## Holy Rosary School Enrolment Form – Primary





Holy Rosary School 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).

## **DUE DATE:**

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 student	t:								
Address where s	Address where student lives:								
Current school fa	amily: YES	NO 🗌							
Tel:	Tel:								
OFFICE USE ONLY	Date received:			Birth certificate attached:		nte	Yes	No 🗌	
	Enrolment date:			English as an Yes Additional Language:		Yes	No 🗌		
	Start date:				House colour:		:		
	Student ID	):			VSN:				
Immunisation Yes history statement attached:		Yes 🗌	No 🗌	Visa in attach relevai	ed <i>(if</i>	tion	Yes	No 🗌	
Student Contact	1 (PARENT	1/GUARDIAN	1/CAF	RER 1)					
Title: (Dr/Mr/Mrs/Ms)		Surname:		Given name:					
House Number:		Street Name	e:						
Suburb:			State:			Postcode:			
Telephone: Home: W		Work	k:		Mobile:				
Silent number: Yes No									
SMS messaging:	(for emerge	ncy and remi	nder pı	urposes)		Yes		No	
Email:									
Relationship to s	student:								

Government Requirement	Occupat	ion:		(selec	is the occupa t from list of o os in the School pation Index)	оссира	tion
Religion: (include rite)				Nationality: Ethnicity if not born in Australia:			
Country of birth:	Aust	ralia	Othe	r (plea	se specify):		
_		•		-			(Parent 1/Guardian hool, tick Year 9 or below)
Year 9 or below	Ye	ar 10 or equiv	alent	Yea	r 11 or equiva	lent	Year 12 or equivalent
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?							
No post-school qualification	(ir	ertificate I to IV ocluding trade ortificate)			anced oma/Diploma	1	Bachelor degree or above
Student Contact 2	(PARENT	2 /GUARDIAN	2/CAI	RER 2)			
Title: (Dr/Mr/Mrs/Ms)		Surname:				Given name	
House Number:		Street Name	:				
Suburb:					State:		Postcode:
Telephone: Hor	me:		Work	:			Mobile:
Silent number: Ye	s N	o 🗌					
SMS messaging: (f	or emerge	ncy and remin	der pu	ırposes	;)	Yes	No
Email:							
Relationship to stu	udent:						
Government Requirement  Occupation:  What is the occupation group?  (select from list of occupation groups in the School Family Occupation Index)			tion				
Religion: (include i	Religion: (include rite)  Nationality: Ethnicity if not born in Australia:						
			I				
Country of birth:	Austra	lia	Othe	r (pleas	se specify):		
birth: What is the highes	st year of p	orimary or sec	ondar	y scho	ol Student Co		( <b>Parent 2 /Guardian</b> hool, tick Year 9 or below)

What is the level of the h completed?	ighest qualification	n Student Contact 2 (F	Parent 2/Guardian 2/Carer 2) has		
No post-school qualification	Certificate I to IV (including trade certificate)	Advanced diploma/Diploma	Bachelor degree or above		
STUDENT DETAILS		5 . (1000)	5		
Surname:		Entry year (YYYY):	Entry level/grade:		
Given name/s:		Preferred	name:		
Date of birth:	Religion	: (include rite)			
Male:	Female:		Unspecified/Indeterminate/X:		
PREMIONS COMOON /PRES	CHOOL				
PREVIOUS SCHOOL/PRES					
Name and address of pre	vious school/presc	chool:			
I/We give permission for to previous school or presch reports and information to	ool and to gather r	elevant	Yes (If yes, please complete the Consent for Transferring Information form.)		
		'	1		
NATIONALITY AND CITIZE	NSHIP				
Government Requiremen	nt Nationali	ty:	Ethnicity:		
In which country was the student born?	Austra	alia  Other (pled	ase specify):		
Date of arrival in Australi	a OR Date of retur	n to Australia:			
What is the residential st	atus of the studen	t? Permanent	Temporary		
Evidence of Australian Re	esidency:	Permanent Resi	dent		
	☐ Eligible for Australian Passport ☐ Temporary Resident				
Other/Visitor/Overse	eas Student				
Visa sub class:		Visa expiry	date:		
* Please attach visa/Imm	iCard/letter of not	ification and passport	nhoto nage		

		their student contacts e? Note: Record all lang			an(s)/carer(s)) speak	a language other	
			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	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 L		Yes, Abo	originai L		Yes, Torres S	trait Islander	
SACR	AMENTAL INFO	ORMATION					
Bapti	sm	Date:		Parish:			
Confi	rmation	Date:		Parish:			
	h where the ent lives:						
EMER	RGENCY CONTA	ACTS – other than stude	ent conta	acts (PARE	NT/GUARDIAN/CARE	ER)	
1. Na	me:			2. Name	:		
Relat stude	ionship to ent:			Relation student	•		
Hom telep	e hone:			Home telepho	ne:		
Mob	ile:			Mobile:			

MEDICAL INFORMAT	ION					
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:	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.			dent. r		
Has the student been	diagnosed a	s being at risk	of anaph	ylaxis?	Yes	No 🗌
If yes, does the stude	nt have an Ep	piPen or Anape	en?		Yes	No 🗌
IMMUNISATION (plea	ase attach an	immunisation	history s	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 attach Yes No Info, please provide explanation:						
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 Yes No Insurance Scheme (NDIS) support?				
Does your child present with:				
autism (ASD)	behavioural of	oncerns	hearing imp	airment
intellectual disability/ developmental delay	mental healt	n issues	oral languag	ge/communication
ADD/ADHD	acquired brai	n injury	vision impai	rment
giftedness	physical impa	irment	other condit	tion (please specify)
Has your child ever seen a:				
paediatrician	physiotherap	ist	audiologist	
psychologist/counsellor	occupational	therapist [	speech path	ologist
psychiatrist	ontinence n	urse	other specia	list (please specify)
Have you attached all relevant	information and re	ports?	Yes	No 🗌
SIBLINGS ATTENDING A SCHOO	L/PRESCHOOL			
List all children in your family a	ttending school or p	reschool (oldes	t to youngest) –	include applicant:
Name S	chool/preschool		Year/grade	Date of birth
HOME CARE ARRANGEMENTS				
Living with immediate fam	ily	Out-of-ho	me care	
	ily	Shared pa	renting,	parent:
Living with immediate fam	ily	Shared pa e.g. one w Days with	renting, eek with each p Parent 1/Guard	dian 1/Carer 1:
Living with immediate fam	ily	Shared pa e.g. one w Days with Days with	renting, reek with each p	dian 1/Carer 1:

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 Court orders or other relevant court orders) must b	, ,	t/Federal Magistrates
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.hrkensington.catholic.edu.au

PARE	PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST					
	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					

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				