

ST. JOSEPH'S SCHOOL

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APPLICATION FOR ENROLMENT

STUDENT DETAILS

Student's Full Name:

Entering Grade Class (Office use only)

Date of Birth Sex: Male / Female /Not Specified

Nationality Country of Birth

Does your child have a Visa? YES / NO. If yes, what type

Is the student of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

Religion Regist No (Office use only).....

Does the student have a Victorian Student Number (VSN)? YES / NO / Unknown If Yes, Please specify

Main Language Spoken At Home

Name of last School/Kindergarten/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 Yes

SACRAMENTS RECEIVED:

Date

Place

Baptism

Reconciliation

Confirmation

Eucharist

Copy of Birth Certificate, Baptism Certificate (if applicable) & Immunisation Certificate required.

TRAVEL

Transport to/from schoolDistance from school

If you live 4.8 or more kilometres from the nearest bus stop and this is your nearest Catholic Primary School, you may be eligible for the Government Conveyance Allowance. See Office Staff for assistance.

Office use only	Date received:	Birth certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunisation statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Enrolment date:	English as an Additional Language: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa information attached (if relevant): Yes <input type="checkbox"/> No <input type="checkbox"/>
	Start date:	House colour:	

STUDENT'S HEALTH

Family Doctor Phone

Does your child suffer any illness or have any learning, physical or emotional difficulties or allergies we should be aware of? YES / NO. If yes, give details below:

.....
Has your child received the services of any of the following: (Please tick & name)

- | | |
|--|--|
| <input type="checkbox"/> Speech pathologist | <input type="checkbox"/> GP / Pediatrician |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> Psychologist / psychiatrist | <input type="checkbox"/> Eye specialist |

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support?

Yes No

HIGH PRIORITY MEDICAL PLAN:

Does your child require an Emergency Management Plan for: Asthma Epilepsy Diabetes
Haemophilia Nut Allergy Insect Allergy Coeliac Disease Other

CUSTODY/COURT ORDERS

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.

Please describe:

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

ENROLLING PARENTS and/or GUARDIANS

MR/MRS/MS/MISS (full name/s)

Present Marital Status: Married Widowed Single De Facto Separated Divorced Other

Telephone Mobile No of children in School

FEES

Is one of the parents or guardians a holder of a Health Care Card or Pension Card? Yes No

If yes - Name of Card Holder: Card No:.....

Person/s responsible for fees:

	Parent 1	Parent 2
Signature		
Name		
Date		
If fees to be split, please state proportions (50%, 100%)		

PARENT INFORMATION

PARENT 1

PARENT 2

Christian Names & Surnames
 Residential Address
 Postal Address (if not as above)
 Telephone
 Mobile
 Email Address
 Country of Birth
 Nationality
 Main Language spoken at home
 Religion
 Employer's Name & Phone
 (*contact purpose in emergency*)

The following information assists the Federal Govt in the assessment of school funding, it is most important that this be completely accurate (Please don't overstate your occupation, it affects our funding)

Occupation
 Highest Year of School Completed:
 - Year 12 or equivalentent
 - Year 11 or equivalent
 - Year 10 or equivalent
 - Year 9 or equivalent or below
 Highest Qualification Completed:
 - Bachelor Degree or above
 - Diploma/Advanced Diploma
 - Certificate 1 to 4 (inc Trade Cert)
 No non-school qualification

EMERGENCY CONTACTS

FIRST EMERGENCY CONTACT

SECOND EMERGENCY CONTACT

*(Other than Parents
 within 30 km radius of school
 & able to collect child)*

Name
Telephone/Mobile
Relationship to Student

VOLUNTEERS WORKING WITH CHILDREN CHECK

We strongly recommend that every parent acquire a Working With Children Check for Volunteers, which will allow them to participate fully in all aspects of school life, including classroom activities, excursions and school activities in general.

Volunteer Checks are free and can be obtained by accessing the following website and following the instructions.

<http://www.workingwithchildren.vic.gov.au/home/applications>

If you already hold a Working With Children Check please provide the following details;

Card Type: Volunteer/Employee Card No..... Expiry Date

ENROLLING PARENT/GUARDIAN SIGNATURE

I acknowledge that I understand and accept the terms and conditions of enrolment. 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 per the payment methods provided by the school, 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.

Parent/Guardian Signature: **Date**

Media Release Form

I hereby give permission for my child/ren's name and photo to be used in St Joseph's School Numurkah publications and media releases, including the School Newsletter, local newspapers, promotional material and web pages, in accordance with the Privacy Policy of the School. I understand that my right to decline is protected under the School's Privacy Policy and is supported by not signing this release form.

Parent/Guardian Signature: **Date**