

NEW FAMILIES PLEASE NOTE: A \$100.00 non-refundable fee **in cash** is required with enrolment applications for students who do not have a sibling currently attending St. Charles Borromeo. Upon gaining a place at the school, this fee will be deducted from the School Fees for the first term that the child

St Charles Borromeo Enrolment Form



St. Charles Borromeo 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), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

ENROLMENT FORM

Name:

Address:

Email:

Tel:

Fax:

OFFICE USE ONLY

Date received:

Birth certificate attached:

Yes No

Enrolment date:

English as an Additional Language:

Yes No

Start date:

House colour:

Student/family code:

VSN:

Immunisation history statement attached:

Yes No

Visa information attached (if relevant):

Yes No

STUDENT DETAILS

Surname:

Entry year (YYYY):

Entry level/grade:

First name/s:

Preferred first name:

Date of birth:

Religion: (include rite)

Male:

Female:

Other:

HOME ADDRESS OF STUDENT

Street number and name:

Suburb:

Postcode:

Home phone:

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN

1. Name:	2. Name:
Relationship to child:	Relationship to child:
Home phone:	Home phone:
Mobile:	Mobile:

SACRAMENTAL INFORMATION

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

PREVIOUS SCHOOL/PRESCHOOL PERMISSION

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"/> (If yes, please complete Form B Sample Consent for Transferring Information.)

NATIONALITY

Government Requirement	Nationality:	Ethnicity:		
In which country was the student born?	<input type="checkbox"/> 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:

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:

Permanent resident: (if ticked, record the visa subclass number)

Temporary resident: (if ticked, record the visa subclass number)

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 No

Fund:

Number:

Ambulance cover: Yes No

Number:

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 <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:

- | | | |
|--|--|---|
| <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 (please specify) |

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 (please specify) |

Have you attached all relevant information/reports? Yes No

FAMILY DETAILS

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

Surname	First name	Address and email	Phone	Relationship to the student

PARENT /GUARDIAN 1

Surname:		Title: (e.g. Mr/Mrs/Ms)	First name:	
Address:				
Home phone:		Work phone:	Mobile:	
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:				
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)		
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"/>	
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"/>	

PARENT /GUARDIAN 2

Surname:		Title: (e.g. Mr/Mrs/Ms)	First name:	
Address:				
Home phone:		Work phone:	Mobile:	
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:				

Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:	
Country of birth:	Australia	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"/>

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

<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)

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.

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:

- 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 enclosed with this Enrolment Pack and available on its website <http://www.stcharlestemplestowe.org.au>

St Charles Borromeo Primary School

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 Melbourne (CEM) 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.

Thank you for your continued support.

STUDENT'S FULL NAME:		YEAR LEVEL:	
-----------------------------	--	--------------------	--

- I give permission for my child's:
 - name
 - photograph
 - recording
 to be published by the school on/in:
 - the school website
 - social media
 - school blog
 - <http://www.stcharlestemplestowe.org.au>
 - <http://scbtblog.global2.vic.edu.au>
 - promotional materials
 - newspapers and other media.

- I authorise CEM/the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CEM/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/CEM/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.

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 [insert school web address].

CLASS FRIENDSHIP LIST CONSENT

A Class Friendship List is an individual class list that contains the student's contact details. It is a great way to keep in touch with other children/families from your child's class.

By providing consent your child will be included on a Class Friendship List each year. **The authority applies for the duration of time your family is enrolled at St. Charles and can be withdrawn/updated at any time by advising the school in writing.**

The student contact details displayed are: student and guardian names, home phone, mobile phone and email address.

Home phone numbers will not be displayed if the school has been advised that it is a silent number. If consent is not obtained, the student's first name and first initial of their surname will be the only information displayed on their Class Friendship List.

Consent: Yes No

SERPELL COMMUNITY RESERVE (BERLEIGH DRIVE) CONSENT FORM

On occasion children are taken down on to the reserve/tennis court area at the rear of the school grounds for sport and recess while accompanied by staff.

I Consent to my child using the reserve: Yes No

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).