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| **ENROLMENT FORM** |
| **St Lawrence Primary SchoolAddress: 93A Capesthorne Drive, Derrimut VIC 3026****Email: info@slwderrimut.catholic.edu.au****Tel: 8390 5326** **Fax: 8390 6375** | **St Lawrence Logo** |

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| **Office use only** | Date received:       | Approved Yes [ ]  No [ ]  |
|  | Start date:       | Principal’s Signature: |
|  | VSN:       |

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| **STUDENT DETAILS** |
| Surname:       | Entry year (YYYY)      | Entry level/grade:      |
| First name/s:       |
| Preferred first name:       |
| Date of birth:       | Religion:       |
| Male: [ ]  | Female: [ ]  |

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| **HOME ADDRESS OF STUDENT** |
| Street number & name:       |
| Suburb:       | Post Code:       |
| Home phone:       |

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| **EMERGENCY CONTACTS – OTHER THAN PARENT** |
| 1. Name:
 |       | 1. Name:
 |       |
| Relationship to child: |       | Relationship to child: |       |
| Home phone: |       | Home phone: |       |
| Mobile: |       | Mobile: |       |

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| **SACRAMENTAL INFORMATION** |
| Baptism: | Date:       | Parish:       |
| Confirmation: | Date:       | Parish:       |
| Reconciliation: | Date:       | Parish:       |
| Communion: | Date:       | Parish:       |
| Current Parish: |       |
| Do you attend mass regularly: Yes [ ]  No [ ]  | Do you financially support the parish: Yes [ ]  No [ ]   |

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| **PRE-SCHOOL (Kinder)/ PREVIOUS SCHOOL PERMISSION** |
| Name of previous Pre-School (Kinder) / School:       |
| Year Level at Previous School :  |
| Name of first Australian School: | Year Started: |
| I/We give permission for St Lawrence Staff to visit & observe my child at their pre-school. Yes [ ]  No [ ] I/We give permission for my child’s pre-school or previous school to disclose any relevant information regarding my child to St Lawrence staff. Yes [ ]  No [ ]  |
| Signature:  |

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| **NATIONALITY** |
| **GOVERNMENT REQUIREMENT** | Nationality: |       |
| In which country was the student born: | Australia [ ]  | Other – please specify:       |
| Is the student of Aboriginal or Torres Strait Islander origin?(For persons of both Aboriginal and Torres Strait Islander origin mark 'Yes' to both) |
| No [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander [ ]  |

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| Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (if more than one language, indicate the one that is spoken most often) |
|  | Student | Mother/guardian | Father/guardian |
| **No** | English Only | [ ]  | [ ]  | [ ]  |
| **Yes** | Other – please specify |       |       |       |

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| **IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED – Government requirement** **Please tick the relevant category below and record the Visa Subclass number:**(original documents to be sighted and copies to be retained by the school) |
| **Australian Citizen not born in Australia** |
| [ ]  | Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia) |  |
| [ ]  | Australian Passport Number: (If applicable) |  Passport No: |       |
| [ ]  | Naturalisation Certificate Number : | * + - 1. Certificate No:
 |       |
|  | Visa Subclass recorded on entry to Australia  |  Visa Subclass No: |       |
|  | Date of Arrival into Australia |  Date: |       |
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| **Not currently an Australian Citizen please provide further details as appropriate below:** |
| [ ]  | Permanent resident, *(if ticked, record the Visa Subclass Number)* | Visa Subclass No: |       |
| [ ]  | Temporary resident, *(if ticked, record the Visa Subclass Number)* | Visa Subclass No: |       |
| [ ]  | Other/Visitor/Overseas Student, *(if ticked, record the Visa Subclass Number)* | Visa Subclass No: |       |
| **\*Please attach Visa/document of travel/letter of notification and passport photo page.** |

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| **MEDICAL INFORMATION** |
| Medicare No.: |       | Ref No:       | Expiry:       |
| Medical Condition: | *Please specify any medical conditions the student suffers from eg. diabetes and/or any prescribed medications taken by the student. A Medication Action Plan will be sent home for you to complete.*      |
| Allergies: | *Please list any known allergies the student has eg. allergy to nuts, penicillin, bee 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 or Anapen?** | Yes [ ]  No [ ]  |
| **Has the student be diagnosed with Asthma** |  Yes [ ]  No [ ]  |
| **If yes, does the student have a current Asthma Action Plan** | Yes [ ]  No [ ]  |

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| This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading the school may not be able to cater for your child’s needs. |
| **ADDITIONAL NEEDS**  |
| **Does your child have:** |
| autism | [ ]  | behaviour disorders | [ ]  | hearing impairment | [ ]  |
| intellectual disability | [ ]  | language disorder |  [ ]  | mental health concerns | [ ]  |
| ADD/ADHD  | [ ]  | vision impairment | [ ]  | additional learning needs | [ ]  |
| giftedness | [ ]  | other (please specify)  | [ ]  | None of these | [ ]  |
| **Has your child ever seen or been advised to see a:** |
| behavioural optometrist | [ ]  | audiologist | [ ]  | speech pathologist | [ ]  |
| educational psychologist | [ ]  | paediatrician | [ ]  | occupational therapist  | [ ]  |
| psychologist | [ ]  | other specialist | [ ]  | None of these | [ ]  |
| **If your child does have a special need, please can you assist us by providing the following information:** |
|  | Yes | No |
| Details of additional learning needs/additional needs provided (please provide all relevant information) | [ ]  | [ ]  |
| Medical/allied health professional reports attached (please provide all relevant information) | [ ]  | [ ]  |

