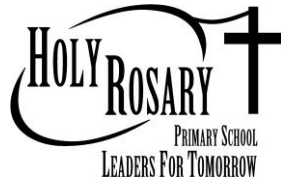


OFFICE USE ONLY
Student VSN:
Student No:



HOLY ROSARY SCHOOL

Principal: Mr Paul Wilkinson
 556 Napier St, White Hills, Vic 3550
 Ph: (03) 5448 4280
 Email: principal@hrwhitehills.catholic.edu.au



Student Name:

APPLICATION FOR ENROLMENT

School Preference Detail

Is Holy Rosary your First Preference? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No <input checked="" type="checkbox"/> Please List your preference:
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OFFICE USE ONLY					
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Application	Interview	Declined	Offer	Accept	Discontinued
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APPLICATION FOR ENROLMENT

Name of Student:

Family Details

Family Surname	
Mail to [e.g. Jane & John Smith]	
Postal Address	
Suburb	Post Code
Family Phone Number	
Current Parish	Office Use Only: FFlag
Residential Structure (Lives with)	
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Carer/Guardian <input type="checkbox"/> Mother & Partner/Step Parent <input type="checkbox"/> Father & Partner/Step Parent <input type="checkbox"/> Other – please state: <input type="checkbox"/> Shared Parenting:	
Days with Parent A:	
Days with Parent B/C:	

Student Details

First Name:	Religion:
Middle Name:	Proposed Commencement Year or Date:
Surname:	Year e.g.: Foundation/Grade
Preferred Name:	1 st Australian School Year (e.g.: 2019)
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous School: Year Level:
Date of Birth:	Pre School/Kinder attended:
Country of Birth:	Does the student speak a language(s) other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below: 1. 2.
Nationality:	
Ethnicity:	
Citizenship: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Exchange Student <input type="checkbox"/> Temporary Resident (Please attach certificate of citizenship, residency, etc.)	

Indigenous Identifier Aboriginal \ Torres Strait Islander: **Yes** **No** (If Yes, please tick one below)
 Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Sacramental Details

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Yes / No
Reconciliation			Yes / No
Eucharist			Yes / No
Confirmation			Yes / No

Medical Details

Immunisation	Has an Immunisation Statement/Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies /Alerts	
Ambulance : Yes <input type="checkbox"/> No <input type="checkbox"/> Ambulance No :	Health Fund : No :
Doctor's Name:	Phone number:
Student's Medicare Number:	Ref number: Expiry date:
Healthcare Card Number:	Expiry Date:

Special Needs

Is the student eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes No

Does the student have any known or suspected **special needs**?

Physical Needs Please specify: _____

Medical Needs Please specify: _____

Educational Needs Please specify: _____

Behavioural Needs Please specify: _____

Allergies Please specify: _____

Other special needs Please specify: _____

If you have answered yes to any of the above, **please provide further details** of those needs and any assessment / intervention / support that he/she may be currently receiving. **(Supporting documentation must be provided).**

Citizenship / Visa Details

Please provide a copy of Visa/ImmiCard/letter of notification and passport photo page

Australian Citizen (NOT born in Australia) – please complete details below

Australian Passport Number:

Visa Subclass on entry to Australia:

Naturalisation Certificate Number:

Date of Arrival in Australia:

Not currently an Australian Citizen – please complete details below

Are you a refugee or were you one anytime in the last 7 years? Yes No

VISA STUDENT: Is the Student a Visa Student? Yes No

Residence Status: Permanent Non Permanent Refugee

Visa Sub Class

Date of Arrival in Australia

Visa Number

Passport Number

Visa Expiry Date

OSHC Membership Number

OSHC Expiry Date

Confirmation of Enrolment – Course Code

Course Description

Confirmation of Enrolment Number

Course Start Date

Course End Date

OS BRVS RSVS ETV LBOTE ESLASSIST NA\CIEC CSS SSCL OHS

Children in Family

Please list below all children in the family

	Child Name	DOB	Birth Order	School attending (if applicable)
Child			1	
Child			2	
Child			3	
Child			4	
Child			5	

