



St Joseph's Catholic Community School

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ENROLMENT FORM

Information on this form is strictly confidential

Student Details	
First Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick one)
Middle Name:	Date of Birth:
Surname:	Place & Country of Birth:
Commencement Year or Date:	Nationality:
Year Level (to be enrolled in this school):	Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)
Previous School or Pre-School:	
Level at Previous School:	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes – Please specify:
Student's position in the family:	Language school attended:
No. of boys in family:	
No. of girls in family:	
Does the student have a Victorian Student Number (VSN)? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> Yes, but UNKNOWN <input type="checkbox"/> No	
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, if so details:	
Is your child of Aboriginal or Torres Strait Islander origin? (Please tick one)	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	
Student's usual/anticipated method of transport to school: <input type="checkbox"/> Walking <input type="checkbox"/> Bicycle <input type="checkbox"/> Car (if car, distance by shortest route: km) <input type="checkbox"/> Bus <input type="checkbox"/> Other	

Family Details	
Family Surname:	
Correspondence to: (e.g. Mr & Mrs Smith)	Accounts to:
Residential Address:	Postcode:
Postal Address (if different):	Postcode:
Family phone number:	Family Email:

Sacramental Details	
Religion:	Church Attended:
Student's Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	
Date and Place of Baptism:	

Please list below any younger siblings and their anticipated year of enrolment			
	Name	Date of Birth	Anticipated Year of Enrolment
Child 1			
Child 2			
Child 3			

Student Medical Information

Name of Doctor/Medical Service	Telephone:
Address of Doctor/Medical Service:	
Medicare No.:	
Do you have:	
Ambulance Subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No	The school will always call an ambulance if needed.
Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Number: _____
Private Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student Medical History / Special Needs

Please tick if your child suffers any of the following:

<input type="radio"/> Bed wetting	<input type="radio"/> Fits of any type	<input type="radio"/> Heart condition	<input type="radio"/> Asthma	<input type="radio"/> Migraine
<input type="radio"/> Diabetes	<input type="radio"/> Dizzy spells	<input type="radio"/> Sleepwalking	<input type="radio"/> Blackouts	<input type="radio"/> Travel sickness

Does your child have any known or suspected medical conditions or special needs we need to be aware of? Yes No

<input type="radio"/> Speech	<input type="radio"/> Visual	<input type="radio"/> Hearing	<input type="radio"/> Behavioural (Social Emotional)
<input type="radio"/> Physical	<input type="radio"/> Developmental	<input type="radio"/> Learning	<input type="radio"/> Other

If so, details: _____

Does your child have any allergies of which we need to be aware? (e.g. Penicillin, foods, nuts, bee stings etc.) Yes No

If so, details: _____

If insufficient space, or your child has an Asthma Management or Anaphylaxis Management Plan, please attach documentation to this Enrolment Form

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

If YES, please state name of medication, dosage etc.:

Immunisation Details

Has the student been fully immunised? Yes No Year of last tetanus booster: _____

If yes, a copy of the Immunisation Statement from the Australian Childhood Immunisation Register must be provided to the school.

Contact Details – Mother/Guardian residing at same address as Student

First name:	
Surname:	
Address:	Mailing Address:
P/code	P/code
Telephone: (Home)	Are you usually home during business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Work)	Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Mobile)	
(Email)	
Religion:	
Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth:	
Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often <input type="checkbox"/> English only <input type="checkbox"/> Other, please specify _____	
Mother's/guardian's Occupation: _____ What is your occupation group? _____ Please select the appropriate parental occupation group from the attached list (A, B, C, D or N) If you are not currently in <u>paid</u> work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation. If you have not been in <u>paid</u> work in the last 12 months, enter 'N'	
Employer:	
What is the highest year of primary or secondary school you have completed? For persons who have never attended school, mark 'Year 9 or equivalent or below'. <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification you have completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualifications	
DO YOU HAVE A WORKING WITH CHILDREN CHECK CARD? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, CARD NUMBER..... Expiry Date.....	

Contact Details – Father/Guardian residing at same address as Student

First name:

Surname:

Address:

Mailing Address:

P/code

P/code

Telephone: (Home)

Are you usually home during business hours? Yes No

(Work)

Can we contact you at work? Yes No

(Mobile)

(Email)

Religion:


Australian Citizen: Yes No

Country of Birth:

Do you 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 _____

Father's/guardian's Occupation: _____

What is your occupation group? _____

Please select the appropriate parental occupation group from the attached list (A, B, C, D or N) 

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. If you have not been in paid work in the last 12 months, enter 'N'

Employer:

What is the highest year of primary or secondary school you have completed? For persons who have never attended school, mark 'Year 9 or equivalent or below'.

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

What is the level of the highest qualification you have 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.....

FAMILY STATUS (Optional)

- Married Separated Divorced Single Parent Family De facto

Contact Details		
Details	Non Residential Parent (If applicable)	Emergency Contact
	Please only complete if there is a parent who does not reside at the Student's Home Address	Please nominate a person other than a parent who may be contacted in the event of an emergency – if parents cannot be contacted.
First Name		
Surname		
Relationship to Student		
Address – Number & Street		
Address – Suburb and Postcode		
Home Phone Number		
Work Phone Number		
Mobile Phone Number		
Email		<p>NOTE:</p> <p>If you wish to add another emergency contact, please list details in this section.</p> <p>First Name:</p> <p>Surname:</p> <p>Address:</p> <p>Home Phone Number:</p> <p>Work Phone Number:</p> <p>Mobile Phone Number:</p> <p>Relationship to Student:</p>
Employer		
Occupation		
Occupation Group Code <i>Please select the appropriate parental occupation group from the attached list</i>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N <input type="checkbox"/>	
<ul style="list-style-type: none"> If you have not been in paid work for the last 12 months, tick N in this section 		
What is the highest year of primary or secondary school completed? <small>For people who have never attended school, tick "Year 9 or equivalent or below".</small>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	
<ul style="list-style-type: none"> Tick one box only. 		
What is the level of <i>highest</i> qualification the parent has completed?	Bachelor Degree <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (Including trade certificate) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	
<ul style="list-style-type: none"> Tick one box only. 		
Does the parent speak a language other than English at home? <small>(If more than one language choose the one that is spoken most often)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/> Language spoken:	
Country of Birth		
Nationality		
Religion		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the student?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, supporting documents must be provided	

Agreements

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 Mother/Guardian: _____ Date: / /

Signature of Father/Guardian: _____ Date: / /

STUDENT PHOTOGRAPHS / HEAD LICE CHECK

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

I/We give permission for a photograph of my child/ren 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. Yes No

I/We give permission for a school authorized person to check my child/ren's hair for head lice. Yes No

By enrolling my/our children at St Joseph's I/we agree that:

1. We are a Catholic Primary School based on the traditions and beliefs of the Catholic Church and my child/ren 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 2013 fees are: \$960 per family
 - Currently the 2013 levies are: \$160 Education Levy per student; \$130 Excursion Levy per student (Includes swimming)
5. My child/ren are 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 2013 levy is \$50).
7. We have included copies of the following documents with this application for enrolment:

- Birth Certificate
- Baptismal Certificate
- Immunisation Certificate

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

Signature of Mother/Guardian: _____ Date: / /

Signature of Father/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.



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:
 - *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
 - *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:
 - *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
 - *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]