APPLICATION FOR ENROLMENT

St Augustine’s Parish Primary School

Galleon Way, Currumbin Waters
PO Box 133, Currumbin 4223
Telephone: 07) 55988730 / Fax: 07) 55985125

STUDENT NAME: ___________________________
YEAR LEVEL: _______  YEAR OF ENROLMENT: _______

COLLECTION NOTICE

Information we collect: Brisbane Catholic Education collects and records personal information, including sensitive information about students and parents or guardians, before and during the course of a student’s enrolment at our school. Laws governing or relating to the operation of schools require that certain information is collected. These may include Public Health and Child Protection laws. We may ask you to provide medical reports about students from time to time. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act (1988).

Purpose of collection: The primary purpose of collecting and recording this information is to enable the provision of quality Catholic education. In addition, some of the information we collect and record is to satisfy the school’s legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians. This information may also be used for appropriate parish purposes.

Disclosure of information: This information may be disclosed by us for administrative and educational purposes to others including, but not limited to, personnel within Brisbane Catholic Education Office, other Brisbane Catholic Education schools, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants.

Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities, and other news may be published in newsletters, magazines, and on our website. Parents may seek access to personal information collected about them and their son/daughter by contacting the school.

Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school’s duty of care to the student, or where students have provided information in confidence.

The school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the school’s fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent. We may include your contact details in a class list and school directory.

If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to all Brisbane Catholic Education schools and why. They should also be informed that they can access that information if they wish and that the school does not usually disclose the information to third parties.

Our privacy position: Brisbane Catholic Education is bound by the Privacy Act (1988), and has adopted the ten (10) National Privacy Principles. A privacy statement detailing Brisbane Catholic Education’s practices and procedures for the use and management of the personal, sensitive and health information it collects and records can be accessed on our website (www.sa.qld.edu.au) or the Brisbane Catholic Education website, www.bne.catholic.edu.au. Alternatively a hard copy of the statement may be provided on request.

Information required: If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol or continue to enrol your student.

By completing and submitting this application for enrolment form you have confirmed your understanding of, and agreement with, the above.
In recognition of the importance of the relationship between the Catholic school and our parish community, and with due reference to the Archdiocesan policies and guidelines, the following criteria are adopted to establish priorities for accepting enrolments.

**Enrolment Priority Criteria (please tick one)**

☐ The child is baptised Catholic whose family can demonstrate involvement in the life, worship and service of the Coolangatta / Tugun parish with a preference for those who have siblings already enrolled. (A supporting note from the Parish Priest is desirable) (P1)

☐ The child has a sibling at St Augustine’s, or the family has had an involvement with the school. (P2)

☐ The child is baptised Catholic whose family can demonstrate involvement in the life, worship and service of the another parish and now seeks to participate actively in the life, worship and service of this parish. (A supporting note from the Parish Priest is desirable) (P3)

☐ The child is baptised Catholic whose family resides in the Coolangatta / Tugun parish and is committed to and guided by the values of the Gospel and the traditions of the Catholic Church. (P4)

☐ The child is not baptised as a Catholic, belongs to a family that can demonstrate some meaningful relationship with a Christian tradition, is committed to and guided by the values of the Gospel and accepting of the traditions of the Catholic Faith Community. (P5)

Please indicate (by ticking the appropriate box) under which of the above categories you intend to apply for enrolment. In addition (if applicable), please attach appropriate evidence to demonstrate commitment and / or involvement.

The Principal, in consultation with the Parish Priest, may exercise discretion regarding applications where pastoral considerations apply and, therefore may determine a child’s eligibility beyond the stated criteria.

We ask that your family makes a commitment to remain at St Augustine’s until the completion of their primary education.

Continued enrolment at St Augustine’s is dependent upon full payment of all school fees. Families experiencing difficulties with fee payment may make arrangements with the school bursar.
APPLICATION FOR ENROLMENT

This form is to be completed in conjunction with the Notes Booklet.
When completing this form, please PRINT CLEARLY in blue or black pen.

Name of School: St Augustine’s Parish Primary School
School Suburb: Currumbin Waters

Please circle the Year Level and indicate the Year for which the enrolment is required.

<table>
<thead>
<tr>
<th>Prep</th>
<th>Yr 1</th>
<th>Yr 2</th>
<th>Yr 3</th>
<th>Yr 4</th>
<th>Yr 5</th>
<th>Yr 6</th>
<th>Yr 7</th>
<th>Yr 8</th>
<th>Yr 9</th>
<th>Yr 10</th>
<th>Yr 11</th>
<th>Yr 12</th>
</tr>
</thead>
</table>

Start Date: [D D / M M / Y Y Y Y]  Student’s current Year Level is:  Yr _____ or Not Applicable

STUDENT INFORMATION

Section 1: Student Personal Details
A legible copy of the student’s Birth Certificate (and Change of Name Certificate, if applicable) must be attached.