Contact Details		
Details	Parent/Guardian A (Residing at Same Address as Student)	Parent/Guardian/Carer B (Residing at Same Address as Student)
Title		
First Name		
Surname		
Relationship to student		
Address		
Suburb & Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Mobile		
Email Address		
Occupation		
Employer		
Occupation Group <i>(Refer to back page)</i>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N <input type="checkbox"/>	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N <input type="checkbox"/>
Highest Year of School Education	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.
Country of Birth		
Nationality		
Religion		

Previous School/Preschool & Future School Permissions	
Student Name:	
Name and address of previous school(s)/preschool(s):	
I/we give permission for Holy Rosary to contact the previous school/preschool to gather relevant reports and information to support educational planning: Yes <input type="checkbox"/> No <input type="checkbox"/>	
I/we give permission for Holy Rosary to provide relevant reports to any school and/or educational institution my child attends following their time at Holy Rosary: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p><i>Relevant Reports include formal school reports and other details the school deems relevant in regards to student health, student safety and the planning of educational programs. This may include but is not limited to Personalised Learning Plans, medical reports and/or management plans, specialist notes, adjustment information, behaviour support plans and safety plans. It may also include information/documents to ensure the school complies with government requirements e.g. copies of birth and/or immunisation certificates.</i></p>	
Parent/Guardian Name:	Signature:

Contact Details cont.		
Details	Parent/Guardian C (Non-Residential Parent if applicable)	Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home Address	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
First Name		
Surname		
Relationship to Student		
Is this person an emergency contact?		
Home Phone Number		
Work Phone Number		
Address		
Suburb & Post Code		
Email Address		N/A
Occupation		
Employer		
Occupation Group (Refer to back page)	Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N <input type="checkbox"/>	
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	
Do you speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please Specify: 1. _____ 2. _____	
Country of Birth		
Nationality		
Religion		

Court / Parenting Orders
Are there any current court orders or parenting orders in place relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>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.</i>
Is there any other information you wish the school to be aware of?

Fee Payment	
Should the Application be accepted and enrolment completed, who will be responsible for payment of the school fees & levies?	
Surname:	Relationship to Student:
First Name:	Phone:
Address:	Email:
OR <input type="checkbox"/> The applicant is part of an existing Holy Rosary family and I wish for the responsible person to remain as is	
Signature of person responsible:	

PHOTO PERMISSION NOTICE

Dear Parent/Guardian

At certain times throughout the year, our students and prospective 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.

Thank you for your continued support.

.....

CHILD'S NAME:

- I give permission for my child's photograph/video and name to be published in:

- school publications (e.g. school newsletter*, information booklet)
- the web (e.g. social media, school website)
- promotional materials (e.g. newspaper, enrolment booklet, television advertisements)

*Please note the school newsletter is uploaded to the school's public website. Giving permission for your child's photo to appear in the newsletter means that their photo may be included on our website in this specific format only.

- I do / do not 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 do / do not 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 / Guardian
(please circle)

Signed: Parent/Guardian

Date:

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).

Please note that this form is now required to be completed for each child, at the start of each school year.

Agreement

Please tick the following boxes and sign below

- 1.** I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):
- a) Enrolment Policy including special needs
 - b) Schedule of Fees and Charges
 - c) School Privacy Policy/ Standard Collection Notice
- 2.** I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
- Birth Certificate
 - Baptismal Certificate
 - Immunisation Certificate
 - Citizenship documentation (where applicable)
 - Most recent previous school reports and external test results (where applicable)
 - Relevant Family Court Orders (where applicable)
 - Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
 - Photo Permission & Standard Collection Notice
- 3.** I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
- 4.** If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies)
- 5.** If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges
- 6.** I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

I/we have read all of 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 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.

SIGNED: _____

Parent A
and/ or
Parent B and/or C

DATE: _____

Please 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 school (primary or secondary).**

Parental Occupation Definition:

Parental Occupation is defined as the **main** work undertaken by the parent/guardian.
If a parent/guardian has more than one job, report their main job.

Group A: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group B: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

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.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group D: Machine operators, hospitality staff, assistants, labourers and related workers

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

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [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, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and Related workers.

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

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, select 'N' into the 'occupation group' field on the enrolment form.