ENROLMENT FORM
<table>
<thead>
<tr>
<th><strong>STUDENT (Photo)</strong></th>
<th><strong>Office Use Only</strong></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Receipted Date</td>
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<tr>
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<td>Date of Interview</td>
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<td>Interviewed by</td>
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<td>Commencement Date</td>
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</tbody>
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- **Birth/Passport Certificate**
- **Baptismal Certificate**
- **Immunisation Records**

**Student Number** ____________________

**Family Number** ____________________

**Family Name** ______________________________________

**Given Names** ______________________________________

**Date of Birth** __ __/ __/ __/ __ (A copy of Birth Certificate or Passport must be attached)

**Country of Birth** if other than Australia _______________________________

**Visa Number** ____________ **Visa Subclass** ____________ (Attach copy of Visa)

**Religion** ________________________________ (A copy of Baptismal Certificate must be attached)

**Name and Address of Parish**

___________________________________________________

**Parish Priest’s Name & Phone Number**

___________________________________________________

**Previous School**

___________________________________________________
PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN: Title_____ Christian Name_____________________
Surname__________________________________________
Marital Status______________ Occupation_____________________
Religion____________________________
Address:
Street Number & Name________________________________________
Suburb/Town____________________________ Post Code___________
Email_____________________________
Home Telephone No. ___________________ Mobile___________________
Bus Tel. __________________________

FATHER/GUARDIAN: Title_____ Christian Name____________________
Surname__________________________________________
Marital Status _____________ Occupation______________________ Religion
____________________________
Address:
Street Number & Name________________________________________
Suburb/Town____________________________ Post Code___________
Email_____________________________
Home Telephone no.____________________ Mobile___________________ Bus
Tel.______________________________
**FAMILY DETAILS**

List other family members, the level of education, and the schools they are attending:

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>______________________________</th>
<th>YEAR</th>
<th>LEVEL</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL</td>
<td>______________________________</td>
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<td>______________________________</td>
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</table>

**REFERENCES**

Please give the name and address and phone number of Two Referees (Include Parish Priest)

1. ________________________________________________________________

2. ________________________________________________________________
STUDENT PROFILE

Religion: __________________________

Comment on practice and involvement in the Religion

__________________________________________________________________________________

Does the student play a musical instrument? (Please specify)

__________________________________________________________________________________

Is the student involved in other cultural activities? (Please specify)

__________________________________________________________________________________

What are the sporting interests and achievements of the student?

__________________________________________________________________________________

Are there any behavioral or family circumstances which should be brought to the attention of the Principal?

__________________________________________________________________________________

__________________________________________________________________________________

*Please note that this information will be kept private and confidential to the school authorities

FAMILY EMERGENCY CONTACTS:

NAME________________________________ PHONE NO.________________________________

NAME________________________________ PHONE NO.________________________________

________________________________________
FAMILY DOCTOR DETAILS:

Doctor’s Name: __________________________________________________________

No. and Street: __________________________________________________________

Suburb/Town: ___________________________ Postcode: ____________

Telephone Number: _______________________________

Student’s Medicare Number: _____________________________________________

Does the student have private health care cover? (If yes, state what Fund)

_____________________________________________________________________

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise the Principal or Teacher-in-Charge of my child (where the Principal or Teacher-in-Charge is unable to contact me, or it is otherwise impracticable to contact me) to:

(Cross out any unacceptable statement)

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner; or
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _______________________________________

Date: _____ / _____ / _______

Has your child been tested by a Guidance Officer? Yes/No
If so, when................................................................. Where.................................................

Has your child attended support lessons? Yes/No
If so, when................................................................. Where.................................................

Has your child ever attended a special school or special education unit? Yes/No

Has your child received help from one of the following? (Please Circle)

a. Speech Therapist
b. Migrant Teacher
c. Hearing Impaired Teacher
d. Communication Teacher
e. Occupational Therapist
f. Teacher for the Physically Handicapped
Siblings attending this School:

_____________________________________________________________________

Custody Details: ________________________________ (A copy of the Court Order and/or Custody directions, where applicable at time of enrolment or after, must be provided to the school. Please attach the relevant documentation to this Enrolment form.)

Doctor: ________________________________ Phone: _____________________________

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**STUDENT MEDICAL AND IMMUNISATION DETAILS**

**IMMUNISATION DETAILS OF STUDENT**

What is the student’s immunisation status: (Tick box) Complete Immunisation ☐

Partial Immunisation ☐

No Immunisation ☐

Please Note: Immunisation records needs to be sighted by the school and a copy of the original documents to be kept on file

Does the student suffer from any of the following impairments? (Tick)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Hearing</td>
<td>___</td>
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</tr>
<tr>
<td>Vision</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Speech</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Mobility</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Asthma*</td>
<td>___</td>
<td>___</td>
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</tbody>
</table>

*If yes, please complete Asthma Medical Condition Details segment below.
ASTHMA MEDICAL CONDITION DETAILS

Answer the following questions **only** if the student suffers from any asthma conditions.

Please indicate if the student suffers from any of the following symptoms: (Tick)

Yes

Cough

Wheeze

Exhibits symptoms after exertion

Difficulty Breathing

Tight chest

If my child displays any of the above symptoms please (Circle preferred option):

Inform Doctor

Inform Emergency Contact

Administer Medication

Other Medical Action

If yes, please specify: ________________________________

Has an Asthma Management Plan been provided to the school?  
Yes  No

Does the student take medication for the above medical condition?  
Yes  No

Name the medication taken: ______________________________________________________

Is the medication taken regularly by the student (preventative) or only in response to symptoms?