Legal Surname: 
Preferred Surname: (to be used only with Principal’s approval)

Legal First Name: 
Preferred First Name: (If different from Legal First Name)

Other Given Name(s): 

Date of Birth: [D D / M M / Y Y Y Y]

Gender*: 
- Male
- Female

BCE Student Id: (If known):

Section 2: Student Cultural Background

Country of Birth*: In which country was the student born?
- Australia
- Other (Please specify) __________________________

Indigenous Status*: Is the student of Aboriginal or Torres Strait Islander origin?
- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Both Aboriginal and Torres Strait Islander

First Language Spoken: What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?
- English
- Other (Please specify) __________________________

Main Language Spoken at Home*: Does the student 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, Other (Please specify) ______________________

Other Language Spoken at Home: Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?
- No
- Yes, Other (Please specify) ______________________
Section 3: Student Citizenship

Country of Citizenship:
In which country does the student currently hold citizenship?

☐ Australia (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)
Proceed to Section 5: Current/Previous Schooling

☐ Other Country (Please specify) ________________________________
Proceed to Section 4: International Details

Section 4: Student International Details
Complete this section for students who are NOT Australian Citizens.

A legible copy of the student’s Visa, Passport (including passport number) and Health Care documentation must be attached.

Country of Passport Issue: __________________________

Visa Sub-Class Number: __________________________

Visa Expiry Date: DD / MM / YY

Date of Entry to Australia: DD / MM / YY

Health Care Number: __________________________

Health Care Expiry Date: DD / MM / YY

Section 5: Student Current/Previous Schooling
Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any Transfer Documentation should be attached (if applicable).

<table>
<thead>
<tr>
<th>School Name</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Contact Number (if known)</th>
<th>Year Level(s)</th>
<th>Attended From (Date)</th>
<th>Attended To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
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<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Has the student been baptised in the Catholic faith?

☐ Yes. A legible copy of the student’s Baptismal Certificate must be attached and details of any Sacraments Received should be provided below

☐ No. Other Religion (Please specify) ________________________________

Sacraments Received:

☐ Baptism Date Received DD / MM / YY Parish __________________________ Suburb __________________________

☐ Reconciliation Date Received DD / MM / YY Parish __________________________ Suburb __________________________

☐ Eucharist Date Received DD / MM / YY Parish __________________________ Suburb __________________________

☐ Confirmation Date Received DD / MM / YY Parish __________________________ Suburb __________________________
### Section 7: Related Persons’ Personal Details

**Parent/Legal Guardian/Caregiver 1**

- **Legal Surname:**

- **Legal First Name:**

- **Other Given Name(s):**

- **Preferred Surname:** *(If different from Legal Surname)*

- **Preferred First Name:** *(If different from Legal First Name)*

- **Title:**
  - Mr
  - Mrs
  - Miss
  - Ms
  - Dr
  - Fr
  - Sr
  - Br
  - Rev
  - Prof

- **Gender:**
  - Male
  - Female

- **Date of Birth:**

**Parent/Legal Guardian/Caregiver 2**

- **Legal Surname:**

- **Legal First Name:**

- **Other Given Name(s):**

- **Preferred Surname:** *(If different from Legal Surname)*

- **Preferred First Name:** *(If different from Legal First Name)*

- **Title:**
  - Mr
  - Mrs
  - Miss
  - Ms
  - Dr
  - Fr
  - Sr
  - Br
  - Rev
  - Prof

- **Gender:**
  - Male
  - Female

- **Date of Birth:**

### Section 8: Related Persons’ Cultural Background

**Parent/Legal Guardian/Caregiver 1**

- **Country of Birth:**
  - Where was this person born?
    - Australia
    - Other *(Please specify)*

- **Country of Passport Issue:**
  - If not eligible for an Australian passport.

- **Main Language Spoken at Home**: Does the parent/caregiver 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, Other *(Please specify)*

- **Other Language Spoken at Home**: Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?
  - No
  - Yes, Other *(Please specify)*

- **Religion:**

- **Parish of Worship:** *(If applicable)*

**Parent/Legal Guardian/Caregiver 2**

- **Country of Birth:**
  - Where was this person born?
    - Australia
    - Other *(Please specify)*

- **Country of Passport Issue:**
  - If not eligible for an Australian passport.

- **Main Language Spoken at Home**: Does the parent/caregiver 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, Other *(Please specify)*

- **Other Language Spoken at Home**: Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?
  - No
  - Yes, Other *(Please specify)*

- **Religion:**

- **Parish of Worship:** *(If applicable)*
Section 9: Related Persons’ General Information

Parent/Legal Guardian/Caregiver 1

Occupation Group*: What is the occupation group of the parent/caregiver?
Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.
- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

Highest School Level*: What is the highest year of primary or secondary school the parent/caregiver has completed?
For persons who have never attended school, mark “Year 9 or equivalent or below”.

