St Joseph’s Catholic Community School
Yarra Junction

2013 ENROLMENT APPLICATION FORM
Information on this form is strictly confidential

OFFICE USE ONLY

Date Received: __________ / __________ / __________
Enrolment Date: __________ / __________ / __________ Start Date: __________ / __________ / __________
Child’s Name: ____________________________ Child’s Grade: ____________________________
Family Code No: ____________________________ Student Code No: ____________________________

Copy of Certificates (attached)
☐ Birth ☐ Communion
☐ Baptism ☐ Confirmation
☐ Reconciliation ☐ Immunisation

Special Needs Support ☐ Yes ☐ No ESL ☐ Yes ☐ No

By enrolling my child at St Joseph’s I/we understand that:

1. We are a Catholic Primary School based on the traditions and beliefs of the Catholic Church and my child will be a part of the Catholic culture of our school community.
2. We are part of the Sacred Heart Parish, Upper Yarra Valley.
3. I/we will accept and adhere to the policies and procedures outlined by the Catholic Education Commission of Victoria and St Joseph’s School.
4. I/we commit to paying school fees:
   - Currently the 2012 fees are: $930 per family
   - Currently the 2012 levies are: $155 Education Levy per student; $125 Excursion Levy per student (Includes swimming)
5. My child is expected to take part in camps, excursions and the swimming program as a normal part of the school curriculum.
6. I/we are expected to attend at least one Working Bee during the year or pay the Working Bee Levy (the 2012 levy is $50).

I/We have read and clearly understand the conditions of enrolling my child at St Joseph’s School.

Signature of Parent/Guardian: ____________________________ Date: __________ / __________ / __________
St Joseph’s School Yarra Junction

COLLECTION NOTICE

In order to comply with the Privacy Act the school is required to give the following notice

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese, the parish, medical practitioners and people providing services to the School, including specialist visiting teachers.

6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.

7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in the School newsletter.

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.

9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

10. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.
FAMILY DETAILS

MOTHER/GUARDIAN 1 INFORMATION - (ADULT A)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>First name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
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<tr>
<td>P/code</td>
<td></td>
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<tr>
<td>P/code</td>
<td></td>
</tr>
<tr>
<td>Telephone (Home)</td>
<td></td>
</tr>
<tr>
<td>Are you usually home during business hours?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>(Work)</td>
<td></td>
</tr>
<tr>
<td>Can we contact you at work?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>(Mobile)</td>
<td></td>
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<tr>
<td>(Email)</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Australian Citizen</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
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</tbody>
</table>

Does the mother/guardian speak a language other than English at home?
If more than one language, indicate the one that is spoken most often

- □ English only
- □ Other, please specify____________________________________

Mother's/guardian's Occupation: __________________________

What is the occupation group of the mother/guardian? ______
Please select the appropriate parental occupation group from the attached list (A, B, C, D or N)
If 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 person has not been in paid work in the last 12 months, enter ‘N’

Employer:

What is the highest year of primary or secondary school the mother/guardian has completed?
For persons who have never attended school, mark ‘Year 9 or equivalent or below’.

- □ Year 12 or equivalent
- □ Year 10 or equivalent
- □ Year 11 or equivalent
- □ Year 9 or equivalent or below

What is the level of the highest qualification the mother/guardian has completed?

- □ Bachelor Degree or above
- □ Advanced Diploma/Diploma
- □ Certificate I to IV (including Trade Certificate)
- □ No non-school qualifications

DO YOU HAVE A WORKING WITH CHILDREN CHECK CARD? □ Yes □ No
If so, CARD NUMBER……………………………….. Expiry Date……………………………
<table>
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<tbody>
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<td>Australian Citizen:</td>
<td>Yes  No</td>
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<td>Country of Birth:</td>
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<tr>
<td>Does the father/guardian speak a language other than English at home?</td>
<td></td>
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<tr>
<td>If more than one language, indicate the one that is spoken most often</td>
<td></td>
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<tr>
<td>☐ English only ☐ Other, please specify</td>
<td></td>
</tr>
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<td>Father’s/guardian’s Occupation:</td>
<td></td>
</tr>
<tr>
<td>What is the occupation group of the Father/guardian?</td>
<td></td>
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</tr>
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<td></td>
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</tr>
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<td>DO YOU HAVE A WORKING WITH CHILDREN CHECK CARD?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>If so, CARD NUMBER........................................... Expiry Date.................................</td>
<td></td>
</tr>
<tr>
<td>FAMILY STATUS (Optional)</td>
<td></td>
</tr>
<tr>
<td>☐ Married ☐ Separated ☐ Divorced ☐ Single Parent Family ☐ De facto</td>
<td></td>
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<tr>
<td>Is there a Parenting Plan? ☐ No ☐ Yes (Please provide copy to school)</td>
<td></td>
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</tbody>
</table>
OTHER PRIMARY FAMILY DETAILS

