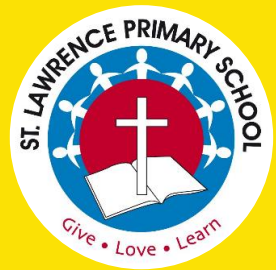




# St Lawrence Primary School Enrolment Form



St Lawrence 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 Ltd (MACS). This form is informed by the St Lawrence Primary School Enrolment Policy Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made.

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.

## STUDENT DETAILS

Surname:			
Given name/s:		Preferred name:	
Entry year (YYYY):		Entry level/grade:	
Does the student have a sibling at this school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sibling Name(s) and Grade:			

## STUDENT CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)

Please note this contact will be the INITIAL contact for all school communications.

Title: <i>(Dr./Mr./Mrs./Ms./Mx.)</i>		Surname:		Given name:	
House Number:		Street Name:			
Suburb:			State:		Postcode:
Telephone:	Home:		Work:		Mobile:
SMS messaging: <i>(for emergency and reminder purposes)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					
Email:					
Relationship to student:					
Government Requirement			Occupation:		
Religion: <i>(include rite)</i>					
Country of birth: Australia <input type="checkbox"/> Other <input type="checkbox"/> <i>(please specify):</i>					
Aboriginal or Torres Strait Islander origin: No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>					
Nationality:		Ethnicity if not born in Australia:			
Visa subclass:		Visa expiry:			
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified.					

<b>Do you speak a language other than English at home?</b> <i>Note: Record all languages spoken</i>	
<b>What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b> <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"/>
<b>What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b>	
No post-school qualification <input type="checkbox"/>	Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/>

### STUDENT CONTACT 2 (PARENT 2 /GUARDIAN 2/CARER 2)

<b>Title:</b> <i>(Dr./Mr./Mrs./Ms./Mx.)</i>	<b>Surname:</b>	<b>Given name:</b>	
<b>House Number:</b>		<b>Street Name:</b>	
<b>Suburb:</b>		<b>State:</b>	<b>Postcode:</b>
<b>Telephone:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>SMS messaging:</b> <i>(for emergency and reminder purposes)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Email:</b>			
<b>Relationship to student:</b>			
<b>Government Requirement</b>	<b>Occupation:</b>		
<b>Religion:</b> <i>(include rite)</i>			
<b>Country of birth:</b> Australia <input type="checkbox"/> Other <input type="checkbox"/> <i>(please specify):</i>			
<b>Aboriginal or Torres Strait Islander origin:</b> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>			
<b>Nationality:</b>		<b>Ethnicity if not born in Australia:</b>	
<b>Visa subclass:</b>		<b>Visa expiry:</b>	
<b>Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified.</b>			
<b>Do you speak a language other than English at home?</b> <i>Note: Record all languages spoken</i>			
<b>What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed?</b> <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"/>
<b>What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?</b>			
No post-school qualification <input type="checkbox"/>	Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

## FAMILY STATUS

Married  Separated  Divorced  Single Parent Family  De Facto

Health Care Card: No   
Yes

(If Yes, please provide an up-to-date copy of your card to the School Office)

Health Care Card No:

Parent Name on HCC:

Expiry Date:

## 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:

Single Parent (Mother/Father)

Other (*please specify*)

## SCHOOL FEES/LEVIES PAYER DETAILS

To whom the account for school fees and levies is sent?

To BOTH Student Contact 1 &  
Student Contact 2

To Student Contact 1 ONLY

To Student Contact 2 ONLY

Other:

Title:  
(*Dr./Mr./Mrs./Ms./Mx.*)

Surname:

Given name:

House Number:

Street Name:

Suburb:

State:

Postcode:

Telephone:

Home:

Work:

Mobile:

Email:

Relationship to student:

**Please note, the name/s of the parent / carers signing are responsible for the payment of fees for the term of the child's enrolment at the school.**

## STUDENT DETAILS

Surname:

Given name/s:

Preferred name:

Date of birth:

Religion: *(include rite)*

Home Address:

M (Male):

F (Female):

Self-identified / X (Indeterminate/Intersex/Unspecified):

## PREVIOUS SCHOOL/PRESCHOOL

Name of previous school/kindergarten:

Year level at previous school:

Name of first Australian school:

Year Started:

I/We give permission for the school to contact the previous school/kindergarten and to gather relevant reports and information to support educational planning:

No

Yes

(Please complete the Consent for Transferring Information form)

Was the previous school attended interstate?