- ☐ Year 12 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 9 or equivalent or below

Highest Qualification Level*: What is the level of the highest qualification the parent/caregiver has completed?

- ☐ Bachelor degree or above
- ☐ Advanced diploma/Diploma
- ☐ Certificate I to IV (including trade certificate)
- ☐ No non-school qualification

Occupation: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Parent/Legal Guardian/Caregiver 2

Occupation Group*: What is the occupation group of the parent/caregiver?
Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.
- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

Highest School Level*: What is the highest year of primary or secondary school the parent/caregiver has completed?
For persons who have never attended school, mark “Year 9 or equivalent or below”.

- ☐ Year 12 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 9 or equivalent or below

Highest Qualification Level*: What is the level of the highest qualification the parent/caregiver has completed?

- ☐ Bachelor degree or above
- ☐ Advanced diploma/Diploma
- ☐ Certificate I to IV (including trade certificate)
- ☐ No non-school qualification

Occupation: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.
### Section 10: Related Persons' Address Information

#### Parent/Legal Guardian/Caregiver 1

**Residential Address Details**
- Street Address: 
- Suburb/Town: 
- State:  
- Postcode:  
- **Country** (if not Australia):

**Postal/Correspondence Address Details**
- Same as Residential address
- **Postal Address:**
- Suburb/Town: 
- State:  
- Postcode:  
- **Country** (If not Australia):

**Residential (Alternative) Address Details**
- (If required)
- **Street Address:**
- Suburb/Town: 
- State:  
- Postcode:  
- **Country** (if not Australia):

#### Parent/Legal Guardian/Caregiver 2

**Residential Address Details**
- Street Address: 
- Suburb/Town: 
- State:  
- Postcode:  
- **Country** (if not Australia):

**Postal/Correspondence Address Details**
- Same as Residential address
- **Postal Address:**
- Suburb/Town: 
- State:  
- Postcode:  
- **Country** (If not Australia):

**Residential (Alternative) Address Details**
- (If required)
- **Street Address:**
- Suburb/Town: 
- State:  
- Postcode:  
- **Country** (if not Australia):
### Section 11: Related Persons’ Contact Information

#### Parent/Legal Guardian/Caregiver 1

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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#### Parent/Legal Guardian/Caregiver 2

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### Section 12: Related Persons’ Relationship to the Student

#### Parent/Legal Guardian/Caregiver 1

**What is the relationship of this person to the student?** *(Tick one (1) only)*

- Mother
- Father
- Step Mother
- Step Father
- Foster Mother
- Foster Father
- Grandmother
- Grandfather
- Home Stay Parent
- Sister
- Brother
- Half Sister
- Half Brother
- Step Sister
- Step Brother
- Foster Sister
- Foster Brother

### Parent/Legal Guardian/Caregiver 2

**What is the relationship of this person to the student?** *(Tick one (1) only)*

- Mother
- Father
- Step Mother
- Step Father
- Foster Mother
- Foster Father
- Grandmother
- Grandfather
- Home Stay Parent
- Sister
- Brother
- Half Sister
- Half Brother
- Step Sister
- Step Brother
- Foster Sister
- Foster Brother

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- Home Stay Sister
- Home Stay Brother
- Aunt
- Uncle
- Niece
- Nephew
- Cousin
- Friend
- Doctor
- Dentist
- Legal Guardian (for Dept. of Communities only)
- Care Provider
- Counsellor/Social Worker
- Agent
- Reg. Exchange Org
- Home Stay Sister
- Home Stay Brother
- Aunt
- Uncle
- Niece
- Nephew
- Cousin
- Friend
- Doctor
- Dentist
- Legal Guardian (for Dept. of Communities only)
- Care Provider
- Counsellor/Social Worker
- Agent
- Reg. Exchange Org
<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 1</th>
<th>Parent/Legal Guardian/Caregiver 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does this person perform any of the following roles in regards to the student?</strong></td>
<td><strong>Does this person perform any of the following roles in regards to the student?</strong></td>
</tr>
<tr>
<td><strong>Emergency Contact:</strong></td>
<td><strong>Emergency Contact:</strong></td>
</tr>
<tr>
<td>□ Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.</td>
<td>□ Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; 2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; 2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Legal Guardian:</strong></td>
<td><strong>Legal Guardian:</strong></td>
</tr>
<tr>
<td>If this person is not a birth or adoptive parent, then legal documentation must be attached.</td>
<td>If this person is not a birth or adoptive parent, then legal documentation must be attached.</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Caregiver:</strong></td>
<td><strong>Caregiver:</strong></td>
</tr>
<tr>
<td>A person who has responsibility for the general wellbeing of a student on a day-to-day basis.</td>
<td>A person who has responsibility for the general wellbeing of a student on a day-to-day basis.</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Main Contact:</strong></td>
<td><strong>Main Contact:</strong></td>
</tr>
<tr>
<td>A student must have one (1) main contact.</td>
<td>A student must have one (1) main contact.</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Is this person to receive any of the following forms of Communication?</strong></td>
<td><strong>Is this person to receive any of the following forms of Communication?</strong></td>
</tr>
<tr>
<td>Report Cards/Progress Reports:</td>
<td>Report Cards/Progress Reports:</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Newsletters:</td>
<td>Newsletters:</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Invitations:</td>
<td>Invitations:</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>Does this person reside with the student?</strong></td>
<td><strong>Does this person reside with the student?</strong></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Does this person require the assistance of an interpreter?</strong></td>
<td><strong>Does this person require the assistance of an interpreter?</strong></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
</tbody>
</table>
# ADDITIONAL STUDENT INFORMATION

