ENROLMENT FORM
DIOCESE OF BROKEN BAY SYSTEMIC SCHOOLS

ST PATRICK’S CATHOLIC SCHOOL
Crn York & Melbourne Sts East Gosford NSW 2250 Ph: 4325 1159 Fax: 4324 6290
e-mail: speg@dbb.catholic.edu.au website: www.spegdbb.catholic.edu.au

Mail from school to be sent to

Address (please circle) Mr & Mrs Mr Mrs Ms Dr Prof
Surname .......................................................... Given Name ..........................................................
Address ........................................................................................................................................ Postcode
..........................................................................................................................................................
Contact tel. ........................................ e-mail address ...........................................................................

Student Details

Surname .......................................................... Entry Year (eg 2012).................................
Given name(s) .......................................................... Entry Level (eg Yr 3).................................
Preferred given name ................................................ Date of Birth ............................................
Religion .......................................................... Sex Male ☐ Female ☐
Address (if different from above mailing address)
........................................................................................................................................ Postcode
..........................................................................................................................................................
Contact tel. ........................................ e-mail address ...........................................................................

Sacramental Information

Baptism Date ................................................ Parish ..........................................................
Confirmation Date ........................................ Parish ..........................................................
Reconciliation Date ........................................ Parish ..........................................................
Communion Date ........................................ Parish ..........................................................
Current Parish ..........................................................

Kindergarten Enrolments only

What type(s) of care outside of the home did this student have prior to enrolling at school? (choose the type accessed in the year prior to school)

Long Day Care ☐ Family Day Care ☐ Occasional Care ☐ Pre-school ☐ Playgroup ☐
Other care ☐ (please specify) ..........................................................

Extent of prior to school care Up to 6 hrs/week ☐ Up to 12 hours/week ☐ 12 hrs to fulltime each week ☐

Name of prior to school care service ..........................................................

I/We give permission to the school to contact this service provider Yes ☐ No ☐

Page 1 February 2016
Student Details (cont'd)

Previous School
Name ........................................................................................................................................................................

I/We give permission to the school to contact this previous school

Yes ☐  No ☐

Nationality ........................................................................................................................................................................

In which country was the student born?
Australia ☐ Other (please specify) ................................................................................................................................

Is the student of Aboriginal or Torres Strait Islander origin?
No ☐ Aboriginal ☐ Yes ☐ Torres Strait Islander ☐
(for persons of both Aboriginal and Torres Strait Islander origin, tick both Yes boxes)

Residential Status
Australian Citizen (Naturalisation Certificate or Australian Passport if country of birth is not Australia) ☐
Permanent resident (Passport if country of birth is not Australia) ☐
Temporary resident (Passport or Visa) ☐
Foreign National without residential status (Passport and Visa) ☐

Visa No. ........................................... Passport No. ........................................... Visa expiry date ...........................................

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

No - English only ☐
Yes ☐

(If yes, specify language spoken most often) ................................................................................................................................

Medical Information
Name of Doctor ........................................................................................................................................................................

Address ..............................................................................................................................................................................

................................. Postcode ..................... Contact tel. ..............................................................

Medicare No. ........................................... Private Health Fund ...................................................

Medical Condition(s) (Please list any medical condition(s) the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student)
..............................................................................................................................................................................

Allergies (Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings, etc. Include specific details)
................................................................................................................................................................................................

Has the student been diagnosed as being at risk of anaphylaxis? Yes ☐ No ☐

If yes, does the student have an EpiPen? Yes ☐ No ☐
### Student Details

#### Immunisation

*Please indicate if the student has been immunised against the following:*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Immunised Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Diphtheria - Tetanus - Whooping cough</td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenzae Type B (Hib)</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
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<tr>
<td>Pneumococcal Disease</td>
<td></td>
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<tr>
<td>Rotavirus</td>
<td></td>
</tr>
<tr>
<td>Measles - Mumps - Rubella</td>
<td></td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td></td>
</tr>
<tr>
<td>Meningococcal C Disease</td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
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</tr>
</tbody>
</table>

#### Students with Special Needs

Your application provides an opportunity to gather information that will support the learning needs of your child. Our school seeks to promote the spiritual, educational and social development of all our students. We work in partnership with families to collaboratively plan for students with additional needs.