Preventative  []  Response  []

Indicate the usual dosage of the medication taken: ________________________________

Indicate how frequently the medication is taken: ____________________________________

Medication is usually administered by: (Tick)  []  Student  []  Teacher  []  Other

Is a reminder required for the student to take their medication?  []Yes  []No

Medication is stored: (Tick)  []  With Student  []  In Staff Fridge  []  Elsewhere
OTHER MEDICAL CONDITIONS

Does the student have any other medical condition? (Tick)  Yes  □  No  □  Please include food allergies:

__________________________________________________________________________________________________________________________

Symptoms: _______________________________________________________________________________________________________

If my child displays any symptoms above please (Tick):

Inform Doctor  □  Inform Emergency Contact  □  Other Medical Action  □  (Please Specify)-

__________________________________________________________________________________________________________________________

Does the student take medication for the above condition?  □  Yes  □  No

If yes, name the medication taken: ____________________________________________________________

Is the medication taken regularly by the student (preventative) or only in response to symptoms?

Preventative  □  Response  □

Indicate the usual dosage of medication taken: ________________________________

Indicate how frequently the medication is taken: ________________________________

Medication is usually administered by: (Tick)  □  Student  □  Teacher  □  Other

Is a reminder required for the student to take their medication?  □  Yes  □  No

Medication is stored (Tick):  □  With Student  □  In Staff Fridge  □  Elsewhere

Acceptance of a student’s enrolment is on the basis that all relevant information has been provided to the College during the enrolment process. If information relevant to the enrolment has been withheld by the parents/guardians, the College reserves the right to decline the enrolment.
**OTHER INFORMATION REQUIRED**

**Q1)** What gender is the student?  
☐ Male  ☐ Female

**Q2)** Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)

☐ No  ☐ Yes, Aboriginal  ☐ Yes, Torres Strait Islander

**Q3)** In which country was the student born? ____________________________________________

**Q4)** Is a Language other than English spoken at home?  ☐ No  ☐ Yes  ☐ If yes, please state what language is spoken: ________________________________

**Q5)** What is the highest year of primary or secondary school the parents/guardians have completed?

Mother/Guardian  ☐ Year 12 or equivalent  ☐ Year 11 or equivalent  ☐ Year 10 or equivalent  ☐ Year 9 or equivalent, or below

Father/Guardian  ☐ Year 12 or equivalent  ☐ Year 11 or equivalent  ☐ Year 10 or equivalent  ☐ Year 9 or equivalent, or below

**Q6)** What is the highest qualification the parents/guardians have completed?

Mother/Guardian  ☐ Bachelor degree or above  ☐ Advance Diploma/Diploma  ☐ Cert I to IV including trade certificate  ☐ No Non-school qualification

Father/Guardian  ☐ Bachelor degree or above  ☐ Advance Diploma/Diploma  ☐ Cert I to IV including trade certificate  ☐ No Non-school qualification

**Q7)** What is the occupation group of the mother/guardian?  
(See groups listed on next page)

**Q8)** What is the occupation of father/guardian?  

Please select the appropriate Parental occupation group from the list below.

- If the 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 ‘8’ in the box above.
List of Parental Occupation Groups (for questions 7 & 8)

Group 1: 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)

Group 2: 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)
- **Defense Forces** senior Non-Commissioned Officer
### Group 3: Tradesmen/women, Clerks and skilled Office, Sales and Service staff
- Tradesmen/women generally have completed a 4 year Certificate, usually by apprenticeship. **All tradesmen/women are included in this group.**
- **Clerks** [bookkeeper, bank/PO clerk, statistical/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]

<table>
<thead>
<tr>
<th>Skilled Office, Sales and Service Staff</th>
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</thead>
<tbody>
<tr>
<td><strong>Office</strong> [secretary, personal assistant, desktop publishing operator, switchboard operator]</td>
</tr>
<tr>
<td><strong>Sales</strong> [company sales representative, auctioneer, insurance agent/ assessor/ loss adjuster, market researcher]</td>
</tr>
<tr>
<td><strong>Service</strong> [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal working, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</td>
</tr>
</tbody>
</table>

### Group 4: Machine Operators, Hospital Staff, Assistants, Labourers and related workers
- **Drivers, Mobile Plant, Production/processing machinery and other machinery Operators**

<table>
<thead>
<tr>
<th>Hospitality Staff</th>
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</thead>
<tbody>
<tr>
<td>hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Assistants, Sales Assistants and other Assistants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office</strong> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</td>
</tr>
<tr>
<td><strong>Sales</strong> [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, tickets seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Assistant/Aide</th>
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</thead>
<tbody>
<tr>
<td>trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant</td>
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<thead>
<tr>
<th>Labourers and related workers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Defence Forces</strong> (Ranks below senior NCO not included above)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agriculture, Horticulture, Forestry, Fishing, Mining Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer, fishing hand</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other worker</th>
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</thead>
<tbody>
<tr>
<td>labourer, factory hand, storeman, guard, cleaner, laundry worker, trolley collector, car park attendant, crossing supervisor</td>
</tr>
</tbody>
</table>