

ENROLMENT FORM



ST MARY'S PRIMARY SCHOOL

2 Murlong Street (PO BOX 727), Swan Hill VIC 3585
Phone: 03 50332541 Email: office@smswanhill.catholic.edu.au
Website: www.smswanhill.catholic.edu.au

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:
	Year level:	Community group:
	Student code:	VSN:
	Family code:	Medical history:
	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa information attached (if relevant): Yes <input type="checkbox"/> No <input type="checkbox"/>
	New family: Yes <input type="checkbox"/>	Existing family: Yes <input type="checkbox"/>

STUDENT DETAILS

Surname:	Entry year:	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Town of Birth:	(please attach birth certificate)
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>
Religion (including rite):		

HOME ADDRESS OF STUDENT

Street number and name:	
Suburb:	Postcode:
Home phone:	

PRIMARY CONTACT DETAILS

All School Correspondence/SMS Messages (unless otherwise directed) will be sent to this email address/mobile

First name	Surname	Email	Mobile

SACRAMENTAL INFORMATION (please attach certificate if applicable)

Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current parish:		

PREVIOUS SCHOOL/PRESCHOOL PERMISSION

Is this your child's first Australian School? Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>

NATIONALITY		
Government Requirement	Nationality:	Ethnicity:
In which country was the student born?	Australia <input type="checkbox"/>	Other – please specify:
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 <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>

Does the student or their parent(s)/guardian(s) speak a language other than English at home?				
Note: Record all languages spoken.				
		Student	Parent A / Guardian 1	Parent B / Guardian 2
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages			

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*	
Please tick the relevant category below and record the visa subclass number as per government requirements: (original documents to be sighted and copies to be retained by the school)	
Australian citizen not born in Australia:	
<input type="checkbox"/>	Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)
Australian passport number:	
Naturalisation certificate number:	
Visa subclass recorded on entry to Australia:	
Date of arrival in Australia:	
Not currently an Australian citizen, please provide further details as appropriate below:	
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Other/visitor/overseas student: (if ticked, record the visa subclass number)
* Please attach visa/ImmiCard/letter of notification and passport photo page	

MEDICAL INFORMATION			
Doctor's name:			
Street number and name:			
Suburb:		Postcode:	Phone:
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:	
Medical condition:	<p>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.</p> <p>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p>		
Has the student been diagnosed as being at risk of anaphylaxis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does the student have an EpiPen or Anapen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

IMMUNISATION *(please attach an immunisation history statement for your child)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit [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 ☐

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.

ADDITIONAL NEEDS

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 (please specify)	<input type="checkbox"/>

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 (please specify)	<input type="checkbox"/>

Have you attached all relevant information/reports? Yes ☐ No ☐

PARENT A or GUARDIAN 1

Title: (eg Mr/Mrs/Ms)		First name:		Surname:	
Address:					
Postal Address:					
Home phone:		Work phone:		Mobile:	
Email:			Relationship to student:		
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups listed below)			
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 Parent A/Guardian 1 has completed?

(Persons who have never attended secondary school, tick 'Year 9 or below'.)

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"/>
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What is the level of the highest qualification Parent A/Guardian 1 has completed?

No post-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
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PARENT B or GUARDIAN 2			
Title: (eg Mr/Mrs/Ms)		First name:	Surname:
Address:			
Postal address:			
Home phone:	Work phone:	Mobile:	
Email:	Relationship to student:		
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups listed below)	
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 Parent B/Guardian 2 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.)			
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 Parent B/Guardian 2 has completed?			
No post-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

FAMILY OCCUPATIONAL INDEX	
GROUP A	Senior Management in large business organisations, government administration and defence and qualified professionals
GROUP B	Other business managers, arts/media/sportspersons and associate professionals
GROUP C	Tradesmen/women, clerks and skilled office, sales and service staff
GROUP D	Machine operators, hospitality staff, assistants, labourers and related workers
GROUPS N	Not been in paid work in the past 12 months

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

If the person has not been in paid work in the last 12 months, enter 'N' as the Group Code.

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN			
1. Name:		2. Name:	
Relationship to student:		Relationship to student:	
Home phone:		Home phone:	
Mobile:		Mobile:	

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL/AT HOME			
List all children in your family attending school or preschool (oldest to youngest) and at home – include applicant:			
Name	School / Preschool / At Home	Year/Class	Date of birth

HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Carer/guardian	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other (please specify)

TUITION FEE & CHARGES ARRANGEMENTS

Please nominate one parent/guardian only who will be responsible for the payment of the school fee account. This will be the email address used to email statements, receipts etc.

PARENT A / GUARDIAN 1 ☐ PARENT B / GUARDIAN 2 ☐ *Split families refer to section below*

PARENT A/CARER/GUARDIAN 1
SIGNATURE:

Date:

PARENT B/CARER/GUARDIAN 1
SIGNATURE:

Date:

SPLIT FAMILIES ONLY TO COMPLETE THIS SECTION**COURT ORDERS OR PARENTING ORDERS**

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?

TUITION FEE & CHARGES ARRANGEMENTS

Who will be responsible for payment of the school fees and levies?

Name of 1 st Fee Payer	Signature	Date	% of charges	Email address for account
Name of 1 st Fee Payer	Signature	Date	% of charges	Email address for account

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

Consent

The signature of:

- student, if they are over 15 and living independently
- 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.

Note: Secondary students may complete parts of the form and co-sign. **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 www.smswanhill.catholic.edu.au

ST MARY'S PRIMARY SCHOOL, SWAN HILL

PHOTOGRAPH/RECORDING PERMISSION FORM



Dear Parent/Guardian

At certain times throughout the year, students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Catholic Education Ballarat (CEB), relevant Parish, Diocese of Ballarat and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

We would like permission to use your child's photograph/recording for the above purposes. Please complete the permission form below and return it to the school as soon as possible.

Thank you for your continued support.

STUDENT'S FULL NAME:		YEAR LEVEL:	
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- I give permission for my child's (please tick):

- name ☐
- photograph ☐
- recording ☐

☐

I decline permission for my child's name, photograph, video to be taken and published.

To be published by the school on/in:

- the school website
- social media
- promotional materials
- newspapers and other media

- I authorise CEB/Parish/Diocese of Ballarat/the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CEB/ Parish/ Diocese of Ballarat/the CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/recording of my child to be used by the school/CEB/the CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/recording appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

LICENSED UNDER NEALS: The photograph/recording 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.

Name of parent/guardian (please circle):			
Signed: Parent/Guardian		Date:	
If the student is aged 15+, they may also sign: Signed: student		Date:	

Any permission and consent given may be withdrawn by the parent/guardian or student (if they are aged 15 or over) by notifying the school in advance of any photograph or recording being made.

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ST MARY'S PRIMARY SCHOOL, SWAN HILL

Agreement Form

I acknowledge that I understand and accept the terms and conditions of enrolment as set out in the Explanatory Statement and 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 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 during the year **(and will pay in full by the end of Term 3 each year)**, or I will otherwise notify the school immediately if I am experiencing financial difficulties
- I will endeavour to attend parent/teacher and information evenings which relate to my child
- 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
- I give permission for a staff member or person delegated by the principal to check my child's head for head lice and eggs should they feel it is appropriate
- I will work with the school to support any academic/social/behavioural needs of my child
- 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.

Parent A/Guardian 1 signature:		Date:
Parent B/Guardian 2 signature:		Date:

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