APPLICATION OF ENROLMENT

For

STUDENT NAME ____________________________

YEAR LEVEL ____________________________ START DATE ____________

Please nominate the criteria under which you are applying:

- The child is a sibling of student/s who is/are enrolled at and attending St Vincent’s.
- The child is a baptised Catholic whose family can demonstrate ongoing involvement in the life, worship and service of the Surfers Paradise Catholic Parish.
- The child is a baptised Catholic whose family can demonstrate ongoing involvement in the life, worship, service of another parish and now seeks to participate actively in the life, worship and service of this parish.
- The child is a baptised Catholic whose family resides in Surfers Paradise Catholic Parish and whose family is committed to and guided by the values of the gospel and the traditions of the Catholic Church.
- The child is baptised Catholic, his/her family is committed to and guided by the values of the gospel and the traditions of the Catholic Church and has appropriate reasons for not enrolling the child in their own parish school.
- The child, though not baptised as a Catholic, belongs to a family that can demonstrate some meaningful relationship with a Christian tradition and is committed to and guided by the values of the Gospel and accepting of the traditions of the Catholic Community.
- The child, though not Christian, belongs to a family that shares our values and wishes to join our community.

OFFICE USE ONLY

APPLICATION INFORMATION | INTERVIEW INFORMATION | ENROLMENT CONFIRMATION
---|---|---
Lodgement Date | Date | Time | Date Received
Application Fee Paid | ☐ Yes □ No | Interviewer | Signature | Start Date
Receipt No. | | Outcome | Confirmation Fee Paid | ☐ Yes □ No
Special Circumstances | ☐ Yes □ No | Date | Receipt No.
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: ____________________________ School Suburb: ____________________________

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

Prep  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  Yr 7  Yr 8  Yr 9  Yr 10  Yr 11  Yr 12

Start Date: _____/____/____  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: _____/____/____

BCE Student Id: (If known): ________

Gender*:  
☐ Male  
☐ Female

Section 2: Student Cultural Background

Country of Birth*:  
☐ Australia  
☐ Other (Please specify) ____________________________

Indigenous Status*:  
☐ 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 (Health care details only required for those on Student Visas).

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) Attended From (Date)</th>
<th>Attended To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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

Is the Student Catholic?

☐ Yes. ☐ No. Other Religion (Please specify) __________________________

A legible copy of the student’s Baptismal Certificate is attached and details of any Sacraments Received are provided below

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

<table>
<thead>
<tr>
<th>Legal Surname:</th>
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<table>
<thead>
<tr>
<th>Legal First Name:</th>
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<tr>
<th>Other Given Name(s):</th>
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<table>
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<tr>
<th>Preferred Surname: (If different from Legal Surname)</th>
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<tr>
<th>Title:</th>
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<tbody>
<tr>
<td>Mr</td>
</tr>
<tr>
<td>Mrs</td>
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<tr>
<td>Miss</td>
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<tr>
<td>Ms</td>
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<tr>
<td>Dr</td>
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<td>Fr</td>
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<tr>
<td>Br</td>
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<tr>
<td>Rev</td>
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<tr>
<td>Prof</td>
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<tr>
<th>Gender:</th>
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<tr>
<td>Male</td>
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<td>Female</td>
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<tr>
<th>Date of Birth:</th>
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Parent/Legal Guardian/Caregiver 2

<table>
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<tr>
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</table>

**Section 8: Related Persons’ Cultural Background**

Parent/Legal Guardian/Caregiver 1

<table>
<thead>
<tr>
<th>Country of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where was this person born?</td>
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<tr>
<td>Australia</td>
</tr>
<tr>
<td>Other (Please specify)</td>
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</table>

<table>
<thead>
<tr>
<th>Country of Passport Issue:</th>
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<tbody>
<tr>
<td>If not eligible for an Australian passport.</td>
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<table>
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<td>Yes, Other (Please specify)</td>
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<td>Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?</td>
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<table>
<thead>
<tr>
<th>Religion:</th>
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<tbody>
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<tr>
<th>Parish of Worship: (If applicable)</th>
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</table>

Parent/Legal Guardian/Caregiver 2

<table>
<thead>
<tr>
<th>Country of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where was this person born?</td>
</tr>
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### 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>
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<tbody>
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<tr>
<td>Mobile Telephone Number:</td>
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#### Parent/Legal Guardian/Caregiver 2

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
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<tbody>
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<td>Home Telephone Number:</td>
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<td>Mobile Telephone Number:</td>
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<tr>
<td>Comments:</td>
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### 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
- [ ] 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

#### 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
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- [ ] Home Stay Sister
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- [ ] Doctor
- [ ] Dentist
- [ ] Legal Guardian *(for Dept. of Communities only)*
- [ ] Care Provider
- [ ] Counsellor/Social Worker
- [ ] Agent
- [ ] Reg. Exchange Org
### Section 12: Related Persons' Relationship to the Student (continued...)

#### Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**
- ☐ 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.  
  - 1<sup>st</sup>  
  - 2<sup>nd</sup>  
- ☐ No

**Legal Guardian:**
If this person is not a birth or adoptive parent, then legal documentation must be attached.
- ☐ Yes  
- ☐ No

**Caregiver:**
A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
- ☐ Yes  
- ☐ No

**Main Contact:**
A student must have one (1) main contact.
- ☐ Yes  
- ☐ No

Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports:  
  - ☐ Yes  
  - ☐ No
- Newsletters:  
  - ☐ Yes  
  - ☐ No
- Invitations:  
  - ☐ Yes  
  - ☐ No
- School Portal Access:  
  - ☐ Yes  
  - ☐ No

Does this person reside with the student?
- ☐ Yes  
- ☐ No

Does this person require the assistance of an interpreter?
- ☐ Yes  
- ☐ No

#### Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**
- ☐ 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.  
  - 1<sup>st</sup>  
  - 2<sup>nd</sup>  
- ☐ No

**Legal Guardian:**
If this person is not a birth or adoptive parent, then legal documentation must be attached.
- ☐ Yes  
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Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports:  
  - ☐ Yes  
  - ☐ No
- Newsletters:  
  - ☐ Yes  
  - ☐ No
- Invitations:  
  - ☐ Yes  
  - ☐ No
- School Portal Access:  
  - ☐ Yes  
  - ☐ No

Does this person reside with the student?
- ☐ Yes  
- ☐ No

Does this person require the assistance of an interpreter?
- ☐ Yes  
- ☐ No
**Section 13: Student Address Information**

**Residential Address Details**
- □ Same as Parent/Legal Guardian/Caregiver1
- □ Same as Parent/Legal Guardian/Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country (If not Australia):**

**Residential (Alternative) Details (If required)**
- □ Same as Parent/Legal Guardian/Caregiver1
- □ Same as Parent/Legal Guardian/Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country (If not Australia):**

---

**Section 14: Student Contact Information**

**Contact Method Type**

**Order**

Indicate best contact order for the student.

**Silent**

Is this number silent?

**Contact Method Type**

**Order**

Indicate best contact order for the student.

**Silent**

Is this number silent?

**Home Telephone Number:**

( ) ——— ———

**Mobile Telephone Number:**

—— ——— ———

**Email Address:**
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>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus Type 1</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Febrile Convulsions</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</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? (e.g., 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.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Has the student been diagnosed with a disability? If so, provide details.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

If the student is from interstate or overseas, describe the educational support provided.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Section 18: Legal Information

Is the student in Care of the State?

☐ Yes
☐ No

Are there any legal issues concerning the student of which the school should be aware?

☐ Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.
☐ No. Proceed to Section 19: Sibling Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Legal First Name and Surname of the person for whom the document is issued</th>
<th>Effective From (Date)</th>
<th>Effective To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Parenting Agreement</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Domestic Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Apprehended Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Child Protection Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Other Caring Arrangement</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>(Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Guardianship Documentation</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>
Section 19: Sibling Information

(a) Does the student have any school-aged siblings currently attending a BCE school?
☐ 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Surname</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal First Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to Student</td>
<td></td>
<td></td>
<td></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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resides with Student?</td>
<td>☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) Does the student have younger siblings not yet attending school?
☐ Yes. Please provide child/ren’s names (Including date of birth)

[Listing sibling details here is not regarded as an enrolment. An enrolment application is required for each student for any future enrolment.]  Office Use Only: Younger siblings are not recorded in the Student Administration System.

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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__________________________________________________________________________
Information we collect: Brisbane Catholic Education collects and records personal information, including sensitive information about students, parents/legal guardians and volunteers, 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 Education, 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 Australian 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/legal 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, other related church entities/agencies, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants, volunteers, providers of learning and assessment tools, assessment and educational authorities including the Australian Curriculum, Assessment and Reporting Authority and people providing administrative and financial services to the school. In addition, we may be required by law to disclose this information to government departments, both State and Federal.

The school may use online or ‘cloud’ service providers to store personal information and to provide services to the school that involves the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider’s servers which may be situated outside Australia.

Personal information collected from students is regularly disclosed to their parents/legal 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 Privacy Policy sets out how parents or students may complain about a breach of privacy and how the school will deal with such a complaint.

Our privacy position: Brisbane Catholic Education is bound by the Privacy Act (1988) and has adopted the thirteen (13) Australian Privacy Principles. A privacy statement detailing Brisbane Catholic Education’s practices and procedures for the use and management of the personal and sensitive information it collects and records can be accessed on the school’s website or the Brisbane Catholic Education website http://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 and sensitive information referred to above, we may not be able to enrol or continue to enrol your student.
APPENDIX 1 – List of Parental Occupation Groups

Group 1: 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.
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
Air/sea transport [aircraft/ship’s captain/office/pilot, flight officer, flying instructor, air traffic controller]

Group 2: 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.
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 3: 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/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: 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.
  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]

If the person is not currently working

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, please use the person’s last occupation.

If the person has not been in paid work in the last 12 months, select ‘Not in paid work in last 12 months’.
Please complete **before** submitting the Application for Enrolment form

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

Documents provided:

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Citizenship Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Visa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Passport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current/Previous School Transfer Form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baptism Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or Medical Assessment Reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature(s)

I declare that:

- I have completed this form in conjunction with the Enrolment Notes Booklet which includes the BCE Collection Notice Form
- 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**