

Stella Maris Primary School Enrolment Form



Stella Maris Primary is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

STUDENT DETAILS

Surname:		Entry year (YYYY):	Entry level/grade:
Given name/s:		Preferred name:	
Date of birth:	Religion: (include rite)		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Unspecified/Indeterminate/X: <input type="checkbox"/>	
Address where student lives:			
Current school family: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Tel:			

PREVIOUS SCHOOL/PRESCHOOL

Name and address of previous school/preschool:		
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning:	No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete the Consent for Transferring Information form.)

FAMILY DETAILS

To whom the account for school fees and levies is sent?				
Surname	First name	Address and email	Telephone	Relationship to the student

OFFICE USE ONLY	Date received:	Birth certificate attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Enrolment date:	English as an Additional Language:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Start date:	House colour:			
	Student ID:	VSN:			
Immunisation history statement attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visa information attached (if relevant):	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)

Title: <small>(Dr/Mr/Mrs/Ms)</small>		Surname:		Given name:	
House Number:		Street Name:			
Suburb:			State:		Postcode:
Telephone:	Home:	Work:		Mobile:	
Silent number: Yes <input type="checkbox"/> No <input type="checkbox"/>			Relationship to student:		
Email:					
Government Requirement	Occupation:	What is the occupation group? <small>(select from list of occupation groups in the School Family Occupation Index)</small>			
Religion: <small>(include rite)</small>			Nationality: Ethnicity if not born in Australia:		
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other <small>(please specify):</small>					
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? <small>(Persons who have never attended secondary school, tick Year 9 or below)</small>					
Year 9 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"/>					
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?					
No post-school qualification <input type="checkbox"/>		Certificate I to IV <input type="checkbox"/> <small>(including trade certificate)</small>		Advanced diploma <input type="checkbox"/> Diploma	
Bachelor degree <input type="checkbox"/> or above					

Student Contact 2 (PARENT 2/GUARDIAN 1/CARER 1)

Title: <small>(Dr/Mr/Mrs/Ms)</small>		Surname:		Given name:	
House Number:		Street Name:			
Suburb:			State:		Postcode:
Telephone:	Home:	Work:		Mobile:	
Silent number: Yes <input type="checkbox"/> No <input type="checkbox"/>			Relationship to student:		
Email:					
Government Requirement	Occupation:	What is the occupation group? <small>(select from list of occupation groups in the School Family Occupation Index)</small>			
Religion: <small>(include rite)</small>			Nationality: Ethnicity if not born in Australia:		
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other <small>(please specify):</small>					
What is the highest year of primary or secondary school Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed? <small>(Persons who have never attended secondary school, tick Year 9 or below)</small>					
Year 9 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"/>					
What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?					
No post-school qualification <input type="checkbox"/>		Certificate I to IV <input type="checkbox"/> <small>(including trade certificate)</small>		Advanced diploma <input type="checkbox"/> Diploma	
Bachelor degree <input type="checkbox"/> or above					

STUDENT NATIONALITY				
Government Requirement		Nationality:		Ethnicity:
In which country was the student born?		<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)				
No <input type="checkbox"/>		Yes, Aboriginal <input type="checkbox"/>		Yes, Torres Strait Islander <input type="checkbox"/>
Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? Note: Record all languages spoken.				
		Student	Student Contact 1 (Parent1/Guardian1/Carer1)	Student Contact 2 (Parent2/Guardian2/Carer2)
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages			

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*	
Please tick the relevant category below and record the visa subclass number as per government requirements: (original documents to be sighted and copies to be retained by the school)	
Australian citizen not born in Australia:	
<input type="checkbox"/>	Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)
Australian passport number:	
Naturalisation certificate number:	
Visa subclass recorded on entry to Australia:	
Date of arrival in Australia:	
Not currently an Australian citizen, please provide further details as appropriate below:	
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Other/visitor/overseas student: (if ticked, record the visa subclass number)
* Please attach visa/ImmiCard/letter of notification and passport photo page	

SACRAMENTAL INFORMATION			
Baptism	Date:	Parish:	
Confirmation	Date:	Parish:	
Reconciliation	Date:	Parish:	
Communion	Date:	Parish:	
Parish where the student lives:			

EMERGENCY CONTACTS – other than student contacts (PARENT/GUARDIAN/CARER)

1. Name:	2. Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

MEDICAL INFORMATION

Doctor's name:			
Telephone:			
Medicare number:		Ref number:	Expiry:
Private health insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance cover:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Health Care Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Care Card No:	Expiry:
Medical condition:	<p>Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.</p> <p>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p>		
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"/>

IMMUNISATION (please attach an immunisation history statement)

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit myGov) and provide it to the school with this enrolment form.	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide explanation:	
	If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

ADDITIONAL NEEDS

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes No

Does your child present with:

