

ENROLMENT APPLICATION FORM

CONFIDENTIAL

OUR LADY OF THE ASSUMPTION PARISH PRIMARY SCHOOL

Address: 9 Centre Dandenong Road, CHELTENHAM VIC 3192

Email: principal@olacheltenham.catholic.edu.au

Tel: (03) 9584 9488

Fax: (03) 9583 2606



Office use only	Date received:	Birth certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Enrolment date:	English second language: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Start date:	House colour:
	Student/family code:	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 DETAILS

Student Surname:	Entry year (YYYY)	Entry level/Grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>

HOME ADDRESS OF STUDENT

Street number & name:	
Suburb:	Post Code:
Home phone:	

SACRAMENTAL INFORMATION

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

OLA PARISH (PLEASE TICK)

I/We give permission for the school to share our information with Our Lady of the Assumption Parish Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Signature:

PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

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

NATIONALITY

GOVERNMENT REQUIREMENT	Nationality:	Ethnicity:
In which country was the student born:	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 mark 'Yes' to both)		

Enrolment Form

No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

Does the student or 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 tick the relevant category below and record the Visa Subclass number:
(original documents to be sighted and copies to be retained by the school)

Australian Citizen not born in Australia

<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia)	
<input type="checkbox"/>	Australian Passport Number: (If applicable)	Passport No:
<input type="checkbox"/>	Naturalisation Certificate Number :	Certificate No:
	Visa Subclass recorded on entry to Australia	Visa Subclass No:
	Date of Arrival into Australia	Date:

Not currently an Australian Citizen please provide further details as appropriate below:

<input type="checkbox"/>	Permanent resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Temporary resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number)	Visa Subclass No:

***Please attach Visa/document of travel/letter of notification and passport photo page.**

MEDICAL INFORMATION

Doctor's name:			
Street number and name:			
Suburb:	Post Code:	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:	Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medication 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.	
Allergies:	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 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 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) 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"/>	

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.

FAMILY DETAILS				
Who will be responsible for the payment of the school fees and levies?				
Surname	First name	Address and email	Phone	Relationship to student

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:	
<input type="checkbox"/> Living with Mother & Father - (Married)	<input type="checkbox"/> Shared parenting eg. One week with mother, next with father FTE with Mother: FTE with Father:
<input type="checkbox"/> Living with Mother & Father - (Defacto relationship)	<input type="checkbox"/> Living in a step family
<input type="checkbox"/> Single parent: Mother / Father (please circle)	<input type="checkbox"/> Guardian

FATHER/GUARDIAN				
Title:		Surname:		First Name:
Address:				
Home Phone:		Work Phone:		Mobile:
Email:				
Government Requirement	Occupation: Employer name: Address:		What is the occupation group? (See Attached List A,B,C etc)	
Religion:			Nationality:	
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
What is the highest year of primary or secondary school the father/guardian has completed: (Persons who have never attended secondary school, mark 'Year 9 or below')				
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 the father/guardian has completed:				
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 <input type="checkbox"/>	
MOTHER/GUARDIAN				
Title:		Surname:		First Name:
Address:				
Home Phone:		Work Phone:		Mobile:
Email:				
Government Requirement	Occupation: Employer name: Address:		What is the occupation group? (See Attached List) A,B,C etc	
Religion:			Nationality:	
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
What is the highest year of primary or secondary school the mother/guardian has completed: (Persons who have never attended secondary school, mark 'Year 9 or below')				
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 the mother/guardian has completed:				
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 <input type="checkbox"/>	

ADDITIONAL NEEDS				
Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does your child present with:				
Autism (ASD)	<input type="checkbox"/>	Behavioural concerns	<input type="checkbox"/>	hearing impairment
intellectual disability/ developmental delay	<input type="checkbox"/>	Oral language/ Communication difficulties	<input type="checkbox"/>	mental health issues
ADD/ADHD	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>	acquired brain injury
giftedness	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>	other (please specify)
Has your child ever seen a:				
Psychiatrist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>	speech pathologist
physiotherapist	<input type="checkbox"/>	paediatrician	<input type="checkbox"/>	occupational therapist
psychologist	<input type="checkbox"/>	Continence nurse	<input type="checkbox"/>	other specialist
Have you attached all relevant information/reports? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMERGENCY CONTACTS – OTHER THAN PARENT			
1. Surname Name:		2. Surname Name:	
First Name:		First Name:	
Relationship to child:		Relationship to child:	
Mobile:		Mobile:	
Home phone:		Home phone:	
Home Address:		Home Address:	
Email:		Email:	
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

COURT ORDERS (IF APPLICABLE)
Are there any current court orders relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, copies of these court orders e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders must be provided.</i>
Is there any other information you wish the school to be aware of?

MOTHER'S SIGNATURE:	
FATHER'S SIGNATURE:	

DATE:	

NAME OF SCHOOL
ANNUAL PHOTOGRAPH/VIDEO PERMISSION FORM



Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

The Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your continued support.

STUDENT'S FULL NAME: _____ **YEAR LEVEL:** _____

- I give permission for my child's:

- name
- photograph
- recording

to be published by the school on/in:

- the school website
- social media
- promotional materials
- newspapers and other media.

- I authorise the CEOM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOM/CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/video of my child to be used by the CEOM/CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

LICENSED UNDER NEALS: The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of Parent /s or Guardian/s
 (please circle) _____

Signed: Parent/Guardian _____ **Date:** _____

Signed: Parent/Guardian _____ **Date:** _____

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection notice and Privacy Policy available on our website: <https://www.olacheltenham.catholic.edu.au/>

SCHOOL FAMILY OCCUPATION INDEX

PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

GROUP N: Unemployed for more than 12 months

If you are not currently in paid work but **have had a job in the last 12 months**, or have retired in the last 12 months, please **use your last occupation** to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

OCCUPATION GROUP A

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

Qualified Professionals – generally have a degree or higher qualifications and experience in applying this knowledge to: -design, develop or operate complex systems, identify, treat and advise on problems, teach others

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist,

urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]

- **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

OCCUPATION GROUP B

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts / media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma /technical qualifications and provide support to managers and professionals

- **Medical, science, building, engineering, computer technician/associate professional**
- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

OCCUPATION GROUP C

TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/ payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market

researcher]

- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D

MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff

- **Sales staff** [e.g. sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]

- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

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FORM B – Consent to Transfer Information

STUDENT DETAILS:

First Name		Surname		DOB	
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PRE-SCHOOL/SCHOOL TRANSFER DETAILS:

Current Pre-School					
Pre School				Address	
Current School					
E No.		School		Suburb	

The teacher/principal has discussed with me/us how and why certain information about my child is provided to the new school. I 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 held by current Pre-School/school listed above, detailed below, to be provided to Our Lady of the Assumption Parish Primary School. I understand that this information will be collected and used by Our Lady of the Assumption Parish Primary School to inform health and safety management strategies and educational programming for my child.

TYPE OF INFORMATION:

(e.g. personalised learning plans/student program, 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:

Enrolment Form

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.