

# ENROLMENT FORM

**St. Patrick's School**

Address: 29 Leahy Street, PO Box 113, Nhill 3418

Email: [principal@spnhill.catholic.edu.au](mailto:principal@spnhill.catholic.edu.au) Phone: 5391 1575 Mobile: 0419 929 271



Office use only	Date received		Birth certificate attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Enrolment date		Immunisation history statement attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Start date		Visa information attached (if relevant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Processed date		English as an Additional Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Student Code		Medical Alert	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	VSN		Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Family code	<input type="checkbox"/> New <input type="checkbox"/> Existing	Court Orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	House		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PART 1. STUDENT DETAILS

Surname	Entry year YYYY 20.....	Entry year level
First/given name/s		
Preferred first name	Date of birth / /	Please provide a copy of Birth Certificate
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Please specify		Religion (include rite)

## PART 2. HOME ADDRESS OF STUDENT

Street number and name	
Suburb	Postcode

## PART 3. INDIGENOUS IDENTIFIER Government Requirement

Is the student of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander

## PART 4. NATIONALITY Government Requirement

Nationality	Ethnicity
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other Please specify

## IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS\*

Original documents to be sighted and copies to be retained by the school.

Please tick the relevant category below and record the visa subclass number as per government requirements

### Australian citizen not born in Australia:

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:

- Permanent resident (if ticked, record the visa subclass number)
- Temporary resident (if ticked, record the visa subclass number)
- Other/visitor/overseas student (if ticked, record the visa subclass number)

### \* Please attach visa/ImmiCard/letter of notification and passport photo page

Is the child a refugee, or was the child a refugee anytime in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## PART 5. SACRAMENTAL INFORMATION Please provide copy of Baptism Certificate

Baptism	Date / /	Parish
Confirmation	Date / /	Parish
Reconciliation	Date / /	Parish
Communion	Date / /	Parish
Current parish		

## PART 6. PREVIOUS SCHOOL/PRESCHOOL PERMISSION

Name of previous school/preschool		
Address	Suburb	State
Year Level at previous school	First Australian school year YYYY	
Language of previous education		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Form B Consent to Transfer Information page 6		

PART 7. PARENT/GUARDIAN 1		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Title e.g. Mr/Mrs/Ms/Miss	Surname	First name
Address		Postcode
Home phone	Work phone	Mobile №
SMS messaging <i>For emergency and reminder purposes</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email address		
Relationship to child	<input type="checkbox"/> Parent	<input type="checkbox"/> Adoptive parent
<input type="checkbox"/> Foster parent	<input type="checkbox"/> Step parent	<input type="checkbox"/> Friend
<input type="checkbox"/> Relative <i>Please specify</i>	<input type="checkbox"/> Other <i>Please specify</i>	
Current employer	Religion (include rite)	
Nationality	Ethnicity if not born in Australia	
Country of birth <input type="checkbox"/> Australia <input type="checkbox"/> Other <i>Please specify</i>		
Government Requirement*		
Occupation	Occupation group ➤ <i>School Family Occupation Index</i> <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
<b>What is the highest year of primary or secondary school Parent/Guardian 1 has completed?</b>		
<i>Persons who have never attended secondary school, tick 'Year 9 or below'</i>		
<input type="checkbox"/> 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		
<b>What is the level of the highest qualification Parent/Guardian 1 has completed?</b>		
<input type="checkbox"/> No post-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	

PART 7. PARENT/GUARDIAN 2		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Title e.g. Mr/Mrs/Ms/Miss	Surname	First name
Address		Postcode
Home phone	Work phone	Mobile №
SMS messaging <i>For emergency and reminder purposes</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email		
Relationship to child	<input type="checkbox"/> Parent	<input type="checkbox"/> Adoptive parent
<input type="checkbox"/> Foster parent	<input type="checkbox"/> Step parent	<input type="checkbox"/> Friend
<input type="checkbox"/> Other <i>Please specify</i>	<input type="checkbox"/> Relative <i>Please specify</i>	
Current employer	Religion (include rite)	
Nationality	Ethnicity if not born in Australia	
Country of birth <input type="checkbox"/> Australia <input type="checkbox"/> Other <i>Please specify</i>		
Government Requirement*		
Occupation	Occupation group ➤ <i>School Family Occupation Index</i> <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
<b>What is the highest year of primary or secondary school Parent/Guardian 2 has completed?</b>		
<i>Persons who have never attended secondary school, tick 'Year 9 or below'</i>		
<input type="checkbox"/> 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		
<b>What is the level of the highest qualification Parent/Guardian 2 has completed?</b>		
<input type="checkbox"/> No post-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	

PART 8. LANGUAGE (Government Requirement)			
<i>Does the student or their parent(s)/guardian(s) speak a language other than English at home?</i>			
<i>Note: Record all languages spoken.</i>	Student	Parent/Guardian 1	Parent/Guardian 2
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other – please specify all languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 9. EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN**

Please provide at least two emergency contacts, preferably someone who lives in or near Nhill, in the event that the child needs to be collected from school and you are not able to be contacted. Attach a separate page if there is insufficient space.