*If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.*

- **Physical disability**
  - Yes ☐ No ☐
- **Allergies**
- **Asthma** ☐  **Diabetes** ☐  **Epilepsy** ☐
- **Other** ☐
- **Cognitive disability**
  - Yes ☐ No ☐
  - **Intellectual disability** ☐
  - **Language disorder** ☐  **Learning disorder** ☐
  - **Other** ☐
- **Social, communication, emotional challenges**
  - Yes ☐ No ☐
  - **Autism** ☐
  - **Behavioural concerns for self or others** ☐
  - **Mental health concerns eg anxiety, separation disorder, elective mutism, etc** ☐
  - **Concerns regarding attention eg ADD/ADHD** ☐
  - **Other** ☐
- **Sensory impairment**
  - Yes ☐ No ☐
  - **Hearing** ☐  **Vision** ☐
  - **Other** ☐
b) What supports are currently in place to support your child to access and participate in their current educational setting?

Adjustments to
- Learning
- Supervision
- Support for health care procedures
- Specialist furniture and/or equipment
- Mobility supports, equipment and/or personnel
- Communication supports (braille, signing, assistive technology, communication devices)
- Disability provisions for assessments
- Other (please specify)

Please provide copies of all reports from a doctor or health professional relating to your child’s special needs.

The school will contact you to begin the consultation process. Ongoing collaboration will assist the school to better understand your child’s needs and to commence planning for required (reasonable) adjustments. If there are any changes to your child’s special needs you must promptly notify the school.

Health and Safety
To your knowledge, is there anything in your child’s history or circumstances (including medical history) which might pose a risk of any type to him/her, other students and/or staff at this school?

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues.

Does your child have any history of violent behaviours:
- Yes □ No □

Does your child have any history of behavioural problems including verbal bullying:
- Yes □ No □

Has your child ever been suspended or expelled from any previous school:
- Yes □ No □

If yes, was this for

Please tick any applicable box
- Actual violence to any person
- Possession of a weapon or any item used to cause injury
- Intimidation, bullying or harassment of students/staff
- Threats of violence
- Illegal drugs
- Other (please specify)

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________
Student Details (cont’d)

Health and Safety (cont’d)

Consent  I/We will provide written consent to the school on request to contact health professionals or other relevant agencies

Yes ☐  No ☐

Court Orders / Parenting Agreements (if applicable)

Are there any current court orders or parenting agreements relating to the student?  Yes ☐  No ☐

If yes, copies of these court orders (eg. AVOs, Family Court/Federal Magistrate Court orders) or other relevant documents must be provided.

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

..........................................................................................................................................................................................................................................................
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..........................................................................................................................................................................................................................................................

Family Details

Mother / Guardian  (please circle)  Mrs  Ms  Dr  Prof

Surname ................................ .............................................   First Name ................................ ....................................................

Address ..................................................................................................................................................................................................
..................................................................................................................................................................................................
..................................................................................................................................................................................................

Contact Nos  Home ................................ ................................ .  Work ................................ .........................................................

Mobile ................................................................  email address ..........................................................................................

Occupation ................................ .............................................

Government requirement: What is the occupation group?  (select from list on page 7)

Religion ................................ .............................................  Nationality .....................................................................................

Country of birth  Australia ☐  Other (please specify) .................................................................

What is the highest year of primary or secondary school completed?
(Persons who have never attended school, tick ‘Year 9 or equivalent or below’ box)

Year 9 or equivalent or below ☐  Year 10 or equivalent ☐

Year 11 or equivalent ☐  Year 12 or equivalent ☐

What is the level of the highest qualification the mother/guardian has completed?

Non-school qualification ☐  Certificate I-IV  (including Trade Certificate) ☐

Advanced Diploma/Diploma ☐  Bachelor Degree or above ☐

Father / Guardian  (please circle)  Mr  Dr  Prof

Surname ................................ .............................................   First Name ................................ ....................................................

Address ..................................................................................................................................................................................................
..................................................................................................................................................................................................
..................................................................................................................................................................................................

Postcode ...........................
Student Details:
Surname .......................................................... First Name ..................................................

Family Details (cont’d)

Father / Guardian (cont’d)

Contact Nos  Home .......................................................... Work ..........................................................
                 Mobile .......................................................... e-mail address ..................................................

Occupation ..........................................................

What is the occupation group of the father/guardian? (select from list on page 7)  

Religion .......................................................... Nationality ..........................................................