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| **FAMILY DETAILS** |
| Who will be responsible for the payment of the school fees and levies? Please tick a box |
| [ ]  Both Parents | [ ]  Mother Only | [ ]  Father Only | [ ]  Guardian | [ ]  Other:       |
| Email address for invoices/statements:  |
| **Family Status**: [ ]  Married [ ]  Separated [ ]  Divorced [ ]  Single Parent Family [ ]  De Facto |

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| **MOTHER/GUARDIAN** |
| Surname: |       | First Name: |       |
| Address: |       |
| Home Phone: |       | Work Phone:      | Mobile:      |
| Do you have a valid Heath Care Concession Card Yes [ ]  No [ ]  | Card No:  |
| Email: |       |
| **Government Requirement** | Occupation:       |
| Employer: |
| Religion:       |
| Country of Birth: | [ ]  Australia | [ ]  Other (please specify):       |
| Are you an Australian Citizen [ ]  Yes [ ]  No  |
| **What is the highest year of primary or secondary school the mother/guardian has completed:** *(Persons who have never attended secondary school, mark 'Year 9 or below')*  |
| Year 9 or below [ ]  | Year 10 or equivalent [ ]  | Year 11 or equivalent [ ]  | Year 12 or equivalent [ ]  |
| **What is the level of the highest qualification the mother/guardian has completed:**  |
| No post school qualification [ ]  | Certificate I to IV(including trade certificate) [ ]  | Advanced diploma/Diploma [ ]  | Bachelor degree or above [ ]  |

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| **FATHER/GUARDIAN** |
| Surname: |       | First Name: |       |
| Address: |       |
| Home Phone: |       | Work Phone:      | Mobile:      |
| Do you have a valid Heath Care Concession Card Yes [ ]  No [ ]  | Card No:  |
| Email: |       |
| **Government Requirement** | Occupation:       |
| Employer: |
| Religion:       |
| Country of Birth: | [ ]  Australia | [ ]  Other (please specify):       |
| Are you an Australian Citizen [ ]  Yes [ ]  No  |
| **What is the highest year of primary or secondary school the father/guardian has completed:** *(Persons who have never attended secondary school, mark 'Year 9 or below')* |
| Year 9 or below [ ]  | Year 10 or equivalent [ ]  | Year 11 or equivalent [ ]  | Year 12 or equivalent [ ]  |
| **What is the level of the highest qualification the father/guardian has completed:** |
| No post school qualification [ ]  | Certificate I to IV(including trade certificate) [ ]  | Advanced diploma/Diploma [ ]  | Bachelor degree or above [ ]  |

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| **YOUNGER SIBLINGS** |
| List all children in your family younger than the applicant |
| **Name** | **Date of Birth** |
|       |       |
|       |       |
|       |       |
|       |       |

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| **PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:** |
| [ ]  Living with Mother & Father | [ ]  Single parent: Mother / Father (please circle) |
| [ ]  Living in a step family | [ ]  Shared parenting eg. One week with mother, next with father |
| [ ]  Guardian | [ ]  Out-Of-Home Care |

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| **COURT ORDERS (if applicable)** |
| Are there any current court orders relating to the student? Yes [ ]  No [ ]  |
| *If yes, copies of these court orders e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders must be provided.* |
| Is there any other information you wish the school to be aware of?  |

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| **PRIVACY & ICT POLICY** |
| St Lawrence School and Catholic Education Melbourne (CEM) are privacy compliant. From time to time the school or CEM may require the use of student/s images for various publications and publicity purposes. We use Information Communication & Technology (ICT) for electronic communication and learning. Policies are available on the school website. If you have any concerns, please put these in writing and discuss with the Principal.***Licensed under NEALS***Images for Catholic Education Melbourne (CEM) 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 school and or CEM/CECV to include images in material available free of charge to schools and education departments around Australia for their educational and promotional purposes. |

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| **COMMITMENT OF PARENTS/GUARDIANS** |
| If enrolment at St Lawrence is granted, I/we agree to: [ ]  Abide by the school’s policies and programs[ ]  Pay the school fees and charges   |

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| **PERMISSIONS** |
| [ ]  I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required. |
| [ ]  I authorise the school in a medical emergency situation involving my child to contact relevant services for medical assistance and I will pay for the costs involved. I authorise the Principal/teacher in charge of the school activity to consent, where it is impracticable to communicate with me, to my child receiving such medical and surgical treatment as may be deemed necessary. |
| [ ]  I give permission for my child to take part in local excursions which involve walking around the Derrimut area. I understand that the children will always be accompanied by a teacher and another adult. The excursion may take the form of seasonal walks, visiting the shops, places of local interest or going to sporting venues. |
| [ ]  I understand that these permissions are valid for the period of my child's primary school years. |
| **MOTHER’S SIGNATURE:** |  |
| **FATHER’S SIGNATURE:** |  |