<table>
<thead>
<tr>
<th>Relationship of Adult A to Student: (tick one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Parent □ Step-Parent □ Adoptive Parent</td>
</tr>
<tr>
<td>□ Foster Parent □ Host Family □ Relative</td>
</tr>
<tr>
<td>□ Friend □ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship of Adult B to Student: (tick one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Parent □ Step-Parent □ Adoptive Parent</td>
</tr>
<tr>
<td>□ Foster Parent □ Host Family □ Relative</td>
</tr>
<tr>
<td>□ Friend □ Other</td>
</tr>
</tbody>
</table>

The student lives with the Primary Family: (tick one)

□ Always □ Mostly □ Balanced □ Occasionally □ Never

Send Correspondence addressed to: (tick one)  □ Adult A □ Adult B □ Both Adults

FAMILY EMERGENCY CONTACT INFORMATION

Name of Family Doctor: _____________________________ Telephone No. __________

Address: _______________________________________

Ambulance Subscription: □ Yes □ No  Medicare No.: ______________

Every effort will be made to contact you in the case of an emergency or illness. However should you be unavailable, please nominate two relatives, neighbours, or friends who can drive and are available during school hours. In the event that both parents/guardians and emergency contacts are unable to be contacted an ambulance will be called.

Emergency 1: (Other than parent)     Emergency 2: (Other than parent)

Name: _____________________________ Name: _____________________________

Relationship to child: _______________ Relationship to child: _______________

Contact Telephone: (H) __________   Contact Telephone: (H) __________

(M) __________   (M) __________

(B) __________   (B) __________
STUDENT INFORMATION

SURNAME: ____________________________________________________________
FIRST NAME/S: _______________________________________________________
PREFERRED NAME: _____________________________________________________
ADDRESS: ___________________________________________________________
_________________________________________________________ Post Code:________

DATE OF BIRTH: ___ / ___ / ______  SEX: ☐ Male  ☐ Female

Is the student of Aboriginal or Torres Strait Islander origin?
☐ No  ☐ Yes, Aboriginal  ☐ Yes, Torres Strait Islander  ☐ Yes, both Aboriginal & Torres Strait Islander

In which country was the student born?
☐ Australia  ☐ Other – please specify ________________________________

If not Australia, date of arrival: ____ / ____ / ______

VICTORIAN STUDENT NUMBER

Does the student have a Victorian Student Number?
☐ Yes – please specify………………………………………………
☐ Yes – but the VSN is unknown
☐ No – the student has never been issued a VSN

STUDENT RELIGIOUS DENOMINATION DETAILS

RELIGIOUS DENOMINATION: __________________________________________
Baptism Date: ________________ Parish/Place of Baptism: ___________________

SACRAMENTS already received:
Reconciliation  Date:______________ Parish:__________________________
Eucharist  Date:_______________ Parish:___________________________
Confirmation  Date:_____________ Parish:__________________________

STUDENT LANGUAGE DETAILS

Does the student speak a language other than English at home?  
If more than one language, indicate the one that is spoken most often
☐ No, English only  ☐ Yes, Other – please specify ____________________________

Does your child attend Language School?:  ☐ Yes  ☐ No
If yes, name of Language School attending:________________________________
If yes, specify language learnt at Language School: ___________________________
PREVIOUS SCHOOL/KINDERGARTEN

YEAR LEVEL (to be enrolled in this school): ______
IF ENROLLING FOR PREP, PREVIOUS KINDERGARTEN: _______________________
ADDRESS: _________________________________________________________________
OR
PREVIOUS SCHOOL: _______________________________________________________
ADDRESS: _________________________________________________________________
YEAR LEVEL: _________________________ (at previous school)

How many children in family: _______ Position in Family: _________

Names of Siblings attending this school: __________________ Year level: ______
_____________________________________ Year level: ______
_____________________________________ Year level: ______
Names of Younger Siblings not attending this school:
_________________________________ Date of Birth: ______
_________________________________ Date of Birth: ______
_________________________________ Date of Birth: ______

Student’s usual method of transport to school: (tick)
☐ Walking ☐ Bicycle ☐ Car ☐ Bus ☐ Other

STUDENT’S MEDICAL HISTORY

Please tick if your child suffers any of the following:
☐ Bed wetting ☐ Fits of any type ☐ Heart Condition ☐ Asthma
☐ Diabetes ☐ Dizzy spells ☐ Sleepwalking
☐ Blackouts ☐ Migraine ☐ Travel sickness

Does your child suffer from any medical conditions of which we need to be aware? ☐ Yes ☐ No
If yes, please provide details: _________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Does your child suffer from any allergies of which we need to be aware? ☐ Yes ☐ No
(e.g. Penicillin, drugs, foods)
If yes, please provide details: _________________________________________________
__________________________________________________________________________
Tetanus Immunisation

Year of last tetanus immunisation ________________________________

(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

Tablets and Medicines

Is your child presently taking tablets and/or medicine?  ☐ Yes  ☐ No

If YES, please state name of medication, dosage etc ________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

MEDICAL AUTHORITY

In the event of any illness, or accident, I accept responsibility and authorise the person in charge in obtaining of such medical assistance as my child may require, should the school not be able to contact either parent/guardian. I also authorise the doctor called to administer an anaesthetic if necessary.

