St Vincent's Primary School
PO Box 6574
GCMC QLD 9726

Confidential

APPLICATION OF ENROLMENT

For

STUDENT NAME __________________________
YEAR LEVEL _______________ START DATE _______________

Please nominate the criteria under which you are applying:

1. The child is a sibling of student/s who is/are enrolled at and attending St Vincent’s.
   or
   The child is a baptised Catholic whose family can demonstrate ongoing involvement in the life, worship and service of the Surfers Paradise Catholic Parish.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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

<table>
<thead>
<tr>
<th>Lodgement Date</th>
<th>Date</th>
<th>Time</th>
<th>Date Received</th>
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<td>No</td>
<td>Interviewer Signature</td>
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<td>Receipt No.</td>
<td>Outcome</td>
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</tr>
<tr>
<td>Special Circumstances</td>
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<td>No</td>
<td>Date</td>
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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.

<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 __ / __ M __ / __ Y __ 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: ________________________

Preferred First Name: _____________________

Legal First Name: __________________________

Date of Birth: __ D __ / __ M __ / __ Y __ Y __ Y __

Other Given Name(s): ______________________

Gender*: □ Male □ Female

BCE Student Id: (If known): ____________

Date of Birth: __ D __ / __ M __ / __ Y __ Y __ Y __ Y __

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

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)

☐ Other Country (Please specify) ________________________________

Proceed to Section 5: Current/Previous Schooling

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: ________________________________ Date of Entry to Australia: ________________________________

Visa Sub-Class Number: ________________________________ Health Care Number: ________________________________

Visa Expiry Date: D D / M M / Y Y Y Y Health Care Expiry Date: D D / M M / Y Y Y Y

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>
<td></td>
<td></td>
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<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
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<td></td>
<td></td>
<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 ________________________________
# Related Persons’ Information

## 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:** 
  - [ ] D D / M M / Y Y Y Y

### 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:** 
  - [ ] D D / M M / Y Y Y Y

## Section 8: Related Persons’ Cultural Background

### Parent/Legal Guardian/Caregiver 1
- **Country of Birth:**
  - [ ] 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:**
  - [ ] 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**

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<thead>
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<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>Suburb/Town</td>
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<tr>
<td>State</td>
<td></td>
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<tr>
<td>Postcode</td>
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<tr>
<td>Country (if not Australia)</td>
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</tr>
</tbody>
</table>

**Postal/Correspondence Address Details**

- [ ] Same as Residential address

<table>
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<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
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<td>State</td>
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<td>Postcode</td>
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<tr>
<td>Country (If not Australia)</td>
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</table>

**Residential (Alternative) Address Details** (If required)

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<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
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<td>Country (if not Australia)</td>
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</table>

### Parent/Legal Guardian/Caregiver 2

**Residential Address Details**

- Same as Parent/Legal Guardian/Caregiver 1

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<thead>
<tr>
<th>Field</th>
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**Postal/Correspondence Address Details**

- Same as Residential address

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<thead>
<tr>
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<tbody>
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<td>Country (If not Australia)</td>
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**Residential (Alternative) Address Details** (If required)

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<td>Postcode</td>
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<tr>
<td>Country (if not Australia)</td>
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</table>
### Section 11: Related Persons’ Contact Information

#### Parent/Legal Guardian/Caregiver 1

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<th>Contact Method Type</th>
<th>Order</th>
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<tbody>
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<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
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<td>Email Address:</td>
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<td>Work Telephone Number:</td>
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<td>Work Email Address:</td>
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#### Parent/Legal Guardian/Caregiver 2

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<td>Mobile Telephone Number:</td>
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<tr>
<td>Work Email Address:</td>
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<tr>
<td>Comments:</td>
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</tr>
</tbody>
</table>

### 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
- [ ] 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
### 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.
  
  1st  2nd
- [ ] 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.
  
  1st  2nd
- [ ] 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
### Section 13: Student Address Information

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

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

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

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

### Section 14: Student Contact Information

**Contact Method Type**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
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<td>(  ) _ _ _ _ _ _ _ _ _ _</td>
</tr>
<tr>
<td>Mobile Telephone Number</td>
<td>_ _ _ _ _ _ _ _ _ _</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
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</tbody>
</table>

**Contact Method Type (If required)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home (Alternative) Number</td>
<td>(  ) _ _ _ _ _ _ _ _</td>
</tr>
</tbody>
</table>

**Order**
- Indicate best contact order for the student.

**Silent**
- Is this number silent?
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>
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</thead>
<tbody>
<tr>
<td>Allergy</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus Type 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Febrile Convulsions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></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? (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.

__________________________________________________________________________________________

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>(Please specify)</td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</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

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>Date of Birth</td>
<td>DD / MM / YYYY</td>
</tr>
<tr>
<td>School Name and Suburb (If applicable)</td>
<td></td>
<td>Class (If applicable)</td>
<td></td>
</tr>
<tr>
<td>House (If applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resides with Student?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</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
Brisbane Catholic Education (BCE)
Information Collection Notice

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, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants. In addition we may be required to disclose this information to government departments, both State and Federal.

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.

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 the student’s other parents, doctors or emergency contacts, we request you 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 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.

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED D D / M M / Y Y Y Y
### 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/officer/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 | |
| 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] |

#### 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’.
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
- Australian Citizenship Documentation
- Current Visa
- Current Passport
- Health Care Documentation
- Current/Previous School Transfer Form
- Baptism Certificate
- Health or Medical Assessment Reports
- Legal Documentation

☐ Yes  ☐ No  ☐ Not Applicable

☐ Yes  ☐ No  ☐ Not Applicable

☐ Yes  ☐ No  ☐ Not Applicable

☐ Yes  ☐ No  ☐ Not Applicable

☐ Yes  ☐ No  ☐ Not Applicable

☐ Yes  ☐ No  ☐ Not Applicable

☐ Yes  ☐ No  ☐ Not Applicable

☐ 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