



Sacred Heart Catholic Primary School

25 Gipson Street, Diamond Creek Vic 3089

Ph. 9438 1590 Fax. 9438 5088
 Website: www.shdiamondcreek.catholic.edu.au

ENROLMENT FORM FOR PREP

OFFICE USE ONLY

Name of Student:	Student Code: Family Code:
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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

Family Details

Family Surname	
Mail to <small>[eg Mr & Mrs Smith]</small>	
Residential Address	Suburb/City Post Code
Mailing Address	Suburb/City Post Code
Home Phone Number	Current Parish
Private Health Fund Name	Private Health Fund Number
Medicare Number	Ambulance fund? YES NO

Student Details

First Name	Commencement Year or Date
Middle Name	1 st Australian School Year (eg: 2001):
Surname	Previous School Year Level
Preferred Name	Religion
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Nationality
Country of Birth	Does the student speak a language(s) other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below:
Date of Birth	1. 2.

Child's Present School/Pre-School/Creche Details

Pre-School/Creche/School	Group
Address	Telephone No
Indigenous Identifier Aboriginal \ Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please tick <input checked="" type="checkbox"/> one below) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	

Other Children in Family

Child's Name	Date of Birth	Attending School Yes/No	School Attending

Medical Details

Doctor's Name	Phone Number
Student's Medicare Number	Date of Last Tetanus Injection/Booster
Allergies / Medical Alert	Please specify any allergies/ medical alerts relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc). Please attach action plans.
Immunisations	Has the Immunisation Certificate been submitted? YES NO

Special Needs

Indicate whether the student applying for enrolment has any known or suspected **special needs** (please tick Yes or No for each of the following)

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered yes to any of the above, please provide **full details** of those needs and any assessment/intervention/support that he/she may be currently receiving (**Supporting documentation must be provided**).

If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.

Parish/Sacramental Details

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Y/N
Reconciliation			
Eucharist			
Confirmation			

Contact Details

Details	Father/Carer Residing at Same Address	Mother/Carer Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Sex		
Address – Street		
Suburb & Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Fax		
Mobile		
Email Address		
Main Occupation		
Occupational Group (Refer to insert "List of Parental Occupations")	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>
Highest Year of School Education:	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"/>	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"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Country of Birth		
Nationality		
Religion		
SIGNATURE		
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details	Non Residential Parent (if applicable)
	Please only complete if there is a Parent who does not reside at the Student's Home Address
Title	
First Name	
Surname	
Address - Street	
Suburb & Post Code	
Home Phone No.	
Business Phone No.	
Mobile Phone No.	
Email Address	
Relationship to Student	
Employer	
Main Occupation	
Occupational Group (Refer to insert "List of Parental Occupations")	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>
Highest Year of School Education:	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"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please Specify: 1. _____ 2. _____
Country of Birth	
Nationality	
Religion	
SIGNATURE	
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be provided.)
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>

Visa Student Is the Student a Visa Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Office Use Only:	
Residence Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Non Permanent <input type="checkbox"/> Refugee	Visa Sub Class
Date of Arrival in Australia	Visa Number
Passport Number	Visa Expiry Date
OSHC Membership Number	OSHC Expiry Date
Confirmation of Enrolment – Course Code	Course Description
Confirmation of Enrolment Number	Course Start Date Course End Date
OS <input type="checkbox"/> BRVS <input type="checkbox"/> RSVS <input type="checkbox"/> ETV <input type="checkbox"/> LBOTE <input type="checkbox"/> ESLASSIST <input type="checkbox"/> NACIEC <input type="checkbox"/> CSS <input type="checkbox"/> SSCL <input type="checkbox"/> OHS <input type="checkbox"/>	

	Contact Details	
Details	Emergency Contact	Emergency Contact
	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
Title		
First Name		
Surname		
Home Phone No.		
Business Phone No.		
Mobile Phone No.		
Relationship to Student		
Office Use Only: FP		
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Agreement

Please tick the following boxes and sign below

1. I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):
 - c) Schedule of Fees and Charges

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
 - Birth Certificate
 - Baptismal Certificate
 - Citizenship documentation (where applicable)
 - Most recent previous school reports and external test results (where applicable)
 - Relevant Family Court Orders (where applicable)
 - Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
 - Immunisation Certificate

3. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.

4. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).

5. If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges

6. I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNED: _____ (Father/Carer) **and/ or** _____ (Mother/Carer)

DATE: _____

Please note:

- **Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee.**
- **Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).**

Parental Occupation Definition:

Parental Occupation is defined as the **main** work undertaken by the parent/guardian.

If a parent/guardian has more than one job, report their main job.

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.

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]

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.

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

Group 3: 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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: 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, kitchenhand, 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]