St. Joseph's School, Sorrento Enrolment Form





St. Joseph's 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.

ENROLMENT FORM							
Name of stude	ent:						
Address where	e student lives	:					
Current schoo	I family: YES	NO					
Tel:							
OFFICE USE ONLY	Date recei	ved:			Birth certificate attached:		ate Yes No No
	Enrolment	date:			English as an Additional Language:		Yes No No
	Start date:				House	colour	:
	Student ID	:			VSN:		
	Immunisation Yes history statement attached:		No 🗌	Visa information attached (if relevant):		tion Yes No	
Student Conta	ct 1 (PARENT	1/GUARDIAN	1/CAF	RER 1)			
Title: (Dr/Mr/Mrs/N	1s)	Surname:				Giver name	
House Numbe	er:	Street Name	e:				
Suburb:			State:			Postcode:	
Telephone: Home: Wo		Work	rk: Mobile:			Mobile:	
Silent number: Yes No							
SMS messaging: (for emergency and reminder purposes) Yes No							
Email:							
Relationship to student:							

Requirement		What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)					
Religion: (include i	rite)				nality: city if not bor	n in Au	ıstralia:
Country of birth:	Austi	ralia	Othe	r (plea	se specify):		
_		•		-			(Parent 1/Guardian hool, tick Year 9 or below)
Year 9 or below Year 9		ar 10 or equiv	valent	Yea	r 11 or equiva	lent	Year 12 or equivalent
What is the level of completed?	of the high	est qualificat	ion Stu	ident C	Contact 1 (Par	ent 1/0	Guardian 1/Carer 1) has
No post-school qualification	(in	ertificate I to IV ncluding trade ertificate)		Advanced diploma		ì	Bachelor degree or above
Student Contact 2	(PARENT		I 2/CAI	RER 2)			
Title: (Dr/Mr/Mrs/Ms)		Surname:		Given name:		Given name	
House Number:		Street Name:					
Suburb:					State:		Postcode:
Telephone: Hor	me:		Work				Mobile:
Silent number: Ye	es No	o 🗌					
SMS messaging: (f	or emerge	ncy and remi	nder pu	ırposes	;)	Yes	No 🗌
Email:							
Relationship to stu	udent:						
Government Occupation: Requirement			What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)				
Religion: (include rite) Nationality: Ethnicity if not born in Australia:					ıstralia:		
Country of							
What is the highest year of primary or secondary school Student Contact 2 (Parent 2 / Guardian 2/Carer 2) has completed? (Persons who have never attended secondary school, tick Year 9 or below)							
Year 9 or below	Ye	ar 10 or equiv	valent	Yea	r 11 or equiva	lent	Year 12 or equivalent

What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?					
No post-school qualification	Certificate I to IV (including trade certificate)	Advance diploma,		Bachelor degree or above	
STUDENT DETAILS					
Surname:		Entry year (Y		Entry level/grade:	
Given name/s:	ı	Pre	ferred na	ame:	
Date of birth:	Religion	: (include rite)			
Male:	Female:		ا	Unspecified/Indeterminate/X:	
PREVIOUS SCHOOL/PRES					
Name and address of pre	vious school/presc	chool:			
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					
NATIONALITY AND CITIZE	NSHIP				
Government Requiremen	nt Nationalit	Nationality: Ethnicity:			
In which country was the Australia Other (please specify): student born?					
Date of arrival in Australi	a OR Date of retur	n to Australia:			
What is the residential st	atus of the student	t? Permane	ent [Temporary	
Evidence of Australian Residency: Australian Citizen Permanent Resident					
☐ Eligible for Australian Passport ☐ Temporary Resident					
Other/Visitor/Overse	eas Student				
Visa sub class: Visa expiry date:					
* Please attach visa/ImmiCard/letter of notification and passport photo page					

	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.							
			Studen	t	Student Contact 1 (Parent1/Guardian 1/Carer1)	Student Contact 2 (Parent2/Guardian 2/Carer2)		
No	English only							
Yes	Other – pleas	e specify all languages						
(For p		original or Torres Strait Aboriginal and Torres S	Strait Isla					
No L		Yes, Abo	original L		Yes, Torres S	trait Islander 🔃		
SACR	SACRAMENTAL INFORMATION							
Bapti	sm	Date:		Parish:				
Confi	rmation	Date:	ate:					
	Parish where the student lives:							
EME	RGENCY CONTA	ACTS – other than stude	ent conta	acts (PARE	NT/GUARDIAN/CARI	ER)		
1. Na	me:			2. Name	:			
Relationship to student:			Relation student	•				
Hom telep	e hone:			Home telepho	ne:			
Mob	ile:			Mobile:				

MEDICAL INFORMATI	ON					
Doctor's name:						
Doctor's address:						
Telephone:						
Medicare number:			Ref nun	nber:	Expiry:	
Private health insurance:	Yes	No 🗌	Fund:		Number:	
Ambulance cover:	Yes	No 🗌	Numbe	r:		
Health Care Card:	Yes	No 🗌	Health	Care Card No:	Expiry:	
Medical condition:	condition: 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. Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.					
Has the student been	diagnosed a	s being at risk	of anaph	ylaxis?	Yes	No 🗌
If yes, does the stude	nt have an E _l	piPen or Anape	en?		Yes	No 🗌
IMMUNISATION (plea	ase attach an	immunisation	history s	tatement)		
All vaccines are recorded on the Australian Immu Register (AIR). You are required to obtain an immunisation history statement (visit myGov) ar provide it to the school with this enrolment form			d			
If the student entered did they receive a refu			n visa,	Yes No		

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 No 🗌 **Insurance Scheme (NDIS) support?** Does your child present with: autism (ASD) behavioural concerns hearing impairment oral language/communication intellectual disability/ mental health issues developmental delay difficulties ADD/ADHD acquired brain injury vision impairment giftedness physical impairment other condition (please specify) Has your child ever seen a: paediatrician physiotherapist audiologist psychologist/counsellor occupational therapist speech pathologist psychiatrist continence nurse other specialist (please specify) 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: School/preschool Year/grade Name Date of birth **HOME CARE ARRANGEMENTS** Out-of-home care Living with immediate family Guardian/Carer Shared parenting, e.g. one week with each parent:

Kinship care

Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:

Other (please specify)

COURT ORDERS OR PARENTING ORDERS (if applic	able)				
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?				

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

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 Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website http://www.sjsorrento.catholic.edu.au/

PARE	PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST					
l	Please ensure that the following documents are attached to the Enrolment Application form (as applicable to your child):					
	Birth certificate					
	Immunisation history statement					
	Baptism certificate					
	Consent to contact previous school or preschool					
	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia					
	Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page					
	Medical Management Plan signed by a relevant medical practitioner					
	All relevant information and reports concerning additional needs of your child					
	Any current court orders or parenting orders relating your child					
	Any additional information you wish the school to be aware of					
	Any additional information you wish the school to be aware of					

Responsible director	Director, Learning and Regional Services
Policy owner	General Manager, Learning Diversity
Approving authority	Director, Learning and Regional Services
Approval date	28 October 2022
Risk rating	High
Date of next review	October 2024

POLICY DATABASE INFORMATION				
Related documents	Enrolment Policy			
Superseded documents	Enrolment Form –v1.0–2021			
New policy				