- | | | |
|--|--|---|
| <input type="checkbox"/> autism (ASD) | <input type="checkbox"/> behavioural concerns | <input type="checkbox"/> hearing impairment |
| <input type="checkbox"/> intellectual disability/developmental delay | <input type="checkbox"/> mental health issues | <input type="checkbox"/> oral language/communication difficulties |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> vision impairment |
| <input type="checkbox"/> giftedness | <input type="checkbox"/> physical impairment | <input type="checkbox"/> other condition <i>(please specify)</i> |

Has your child ever seen a:

- | | | |
|--|---|---|
| <input type="checkbox"/> paediatrician | <input type="checkbox"/> physiotherapist | <input type="checkbox"/> audiologist |
| <input type="checkbox"/> psychologist/counsellor | <input type="checkbox"/> occupational therapist | <input type="checkbox"/> speech pathologist |
| <input type="checkbox"/> psychiatrist | <input type="checkbox"/> continence nurse | <input type="checkbox"/> other specialist <i>(please specify)</i> |

Have you attached all relevant information and reports? Yes No

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

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

Name	School/preschool	Year/grade	Date of birth

HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Guardian/Carer	<input type="checkbox"/> Shared parenting, <i>e.g. one week with each parent:</i> Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other <i>(please specify)</i>

COURT ORDERS OR PARENTING ORDERS *(if applicable)*

Are there any current court orders or parenting orders relating to the student? Yes No

If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.

Is there any other information you wish the school to be aware of?

ACCEPTANCE OF ENROLMENT

- By signing this Enrolment, I acknowledge that I enter into an agreement with Melbourne Archdiocese Catholic Schools Ltd, as the owner and governing authority for the School and I understand and accept the Terms and Conditions of Enrolment as set out in this Enrolment Agreement and I agree that there are certain expectations, obligations and guarantees required of parents/guardians of the School's students, so that a harmonious relationship may be established: I accept the offer of enrolment of my child at the School in the entry year and entry level noted in the enrolment application form;
- I will support and abide by all MACS and School Policies and Procedures (including processes, guidelines and other governance documentation), as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the School
- I have read, accepted and will abide by the School Enrolment Policy, School Enrolment Procedure, School Enrolment Agreement, School Fees and Charges Policy, School Concessional Fee Policy and Stella Maris Parent/Guardian/Carer Code of Conduct, *all available on its website www.smbaumaris.catholic.edu.au*
- I will ensure that the information I have provided is kept up to date throughout the period of enrolment and I will notify the School promptly of any changes to that information (e.g. change of residential address, changes to parenting orders) • I will pay the current School fees and levies for my child and also pay any variation or increase of fees and levies as required upfront at the beginning of the school year or in three instalments (and will pay in full by the end of Term 3 each year), or I will otherwise notify the school immediately if I am experiencing financial difficulties • I will support my child's participation in the religious life of the School (e.g. school liturgies, retreat programs)
- I will attend parent/teacher and information evenings which relate to my child
- In the event I have any concerns, I will raise them initially with the relevant teacher or the School Principal
- I will treat all members of the School community with respect as befits a Catholic school
- If in time of emergencies, accidents or serious illness I cannot be contacted, I give permission for the Principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I also understand that the signatories below are required to meet any costs incurred
- As a parent/guardian, I will support the vision of MACS, the School and parish. In accepting the enrolment, I agree to abide by all of MACS' and School's Policies, Procedures (including processes, guidelines and other governance documentation), which are reviewed regularly and may be subject to change at the School's discretion. I will work with the School to support any academic/social/behavioural needs of my child. I agree to support my child's participation in the religious life of the School (e.g. school liturgies, Masses etc.). I understand that the consequence of not complying with MACS' and the School's Policies and Procedures may result in the termination of the enrolment.

I understand that if any misleading information has been provided, or any omission of significant information is made in the application for enrolment, acceptance will not be granted; or, if discovered after acceptance, enrolment may be withdrawn.

Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School. Please refer to the Terms and Conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.

Student Contact 1 PARENT 1/GUARDIAN 1/ CARER 1 SIGNATURE:		Date:
Student Contact 2 PARENT 2 /GUARDIAN 2/ CARER 2 SIGNATURE:		Date:

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- parent as defined in the *Family Law Act 1975*
 - Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
 - may be a relative or other carer

- have day-to-day care of the student with the student regularly living with them
- may provide any other consent required e.g. excursions.

Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Policy available on its website www.stellamaris.catholic.edu.au

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

Please ensure that copies of the following documents are attached to the Enrolment Application form *(as applicable to your child)*:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Birth certificate (MANDATORY) |
| <input type="checkbox"/> | Immunisation history statement (MANDATORY) |
| <input type="checkbox"/> | Baptism certificate |
| <input type="checkbox"/> | Consent to contact previous school or preschool |
| <input type="checkbox"/> | Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia |
| <input type="checkbox"/> | Visa information – visa/ImmiCard/letter of notification and passport photo page |
| <input type="checkbox"/> | Medical Management Plan signed by a relevant medical practitioner |
| <input type="checkbox"/> | All relevant information and reports concerning additional needs of your child |
| <input type="checkbox"/> | Any current court orders or parenting orders relating your child |
| <input type="checkbox"/> | Any additional information you wish the school to be aware of |