1. Name	2. Name
Relationship to child	Relationship to child
Home phone	Home phone
Mobile	Mobile
Language spoken (if not English)	Language spoken (if not English)
3. Name	4. Name
Relationship to child	Relationship to child
Home phone	Home phone
Mobile	Mobile
Language spoken (if not English)	Language spoken (if not English)

**PART 10. FAMILY DETAILS****Who will be responsible for payment of the school fees and levies?**

Surname	First name
Postal address	Mobile №
Email address	
Relationship to the student	Percentage <input type="checkbox"/> 100% <input type="checkbox"/> ..... %
Surname	First name
Postal address	Mobile №
Email address	
Relationship to the student	Percentage <input type="checkbox"/> ..... %

**PART 11. STUDENT MEDICAL INFORMATION**

Doctor's name/practice			
Street № and name			
Suburb	Postcode	Phone	
Dentist's name/practice			
Street № and name			
Suburb	Postcode	Phone	
Medicare №	Ref №	Expiry MM/YY /	
Private health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fund	№
Ambulance cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	№	
Medical condition			
<ul style="list-style-type: none"> <li>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.</li> <li>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</li> </ul>			
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Asthma Action Plan must be provided.		
Dietary	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify		
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify		
Has the student been diagnosed as being at risk of anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ASCIA Action Plan must be provided			
If yes, does the student have an autoinjector device (EpiPen or Anapen)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I consent to a photograph of the child with a medical alert being displayed in the school's First Aid room. <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PART 12. IMMUNISATION** Please attach an immunisation history statement for your child

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

**PART 13. ADDITIONAL NEEDS**

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It 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.

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"/> physical impairment |
| <input type="checkbox"/> intellectual disability/developmental delay | <input type="checkbox"/> mental health issues                     | <input type="checkbox"/> hearing impairment  |
| <input type="checkbox"/> ADD/ADHD                                    | <input type="checkbox"/> acquired brain injury                    | <input type="checkbox"/> vision impairment   |
| <input type="checkbox"/> giftedness                                  | <input type="checkbox"/> oral language/communication difficulties | <input type="checkbox"/> phobia              |
| <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/reports?  Yes  No

**PART 14. SIBLINGS ATTENDING A SCHOOL/PRESCHOOL**

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

Name	School/preschool	Year Level	Date of birth
			/ /
			/ /
			/ /
			/ /

**PART 15. HOME CARE ARRANGEMENTS**

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

**PART 16. 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.

**PART 17. TRAVEL METHOD (most often used)**

- |                                                                    |                                                      |                                      |
|--------------------------------------------------------------------|------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Walk                                      | <input type="checkbox"/> Bike or scooter             | <input type="checkbox"/> Car         |
| <input type="checkbox"/> Bus <i>Please specify which bus</i> ..... | <input type="checkbox"/> Other <i>Please specify</i> |                                      |
| Distance from home to school or bus stop .....                     |                                                      | kms                                  |
| Accompanied                                                        | <input type="checkbox"/> Adult accompaniment         | <input type="checkbox"/> Independent |

**PART 18. Is there any other information you wish the school to be aware of?**

<b>PARENT/GUARDIAN 1 SIGNATURE</b>		<b>Date</b> / /
<b>PARENT/GUARDIAN 2 SIGNATURE</b>		<b>Date</b> / /

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

*Consent*

The signature of:

- student, if they are over 15 and living independently
- 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.

Note: Secondary students may complete parts of the form and co-sign.

**Disclaimer:** Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on its website [www.spnhill.catholic.edu.au](http://www.spnhill.catholic.edu.au).

## AGREEMENT

I acknowledge that I understand and accept the terms and conditions of enrolment as set out in the Explanatory Statement and, if enrolment is accepted, 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 will support and abide by school policies and rules, 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 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 other agreed instalment schedule, 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 understand that if this application is successful, I will support the vision of the school and parish. In accepting the enrolment, I agree to abide by all of the school's policies, procedures and protocols (Policies). These Policies 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.). The consequence of not complying with the school's Policies 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.

<b>Parent/Guardian 1 signature</b>		<b>Date:</b>
<b>Parent/Guardian 2 signature</b>		<b>Date:</b>

# FORM B – CONSENT TO TRANSFER INFORMATION

**St. Patrick's School**  
Address: 29 Leahy Street, PO Box 113, Nhill 3418  
Email: [principal@sphill.catholic.edu.au](mailto:principal@sphill.catholic.edu.au)  
Tel: 03 5391 1575  
Mobile: 0419 929 271



## STUDENT DETAILS

First Name	Surname	Date of Birth	/	/
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## SCHOOL TRANSFER DETAILS

### Current School – School A

E No. E	School	Suburb
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### New School/Catholic Education Commission of Victoria Ltd (CECV) – School B

E No. E	School	Suburb
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The teacher/principal has discussed with me/us how and why certain information about my/our child is provided to the new school. I/We understand that in addition to formal reports etc., details regarding the educational program will be supplied.

I/We provide informed and express consent for all relevant health and/or educational information (detailed below) held by school A to be provided to school B. I understand that this information will be collected and used by to inform health and safety management strategies and educational programming for my/our child.

### TYPE OF INFORMATION:

(e.g. personalised learning plans/student programs, medical reports, specialist notes, information regarding adjustments, medical management plans, attendant care plans, behaviour support plans, safety plans)

Date	Author (e.g. psychologist's/medical practitioner's name)	Title (e.g. speech pathologist, psychologist, paediatrician)	Description (e.g. cognitive assessment, language assessment)

### CONSENT:

Parent/Carer/Guardian Name:	Parent/Carer/Guardian Signature:	Date:
Parent/Carer/Guardian Name:	Parent/Carer/Guardian Signature:	Date:

Please refer to each school's information about their use and disclosure of information, and information regarding their privacy policy. Further clarification is available on request from the principals.