



St John Vianney's Mulgrave Enrolment Form



St John Vianney's Primary School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (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

Student Full Name:

Address where student lives:

Current school family: YES NO

Contact Number

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 ID:	VSN:			
	Immunisation history statement attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visa Information attached: (if relevant)	Yes <input type="checkbox"/>

Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)

Title: <i>(e.g. Dr./Mr./Mrs./MS)</i>		Surname:		Given name:	
House Number:		Street Name:			
Suburb:		State:		Postcode:	
Telephone: Home phone:		Work phone:		Mobile:	
Silent Number: Yes <input type="checkbox"/> No <input type="checkbox"/>			SMS messaging: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(for emergency and reminder purposes)</i>		
Email address:			Relationship to student:		
Government Requirement		Occupation:		What is the occupation group? <i>(select from list of occupation groups in the School Family Occupation Index attached to enrolment form)</i>	
Religion: (include rite)			Nationality: Ethnicity if not born in Australia:		
Country of birth: <input type="checkbox"/> Australia			<input type="checkbox"/> Other (please specify):		
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) 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 Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?					
No post school qualification <input type="checkbox"/> Certificate I-IV <i>(including trade certificate)</i> <input type="checkbox"/> Advanced siploma/diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/>					

Student Contact 2 (PARENT 2/GUARDIAN 2/CARER 2)

Title: <i>(e.g. Dr./Mr./Mrs./MS)</i>		Surname:		Given name:	
House Number:		Street Name:			
Suburb:		State:		Postcode:	
Telephone: Home phone:		Work phone:		Mobile:	
Silent Number: Yes <input type="checkbox"/> No <input type="checkbox"/>			SMS messaging: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(for emergency and reminder purposes)</i>		
Email address:			Relationship to student:		
Government Requirement		Occupation:		What is the occupation group? <i>(select from list of occupation groups in the School Family Occupation Index attached to enrolment form)</i>	
Religion: (include rite)			Nationality: Ethnicity if not born in Australia:		
Country of birth: <input type="checkbox"/> Australia			<input type="checkbox"/> Other (please specify):		
What is the highest year of primary or secondary school Student Contact 2 (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 Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?					
No post school qualification <input type="checkbox"/> Certificate I-IV <i>(including trade certificate)</i> <input type="checkbox"/> Advanced siploma/diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/>					

STUDENT DETAILS

Surname:	Entry Year (YYYY):	Entry level/grade:
Given Name/s:	Preferred name:	
Date of birth:	Religion (include rite):	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Unspecified?indeterminate/X <input type="checkbox"/>

PREVIOUS SCHOOL/PRESCHOOL

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

NATIONALITY AND CITIZENSHIP

Government Requirement	Nationality:	Ethnicity:	
In which country was the student born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other – please specify:	
Date of arrival in Australia OR date of return to Australia:			
What is the residential status of the student?	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	
Evidence of Australian Residency: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Other/Visitor/Overseas Student			
Visa sub class:	Visa expiry date:		
<i>* Please attach visa/ImmiCard/letter of notification and passport photo page</i>			
Does the student or their parent(s)/guardian(s) speak a language other than English at home? <i>Note: Record all languages spoken.</i>			
	Student	Parent 1/Guardian1/Carer1	Parent 2/Guardian2/Carer2
No	English only <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages		
Is the student of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)</i>			
No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>	

SACRAMENTAL INFORMATION

Baptism	Date:	Parish:
Confirmation	Date:	Parish:
Parish where the student lives:		

EMERGENCY CONTACTS – OTHER THAN STUDENT CONTACTS (PARENT/GUARDIAN/CARER)

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

EMERGENCY CONTACTS MUST BE DIFFERENT FROM PARENT CONTACTS!

MEDICAL INFORMATION

Doctor's name:			
Doctors address:			Telephone:
Medicare number:		Ref number:	Expiry:
Private health insurance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fund: Number:
Ambulance cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number:
Health care Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Health Care Card No: Expiry:

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](https://my.gov.au)) and provide it to the school 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 school, please provide all required information. This 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.

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/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

Living with immediate family

Out-of-home care

Guardian/ Carer

Kinship care

Shared Parenting *e.g. one week with each parent*

Days with Parent 1/Guardian 1/Carer 1:

Days with Parent 2/Guardian 2/Carer 2:

Other
(please specify)

COURT ORDERS OR PARENTING ORDERS (if applicable)	
Are there any current court orders or parenting orders relating to the student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>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.</i>	
Is there any other information you wish the school to be aware of?	

FAMILY DETAILS	
Who will be responsible for payment of the school fees and levies?	
Surname:	
First name:	
Address:	
Email Address:	
Telephone:	
Relationship to student:	

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

Parent/Carer/Guardian Signature:	Date:
Parent/Carer/Guardian Signature:	Date:

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

Consent

The signature of:

- o parent as defined in the *Family Law Act 1975*
 - Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- o 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 school
- o 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 school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website www.sjmulgrave.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):	
<input type="checkbox"/>	Birth certificate
<input type="checkbox"/>	Immunisation history statement
<input type="checkbox"/>	Baptism certificate
<input type="checkbox"/>	Consent to contact previous school or preschool
<input type="checkbox"/>	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia
<input type="checkbox"/>	Visa information – visa/ImmiCard/letter of notification and passport photo page
<input type="checkbox"/>	Medical Management Plan signed by a relevant medical practitioner
<input type="checkbox"/>	All relevant information and reports concerning additional needs of your child
<input type="checkbox"/>	Any current court orders or parenting orders relating your child
<input type="checkbox"/>	Any additional information you wish the school to be aware of

POLICY DATABASE INFORMATION	
Related documents	Enrolment Policy
Superseded documents	Enrolment Form –v1.0–2021
New policy	

Responsible director	Director, Learning and Regional Services
Policy owner	General Manager, Learning Diversity
Approving authority	Director, Learning and Regional Services
Approval date	28 October 2022
Risk rating	High
Date of next review	October 2024