IMMACULATE HEART COLLEGE

Through Mary to Jesus: “The Way, the Truth and the Life”
John 14:6

ENROLMENT FORM
### Immaculate Heart College

*Through Mary to Jesus: “The Way, the Truth and the Life”*

*John 14:6*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STUDENT</strong> (Photo)</td>
<td></td>
</tr>
<tr>
<td><strong>Office Use Only</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Receipted Date __/__/__
- Date of Interview __/__/__
- Interviewed by ____________________

- Commencement Date __/__/__

- 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. ____________________________  
Signed: ___________________________  Dated: ________________________  

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. ________________________________  
Signed: ____________________________  Dated: _________________________
**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>
<td></td>
<td></td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<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>
<td></td>
<td></td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<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>
<td></td>
<td></td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<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>
<td></td>
<td></td>
<td>______________________________</td>
</tr>
</tbody>
</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.________________________________

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: ________________________________

<table>
<thead>
<tr>
<th>IMMUNISATION DETAILS OF STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the student’s immunisation status: (Tick box) Complete Immunisation [ ]</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
|                                  | 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>Impairment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma*</td>
<td></td>
<td></td>
</tr>
</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
- Yes       No
- Inform Emergency Contact
- Yes       No
- Administer Medication
- Yes       No
- Other Medical Action
- Yes       No

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/office/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]

- **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/refugee/child care worker, nanny, meter reader, parking inspector, postal working, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/ supervisor]

### Group 4: Machine Operators, Hospital 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, tickets 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, laundry worker, trolley collector, car park attendant, crossing supervisor]