Following notification by the school, I will promptly attend any location to which my child may be taken for treatment.

Signature of Parent/Guardian: _____________________________ Date: ____________________________

PHOTOGRAPHS / HEADLICE CHECK AUTHORITY

I/We give permission to publish un-named photographs of my child for the purpose of promotion of the school. This includes school website, school newsletter, newspaper)  ☐ Yes  ☐ No

Parent/Guardian signature ____________________________________________

I/We give permission for a photograph of my child to be used without acknowledgment, remuneration or compensation in publications (print, websites, DVDs, CD ROMs) and/or presentations of the Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV).

Licensed under NEALS

The photograph 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 CEOM/CECV to include the photograph in material available free of charge to schools and education departments around Australia for their educational and promotional purposes.

Parent/Guardian signature ____________________________________________

I/We give permission for a qualified person to check my child’s hair for head lice  ☐ Yes  ☐ No

Parent/Guardian signature ____________________________________________
FINANCIAL INFORMATION

ACCOUNT DETAILS

Account to be addressed to:

Name: __________________________________________

Address: __________________________________________ Post Code: ________

SCHOOL

FEES:

School Fees are billed per family. These are billed in three equal payments and statements are sent home at the beginning of Terms 1, 2 and 3. Other payment options are also available. (Currently the School Fee is $930 – made up of 3 payments of $310).

You can claim extra assistance towards your school fees if you are a holder of a Health Benefit Card, Health Care Card, or Pension Card. Do you hold one of these Cards? ☐ Yes ☐ No

ALLOWANCES CLAIMED:

Education Maintenance Allowance ☐ Yes ☐ No

Conveyance Allowance ☐ Yes ☐ No

Number of Kilometres from school _____________

EDUCATION LEVY:

There is an annual fee per child covering all books/class needs. This fee is charged at the beginning of the school year and payable first weeks of Term 1. (Currently the Education Levy is $155).

EXCURSION LEVY:

The excursion levy covers most incursions and excursions. It also includes the school swimming program. There are additional costs for camps and some sporting activities. (Currently the Excursion Levy is $125).
**Occupation Group**

Please select the appropriate group from the following list. If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter ‘N’ into the ‘occupation code’ field on the enrolment form.

**List of Parental Occupations:**

**Occupation Group A**
Senior management in large business organisation, government administration and defence, and qualified professionals

- **Senior Executive / Manager / Department Head** in industry, commerce, media or other large organisation
- **Public Service Manager** (Section head or above), regional director, health / education / police / fire services administrator
- **Other administrator** [school principal, faculty head / dean, library / museum / gallery director, research facility director]
- **Defence Forces** Commissioned Officer
- **Professionals** - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:
  - **Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
  - **Air/sea transport** [aircraft / ship’s captain / officer / pilot, flight officer, flying instructor, air traffic controller]

**Occupation Group B**
Other business managers, arts/media/sportspersons and associate professionals

- **Owner / Manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- **Specialist Manager** [finance / engineering / production / personnel / industrial relations / sales / marketing]
- **Financial Services Manager** [bank branch manager, finance / investment / insurance broker, credit / loans officer]
- **Retail sales / Services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- **Arts / Media / Sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
- **Associate Professionals** - generally have diploma / technical qualifications and support managers and professionals:
  - **Business / administration** [recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager]
  - **Defence Forces** senior Non-Commissioned Officer
OCCUPATION GROUP C

Tradesmen/women, clerks and skilled office, sales and service staff

- **Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

- **Clerks** [bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

- **Skilled office, sales and service staff:**
  - **Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]
  - **Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
  - **Service** [aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/ supervisor]

OCCUPATION GROUP D

Machine operators, hospitality staff, assistants, labourers and related workers

- **Drivers, mobile plant, production / processing machinery and other machinery operators**

- **Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

- **Office assistants, sales assistants and other assistants:**
  - **Office** [typist, word processing / data entry / business machine operator, receptionist, office assistant]
  - **Sales** [sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
  - **Assistant / aide** [trades’ assistant, school / teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant]

- **Labourers and related workers**
  - **Defence Forces** - ranks below senior NCO not included above
  - **Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand]
  - **Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]