <input type="checkbox"/>                | Shared parenting, e.g. one week with each parent: <input type="checkbox"/><br>Days with Parent A/Guardian:<br><br>Days with Parent B/Guardian: | Other: <input type="checkbox"/><br>Please specify: |

## COURT ORDERS/PARENTING ORDERS (if applicable)

Is there any current court/parenting order? Yes  No

If Yes, copies of these court/parenting orders eg, AVO's, Family Court or other relevant court orders **must** be provided.

Is there any other information you wish the school to be aware of? Yes  No   
*(if ticked yes please specify)*

## FAMILY DETAILS-Parent/Guardian 1

|  |  |   |   |                      |  |
|--|--|---|---|----------------------|--|
| Title:   |  | Surname:  |   | First Name:          |  |
| Address:   |  |   |   |                      |  |
| Home Phone:  |  | Work Phone:                                       |   | Mobile Phone:        |  |
| STRICTLY PERSONAL EMAIL <b>ONLY</b>  |  |   |   |                      |  |
| Email Address:   |  |   |   |                      |  |
| Date of arrival in Australia:  | Occupation:                                    | Company:  | Religion (Rite):                                  |                      |  |
| Country of Birth:  | Nationality:                                   | Main Language spoken:                             |   | Any other Languages: |  |
| <b>What is the highest year of Primary or Secondary School the Parent/Guardian has completed</b> |  |   |   |                      |  |
| 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"/>    |                      |  |
| <b>What is the highest qualification the Parent/Guardian has completed?</b>                      |  |   |   |                      |  |
| No post School qualification <input type="checkbox"/>  | Certificate I to IV <input type="checkbox"/>   | Advanced Diploma/Diploma <input type="checkbox"/> | Bachelor degree or above <input type="checkbox"/> |                      |  |

## FAMILY DETAILS-Parent/Guardian 2

|  |  |   |   |                      |  |
|--|--|---|---|----------------------|--|
| Title:   |  | Surname:  |   | First Name:          |  |
| Address:   |  |   |   |                      |  |
| Home Phone:  |  | Work Phone:                                       |   | Mobile Phone:        |  |
| STRICTLY PERSONAL EMAIL <b>ONLY</b>  |  |   |   |                      |  |
| Email Address:   |  |   |   |                      |  |
| Date of arrival in Australia:  | Occupation:                                    | Company:  | Religion (Rite):                                  |                      |  |
| Country of Birth:  | Nationality:                                   | Main Language spoken:                             |   | Any other Languages: |  |
| <b>What is the highest year of Primary or Secondary School the Parent/Guardian has completed</b> |  |   |   |                      |  |
| 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"/>    |                      |  |
| <b>What is the highest qualification the Parent/Guardian has completed?</b>                      |  |   |   |                      |  |
| No post School qualification <input type="checkbox"/>  | Certificate I to IV <input type="checkbox"/>   | Advanced Diploma/Diploma <input type="checkbox"/> | Bachelor degree or above <input type="checkbox"/> |                      |  |

## EMERGENCY CONTACT INFORMATION *(MUST BE DIFFERENT FROM ABOVE CONTACTS)*

|       |                        |             |               |
|-------|------------------------|-------------|---------------|
| Name: | Relationship to child: | Home phone: | Mobile phone: |
| Name: | Relationship to child: | Home phone: | Mobile phone: |
| Name: | Relationship to child: | Home phone: | Mobile phone: |

## SCHOOL FEE ACCOUNTS/ACKNOWLEDGMENT

School Fees are charged in full at the beginning of each year. School Fees are payable either in full or in regular instalments. Statements are emailed to families each term. Fees are subject to increases as determined by the Parish Education Board.

I agree to pay all fees and charges as set down by the Parish Education Board.

In the event of default of payment of fees, the school may refer the default to a debt collection agency.

If this occurs personal information will be disclosed to the agency and I/ we will be responsible for the collection costs.

Signature of Parent/Guardian 1 \_\_\_\_\_ Signature of Parent/Guardian 2 \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## SCHOOL FEE ACCOUNTS/CORRESPONDENCE

Who will be responsible for all **correspondence** and payment relating to your **School fee account** and **General Correspondence** eg; School reports.

Name:

Email Address:

Postal Address:

## CHECKLIST *(ALL CERTIFICATES REQUIRED WHEN SUBMITTED)*

Birth Certificate

Baptism Certificate

Immunisation Certificate

How did you hear about SJV?

Kindergarten

Family

Friends

Open Day

Other

**PLEASE READ & SIGN THE ENROLMENT APPLICATION AGREEMENT ON  
PAGE SIX**

***THANK YOU***

# AGREEMENT

I acknowledge that I understand and accept the terms and conditions of enrolment. If enrolment is accepted, I agree that there are certain expectations, obligations and guarantees required of parents/guardians of the school's students, so that a harmonious relationship may be established:

- I will support and abide by school policies and rules, as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the school
- I will ensure that the information I have provided is kept up to date throughout the period of enrolment and I will notify the school promptly of any changes to that information (e.g. change of residential address, changes to parenting orders)
- I will pay the current school fees and levies for my child and also pay any variation or increase of fees and levies as required. I will notify the school immediately if I am experiencing financial difficulties
- I will attend parent/teacher and information evenings which relate to my child
- I will participate in a working bee once a year
- I am aware of the Parish Community Fete (October) and will participate and assist where possible
- In the event I have any concerns, I will raise them initially with the relevant teacher or the school principal
- I will treat all members of the school community with respect as befits a Catholic school
- If in time of emergencies, accidents or serious illness I cannot be contacted, I give permission for the principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I also understand that the signatories below are required to meet any costs incurred
- As a parent/guardian, I understand that if this application is successful, I will support the vision of the school and parish. In accepting the enrolment, I agree to abide by all of the school's policies, procedures and protocols (Policies). These Policies are reviewed regularly and may be subject to change at the school's discretion. I will work with the school to support any academic/social/behavioural needs of my child. I agree to support my child's participation in the religious life of the school (e.g. school liturgies, Masses etc.). The consequence of not complying with the school's Policies may result in the termination of the enrolment
- As a parent/guardian I understand that acceptance of enrolment to this school does not constitute acceptance into any other Catholic Schools (Primary or Secondary)
- I understand that if any misleading information has been provided, or any omission of significant information is made in the application for enrolment, acceptance will not be granted; or, if discovered after acceptance, enrolment may be withdrawn

|   |              |
|---|--------------|
| <b>Parent/Carer/Guardian Signature:</b> | <b>Date:</b> |
| <b>Parent/Carer/Guardian Signature:</b> | <b>Date:</b> |

For further information about enrolment see 'Explanatory Statement' which is available on our school website.

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