## Section 13: Student Address Information

**Residential Address Details**
- [] Same as Parent\Legal Guardian\Caregiver1
- [] Same as Parent\Legal Guardian\Caregiver2

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Residential Address Details (If required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburb/Town:</td>
<td>Street Address:</td>
</tr>
<tr>
<td>State:</td>
<td>Suburb/Town:</td>
</tr>
<tr>
<td>Postcode:</td>
<td>State:</td>
</tr>
<tr>
<td>Country (If not Australia):</td>
<td>Postcode:</td>
</tr>
</tbody>
</table>

## Section 14: Student Contact Information

**Contact Method Type**

<table>
<thead>
<tr>
<th>Home Telephone Number:</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) - - - - - - - -</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobile Telephone Number:</th>
<th>Order</th>
<th>Silent</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Order</th>
<th>Silent</th>
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**Contact Method Type (If required)**

<table>
<thead>
<tr>
<th>Home (Alternative) Number:</th>
<th>Order</th>
<th>Silent</th>
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</table>

<table>
<thead>
<tr>
<th>Is this number silent?</th>
<th>Is this number silent?</th>
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</thead>
<tbody>
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</tbody>
</table>

**Indicate best contact order for the student.**
**Section 15: Student Medical Information**

Does the student have a medical condition of which the school should be aware?

- Yes. Provide details below.
- No. **Proceed to Section 16: Student Specialist Assessments**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Requires Medication</th>
<th>Has Medical Action Plan</th>
<th>Brief Description of Condition and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
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<tr>
<td>Diabetes Mellitus Type 1</td>
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<tr>
<td>Epilepsy</td>
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<tr>
<td>Febrile Convulsions</td>
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<tr>
<td>Other (Please specify)</td>
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</tbody>
</table>

*Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student’s file.*

**Section 16: Student Specialist Assessments**

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- Yes. Provide details below and ensure a legible copy of any relevant health or medical assessment report(s) is attached.
- No. **Proceed to Section 17: Educational Support Information**
Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

☐ Yes. Respond to the questions below.
☐ No.  Proceed to Section 18: Legal Information

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and/or participation in school.

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Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

☐ Yes. Provide details below.
☐ No. Proceed to Section 20: Additional Information

<table>
<thead>
<tr>
<th>Sibling 1</th>
<th>Sibling 2</th>
<th>Sibling 3</th>
<th>Sibling 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Surname</td>
<td>Preferred Surname</td>
<td>Legal First Name</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
</tr>
<tr>
<td>School Name and Suburb (If applicable)</td>
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<tr>
<td>Class (If applicable)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>House (If applicable)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Resides with Student?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

☐ Yes. Provide details below.
☐ No. Proceed to Check List

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CHECK LIST

Please complete before submitting the Application for Enrolment form

Note that original documents will need to be sighted to finalise enrolment confirmation.

Documents provided:

- Birth Certificate
  - Yes
  - No

- Australian Citizenship Documentation
  - Yes
  - No
  - Not Applicable

- Current Visa
  - Yes
  - No
  - Not Applicable

- Current Passport
  - Yes
  - No
  - Not Applicable

- Health Care Documentation
  - Yes
  - No
  - Not Applicable

- Current/Previous School Transfer Form
  - Yes
  - No
  - Not Applicable

- Baptism Certificate
  - Yes
  - No
  - Not Applicable

- Health or Medical Assessment Reports
  - Yes
  - No
  - Not Applicable

- Legal Documentation
  - Yes
  - No
  - Not Applicable

Signature(s)

I declare that:

- I have completed this form in conjunction with the Notes Booklet
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED

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