Country of birth  Australia  Other (please specify) ..........................................................

What is the highest year of primary or secondary school completed?  
(Persons who have never attended school, tick ‘Year 9 or equivalent or below’ box)

<table>
<thead>
<tr>
<th>Year 9 or equivalent or below</th>
<th>Year 10 or equivalent</th>
<th>Year 11 or equivalent</th>
<th>Year 12 or equivalent</th>
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<td>☐</td>
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</table>

What is the level of the highest qualification the father/guardian has completed?

<table>
<thead>
<tr>
<th>Non-school qualification</th>
<th>Certificate I-IV (including Trade Certificate)</th>
<th>Diploma / Advanced Diploma</th>
<th>Bachelor Degree or above</th>
</tr>
</thead>
<tbody>
<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Emergency Contact - in addition to parent(s) / guardian(s)

Name ..........................................................

Relationship to student ..........................................................

Contact tel. ..........................................................

Sibling Details

List all children in your family attending school or pre-school (from oldest to youngest including applicant)

<table>
<thead>
<tr>
<th>Name</th>
<th>School/Pre-school</th>
<th>Year/Grade</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Current calendar year)</td>
<td>(Pre-school only)</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
Agreement - please tick appropriate boxes

1 I/We agree to support school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school 

2 I/We have included copies of the following documents with this application for enrolment:
   - Birth Certificate *
   - Sacramental Certificates to date *
   - Parish Priest Reference Form - unless the priest has indicated he will forward the form directly to the school
   - Passport, visa, citizenship documentation * (if applicable)
   - Most recent previous school reports and external test results
   - Current Family Court Orders (if applicable)
   - Relevant medical and/or special needs information (if applicable)
   - Immunisation Certificates
   - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)

* Original documents will need to be produced during the enrolment process

3 If this enrolment application is successful, I/We agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges

4 I/We understand that if this application is successful, the information that I/we have provided (eg of address, court orders, special needs etc) must be kept up to date throughout the period of enrolment.

5 If this enrolment is accepted, I/we agree to support our child’s participation in the religious life of the school (eg school liturgies, retreat programs)

6 If, in time of emergencies, accidents or serious illness, I/we cannot be contacted I/we give permission for the principal or their representative, to seek medical attention for my/our child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle
   - Yes ☐ No ☐

I/We have read all the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful.

I/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form.

I/We understand that if any misleading information has been provided or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance, the enrolment may be withdrawn.

Signatures

.................................................................................................................................................   .................................................
(Mother/Guardian) (Date)

.............................................................................................................................................   .................................................
(Father/Guardian) (Date)

Note  Acceptance of this Application for Enrolment is subject to the approval of the school’s Enrolment Committee. Acceptance to this school does not constitute acceptance into any other catholic primary or secondary school.
Office Use Only

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>RECEIVED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>original sighted birth certificate</td>
<td>enrolment fee of $50 paid</td>
</tr>
<tr>
<td>original sighted passport &amp; visa (not 571)</td>
<td>application signed 1</td>
</tr>
<tr>
<td>original sighted family court orders</td>
<td>application signed 2</td>
</tr>
<tr>
<td>baptism certificate</td>
<td>ticked emergency medical</td>
</tr>
<tr>
<td>immunization certificate</td>
<td>signed asthma form</td>
</tr>
<tr>
<td>school reports</td>
<td>signed family registration</td>
</tr>
<tr>
<td>signed interstate transfer note</td>
<td>signed photo permission</td>
</tr>
<tr>
<td>kinder photo</td>
<td>other</td>
</tr>
<tr>
<td>kinder screener</td>
<td></td>
</tr>
</tbody>
</table>

Principal’s Comments

Interview date _______________________

Family Situation _________________________________________________________

Learning difficulties, social/emotional, physical/health, behaviour
__________________________________________________________________________
__________________________________________________________________________

School Fees _____________________________________________________________

Why do you want to send your child to St Patrick’s _________________________________________________________________

Enrolment Approved ☐ Start Date ______________________ Class _____________

Principal’s Signature _____________________________________________________

Offer of Enrolment Letter sent ☐ Waiting List Letter sent ☐

Date sent _______________________

Enrol SAS ☐ Generate Roll ☐ Notify SAT for USIN ☐ Notify Class Teacher ☐