



Office Use Only	Student Code						
	Email						
	House						

**1. STUDENT DETAILS**

New Enrolment Details - Student							
First name		Middle name					
Surname		Preferred name					
Date of birth		Gender (tick correct option)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
School Year of Entry (e.g. Year 7)		Calendar Year of Entry	20 ____				

Student Residential Details				
House / Unit / Flat No.		Street Name		
Suburb		Postcode		
State		Country		
Hone Phone No.				
Student lives with	Both Parents	<input type="checkbox"/>	Mother	<input type="checkbox"/>
	Father	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
	Other (Please Specify)			

Citizenship Details / Government Data Collection				
Country of Citizenship		Nationality		
Country of Birth		Place of Birth		
Students First Language		Ethnic Group		
Residential Status	Australian Citizen	<input type="checkbox"/>		
	Permanent Resident or New Zealand Citizen	<input type="checkbox"/>		
	Temporary Resident	<input type="checkbox"/>		
ATSI (Tick correct option)	Neither Aboriginal or Torres Strait origin	<input type="checkbox"/>		
	Aboriginal, but not Torres Strait Islander origin	<input type="checkbox"/>		
	Both Torres Strait and Aboriginal origin	<input type="checkbox"/>		
	Torres Strait Islander, but not Aboriginal origin	<input type="checkbox"/>		
	Not stated / Unknown	<input type="checkbox"/>		
Language other than English Spoken at Home	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Student Mainly Speaks English At Home	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specific Main Language spoken at Home				
Other Language				



Visa Details (If applicable)								
Visa Sub Class Number:								
Visa arrival date				Visa expiry date				
Passport number				Overseas Health Cover Paid	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
PLEASE PROVIDE A COPY OF PASSPORT AND VISA WHERE APPLICABLE								

Previous school (If applicable)				
Previous School				
Address of Previous School				
Dates of Attendance	From		to	
Reason for change				

## 2. MEDICAL DETAILS

Medical Details				
Doctor's Name			Phone Number	
Street Number:		Street Name:		
Suburb:		Post Code:		

Allergies   Medical Alert														
Please specify any allergies/medical alert relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc).														
Anaphylaxis Action Plan	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Asthma Action Plan	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Diabetes	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Immunisations														
Polio	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Measles/Mumps	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Diphtheria/Tetanus	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Rubella	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Whooping Cough	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Meningococcal	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Permission to Administer over the counter medicine											
Salbutamol (Ventolin)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Paracetamol (Panadol)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Ibuprofen/Nurofen (Not for asthmatics)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Antihistamine (Claratyne)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		



Medicare   Health Fund Details			
Medicare Number			
Expiry Date		Medicare position on card	
Private Health Fund Name		Health Fund Number	

Additional Needs											
Indicate whether the student applying for enrolment has any known or suspected <b>additional needs</b> (please tick yes or no for each of the following)											
Physical Needs		Medical Needs		Educational Needs		Behavioural Needs		Sensory Needs (vision and/or hearing impairment)		Any other additional needs	
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child a young person with: (please tick as applicable)											
<input type="checkbox"/>	autism spectrum disorders	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>	behaviour disorders	<input type="checkbox"/>	a language disorder				
<input type="checkbox"/>	a hearing impairment	<input type="checkbox"/>	a vision impairment	<input type="checkbox"/>	an intellectual disability	<input type="checkbox"/>	special abilities				
<input type="checkbox"/>	mental health issues	<input type="checkbox"/>	a physical disability	<input type="checkbox"/>	difficulties in the basic areas of learning						
<p>If you have answered yes to any of the above, please provide <b>full details</b> of those needs and any intervention/support that he/she may be currently receiving (Current Supporting documentation must be provided eg. Paediatric Reports, Psychometric Assessments, Speech and Language Assessments, Occupational Therapy Assessments etc. ). <b>If this application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.</b></p>											



Office Use Only	Household Code	
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**3. PARENT | CARER DETAILS**

Billing Details   Mailing Address			
Billing Mailing Title: (e.g. M Smith)			
Billing Address	House/Unit/Flat No		
	Street Name		
	Suburb		Post Code
Home Phone Number			
Email Address			

Father   Carer – Residing at Same Address											
Is a Primary Contact		Is authorised to pick up		Receives absence notifications		Receives correspondence		Receives reports		Receives Sentral portal access	
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title: (e.g. Mr, Dr)				Country of Birth:							
Family Name				Ethnic group:							
Given Names											
Language(s) spoken at home				1.				2.			
Day Phone Number(s)											
Would an interpreter be required?				Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Occupation			
Mobile Number				Religion							
Usual Signature				Email Address							
ATSI (Tick correct option)		Neither Aboriginal or Torres Strait origin								<input type="checkbox"/>	
		Aboriginal, but not Torres Strait Islander origin								<input type="checkbox"/>	
		Both Torres Strait and Aboriginal origin								<input type="checkbox"/>	
		Torres Strait Islander, but not Aboriginal origin								<input type="checkbox"/>	
		Not stated / Unknown								<input type="checkbox"/>	