No

Yes

(Please complete the Interstate Data Transfer Note and Consent)

## NATIONALITY AND CITIZENSHIP

Government Requirement

Nationality:

Ethnicity:

In which country was the student born?  Australia  Other *(please specify)*:

Date of arrival in Australia OR Date of return to Australia:

What is the residential status of the student?  Permanent  Temporary

Evidence of Australian Residency:

Australian Citizen

Permanent Resident

Eligible for Australian Passport

Temporary Resident

Other/Visitor/Overseas Student

Visa sub class\*:

Visa expiry date:

Previous visa sub class:

Please attach visa/ImmiCard/letter of notification and passport photo page.

\* Please note that all enrolments for students with visas require approval through Melbourne Archdiocese Catholic Schools (MACS). Refer to the Dependant Full Fee Overseas Student policy ([link](#)) for further information.

Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified.

Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? *Note: Record all languages spoken.*

		Student	Student Contact 1 (Parent1/Guardian1 /Carer1)	Student Contact 2 (Parent2/Guardian2/ Carer2)
<b>No</b>	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	Other – <i>please specify all languages</i>			

**Is the student of Aboriginal or Torres Strait Islander origin?**

*(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)*

No

Yes, Aboriginal

Yes, Torres Strait Islander

**Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census.**

**SACRAMENTAL INFORMATION**

<b>Baptism</b>	<b>Date:</b>	<b>Parish:</b>	
<b>Reconciliation</b>	<b>Date:</b>	<b>Parish:</b>	
<b>Communion</b>	<b>Date:</b>	<b>Parish:</b>	
<b>Confirmation</b>	<b>Date:</b>	<b>Parish:</b>	

*Please provide copies of certificates for all sacraments received.*

**Parish where the student lives:**

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

<b>CONTACT 1</b>	<b>CONTACT 2</b>
<i>(Dr./Mr./Mrs./Ms./Mx.)</i> <b>Surname:</b> <b>Given Name:</b>	<i>(Dr./Mr./Mrs./Ms./Mx.)</i> <b>Surname:</b> <b>Given Name:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>Home telephone:</b>	<b>Home telephone:</b>
<b>Mobile:</b>	<b>Mobile:</b>

## MEDICAL INFORMATION

Doctor's name:

Doctor's address:

Telephone:

Medicare number:

Ref number:

Expiry:

Private health insurance: Yes  No

Fund:

Number:

Ambulance cover: Yes  No

Number:

Medical condition:

Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting 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***

Allergies:

Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.

Diagnoses:

Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety

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

**If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management policy, first aid policy, and supporting documents.**

**If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.**

## 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://myGov)) 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/<br>developmental delay | <input type="checkbox"/> mental health<br>concerns | <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 and 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

## COURT ORDERS OR PARENTING ORDERS (*if applicable*)

Are there any current court orders or parenting orders relating to the student? Yes  No

**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.**

Is there any other information you wish the school to be aware of?

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.

Student Contact 1 parent 1/guardian 1/ carer 1 signature:		Date:
Student Contact 2 parent 2 /guardian 2/ carer 2 signature:		Date:

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

### **Consent**

The signature of:

- 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.
- 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
- 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: <https://www.slwderrimut.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"/> | Proof of Address  |
| <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 grant notice/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   |
| <input type="checkbox"/> | Previous School Reports (2 most recent required when applying for Grade 1- 6)                                     |