

**APPLICATION FOR ENROLMENT**

Email: sec@sfxcorio.catholic.edu.au

Office use only	Date received:	
	Enrolment date:	English second language: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Start Date:	House colour:
	Student/Family Code:	VSN:

STUDENT DETAILS:		
Surname:	Entry Year:	Entry Level/Grade:
First Name/s:		
Preferred first name:		
Date of birth:	Religion:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

HOME ADDRESS OF STUDENT	
Street number & name:	
Suburb:	Post code:

SACRAMENTAL INFORMATION		
Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current Parish:		

PREVIOUS SCHOOL / PRE-SCHOOL PERMISSION	
Name of previous school/pre-school:	
I/We give permission for school to contact previous school or pre-school: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature:	

NATIONALITY	
Government requirement	Nationality:
In what country was the student born:	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:
Government requirement	Is the student of Aboriginal or Torres Strait Islander origin?
	No <input type="checkbox"/>
	Yes, Aboriginal <input type="checkbox"/>
	Yes, Torres Strait Islander <input type="checkbox"/>

Government requirement	Does the student of their mother/guardian or their father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)			
		Student	Mother/guardian	Father/guardian
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify			

IF NOT BORN IN AUSTRALIA CITIZENSHIP STATUS REQUIRED – Government requirement please indicate relevant category below:
(original documents to be sighted and copies to be retained by the school)

Yes	Australian citizen (Naturalisation Certificate or Australian Passport number if Country of Birth is not Australia) Naturalisation Certificate <input type="checkbox"/> Number: _____ Australian Passport <input type="checkbox"/> Number: _____ <input type="checkbox"/> Entry to Australia Visa Subclass number: _____
<input type="checkbox"/>	Not currently an Australian Citizen – please provide further details as appropriate below:
<input type="checkbox"/>	Permanent resident (passport number if Country is not Australia) Number: _____ What is the Visa Subclass Number? _____
<input type="checkbox"/>	Temporary Resident (passport and visa) What is the Visa Subclass Number? _____
<input type="checkbox"/>	Foreign National without residential status (passport and visa) What is the Visa Subclass Number? _____
<input type="checkbox"/>	Other/Visitor/Student/Passport/Other/Visa (passport and visa) What is the Visa Subclass Number? _____

MEDICAL INFORMATION

Doctor's Name:			
Address:			
Suburb:		Postcode:	Phone:
Medicare No:		Ref No:	Expiry:
Private Health:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Medical Condition:	<i>Please specify any medical conditions the student suffers from eg. Asthma,diabetes and/or any prescribed medications taken by the student. A medication Action Plan will be sent home for you to complete.</i> _____ _____		
Allergies:	<i>Please list any known allergies the student has eg. Allergy to nuts, penicillin, bee stings including specific details.</i> _____ _____		

Has the student been diagnosed as being at risk of anaphylaxis	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does the student have an EpiPen or Anapen?	Yes <input type="checkbox"/> No <input type="checkbox"/>

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

SPECIAL NEEDS

Does your child have: (please tick)

Autism	Behavior disorders	A hearing impairment
An intellectual disability	A language disorder	Mental health issues
A particular disability	A vision impairment	ADD/ADHD
Giftedness	Acquired brain injury	Difficulties in basic areas of learning
None of the above	Other (please specify)	

If your child does have a special need please can you assist us by providing the following information:

	YES	NO
Details of additional learning needs/special needs provided (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>
Medical/allied health professional reports attached (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT INFORMATION – NOT PARENTS

CONTACT 1:	CONTACT 2:
Name:	Name:
Relationship to child:	Relationship to child:
Home Phone:	Home phone:
Mobile:	Mobile:

FAMILY DETAILS – FEE PAYMENT DETAILS

Who will be responsible for the payment of the school fees and levies? Please tick a box

Both parents
 Mother only
 Father only
 Guardian
 Other.....

MOTHER/GUARDIAN

Surname:		Title (eg. Mr/Ms)		First Name:	
Address:					
Home Phone:		Work Phone:		Mobile:	
Email:					
Government Requirement	Occupation: What your current role is.		What is the occupation group? (select from list of parental occupation groups from attachment 1)		
Religion:			Nationality:		
Country of Birth:		<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)	
Government Requirement	What is the highest year of primary or secondary school the mother/guardian has completed: (for persons who have never or secondary attended school, mark 'Year 9 equivalent or below')				
Year 9 or equivalent or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>		
Government Requirement	What is the level of the highest qualification the mother/guardian has completed: (for persons mark one box only)				
No non school qualification <input type="checkbox"/>	Certificate I to IV (Including Trade Certificate) <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>		

FATHER/GUARDIAN

Surname:		Title (eg. Mr/Ms)		First Name:	
Address:					
Home Phone:		Work Phone:		Mobile:	
Email:					
Government Requirement	Occupation: What your current role is.		What is the occupation group? (select from list of parental occupation groups on page)		
Religion:			Nationality:		
Country of Birth:		<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)	
Government Requirement	What is the highest year of primary or secondary school the father/guardian has completed: (for persons who have never or secondary attended school, mark 'Year 9 equivalent or below')				
Yr 9 or equivalent or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>		
Government Requirement	What is the level of the highest qualification the father/guardian has completed: (for persons mark one box only)				
No non school qualification <input type="checkbox"/>	Certificate I to IV (Including Trade Certificate) <input type="checkbox"/>	Advanced Diploma / Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>		

SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL

List all children in your family attending school or preschool (oldest to youngest) include applicant

Name	School/Pre-school	Year/Grade	Date of Birth

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:

<input type="checkbox"/> Living with Mother and Father	<input type="checkbox"/> Single parent – Mother / Father (please circle)
<input type="checkbox"/> Living in a step family	<input type="checkbox"/> Shared parenting eg. One week with mother, next with father

COURT ORDERS (if applicable)	
Are there any current court orders relating to the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, copies of these court orders eg: AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders must be provided	
Is there any other information you with the school to be aware of?	

PERMISSION FOR HEAD LICE INSPECTION	
<input type="checkbox"/>	I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.
<input type="checkbox"/>	I understand the school policy on head lice requires my child to be collected immediately head lice is found and can only return to school once the head lice has been treated.
<input type="checkbox"/>	I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.
<input type="checkbox"/>	I/We give permission for the staff at St Francis Xavier School to contact your child's previous kindergarten or school.

PARENT/GUARDIAN DECLARATION:

I/We agree, in the event of our child being enrolled at St Francis Xavier Primary School, we accept the rules and regulations of the school and are jointly and severally liable for all fees and charges.

School Fees and Levies: The annual recurrent expenditure in Catholic Schools in Victoria is 83.2% of that offered as the recurrent expenditure in Government schools. Fees and Levies at St Francis Xavier Primary School go towards making up this shortfall in Government funding. Fees are set on a per family basis. It is therefore a matter of justice that ALL families meet their commitment to pay these fees.

SIGNATURES:	
Mother / Guardian	Father / Guardian
Name: _____	Name: _____
Date: / /	Date: / /
Signature: _____	Signature: _____

- Documentation required to accompany this application, please attach:**
- Birth Certificate
 - Immunization History Statement (Medicare can provide)
 - Baptism Certificate (if applicable)
 - Most recent school report for application to transfer from another school
 - Any other relevant documentation including Visa verification, court orders or medical reports.