Mother   Carer – Residing at Same Address											
Is a Primary Contact		Is authorised to pick up		Receives absence notifications		Receives correspondence		Receives reports		Receives Sentral portal access	
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title: (e.g. Mr, Dr)				Country of Birth:							
Family Name				Ethnic group:							
Given Names											
Language(s) spoken at home			1.				2.				
Day Phone Number(s)											
Would an interpreter be required?			Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Occupation				
Mobile Number			Religion								
Usual Signature			Email Address								
ATSI (Tick correct option)			Neither Aboriginal or Torres Strait origin								<input type="checkbox"/>
			Aboriginal, but not Torres Strait Islander origin								<input type="checkbox"/>
			Both Torres Strait and Aboriginal origin								<input type="checkbox"/>
			Torres Strait Islander, but not Aboriginal origin								<input type="checkbox"/>
			Not stated / Unknown								<input type="checkbox"/>

Emergency Contact	
Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted	
Emergency Contact Name: Mr/ Mrs/ Dr.	
Telephone & Mobile Number(s)	
Relationships to Family (e.g. Aunt/Uncle/Friend)	

Complete this Section for a Parent Not Residing at Family Home								
Mailing Title (Mr, Mrs, Ms)		Surname						
Given Names			Relationship to Student					
Address	House/Unit/Flat No	Street Name						
	Suburb	Post Code						
Home Phone No.								
Work Phone No:								
Mobile No:								
Email Address:								
Are there any Family Court orders or Parenting Plans that have been issued in relation to the enrolling students? (Supporting documentation must be provided)					Y	<input type="checkbox"/>	N	<input type="checkbox"/>



Parish   Sacramental Details						
Current Parish						
Sacrament	Date Received	Copy of Certificate Supplied				
Baptism		Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Confirmation		Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Eucharist		Y	<input type="checkbox"/>	N	<input type="checkbox"/>	

Children in Family			
Please list below all children in the family attending <b>St Charbel's College</b>			
Birth Order	Full Student Name	School Year	School Attending
1			
2			
3			
Please list below all children in the family attending <b>other schools</b>			
1			
2			
3			
Please list below all children in the family that are <b>not of school age</b>			
1			
2			
3			

Photography and Video Permission
By signing this application, I/we authorise and give permission for St Charbel's College to use my child's photograph / video for promotional and marketing, educational and instructional purposes and with the Department of Education. Examples of publication include:
<ul style="list-style-type: none"> <li>• College newsletter</li> <li>• College website</li> <li>• College promotional materials</li> <li>• College Facebook</li> <li>• College intranet</li> <li>• Newspapers and other media</li> </ul>
Licensed under NEALS: The photograph/video 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.



**Confidential Release of Information**

By signing this application I / we give permission for the release of information regarding our son / daughter

Child's Name

From (Previous School/s)

To

**St Charbel's College**

**APPLICATION FOR ENROLMENT CHECKLIST**

Please tick the following boxes and sign below

I/We have read and agree to the conditions outlined in the following documents (please tick all boxes as read)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | School Enrolment Procedures                  |
| <input type="checkbox"/> | Pastoral Care Guidelines                     |
| <input type="checkbox"/> | Child Protection Guidelines                  |
| <input type="checkbox"/> | Learning Support Guidelines                  |
| <input type="checkbox"/> | Privacy Guidelines                           |
| <input type="checkbox"/> | Communication Devices Student Use Guidelines |
| <input type="checkbox"/> | Publications Guidelines                      |
| <input type="checkbox"/> | Excursion Guidelines                         |
| <input type="checkbox"/> | Prescribed Medicines Guidelines              |
| <input type="checkbox"/> | Anaphylaxis Guidelines                       |
| <input type="checkbox"/> | Asthma Guidelines                            |
| <input type="checkbox"/> | Terms of Enrolment                           |

I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Birth Certificate  |
| <input type="checkbox"/> | Baptismal Certificate  |
| <input type="checkbox"/> | Citizenship documentation (where applicable)                                     |
| <input type="checkbox"/> | Relevant Family Court Orders (where applicable)                                  |
| <input type="checkbox"/> | Relevant medical and/or additional needs information (where applicable)          |
| <input type="checkbox"/> | Immunisation Certificate   |
| <input type="checkbox"/> | Most recent previous school reports and external test results (where applicable) |



**AGREEMENT**

I/We also understand that if the application is accepted there will be a further **\$520** enrolment fee to be paid. I also understand this fee is non-refundable.

- a) I/we agree to adhere to the conditions noted in the Terms of Enrolment document and understand that the enrolment may be terminated for breaching these conditions.
- b) I/we are not aware of any outstanding fees or charges, in relation to the student applying to enroll, that I/we are responsible for at another Catholic school.
- c) If this enrolment application is successful, I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
- d) I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
- e) If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).
- f) I/we understand that if my child is accepted into Primary School, it does not guarantee automatic selection into High School.
- g) At the discretion of the Principal, enrolment will be considered to be terminated for any outstanding accumulated fees.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

Father / Guardian Name		Date	____ / ____ / ____
Signature			

Mother / Guardian Name		Date	____ / ____ / ____
Signature			

Please note: the completion of this application does not guarantee acceptance into St. Charbel's College.