



Application for Enrolment

OFFICE USE ONLY

Student Code:
Family Code:

Name of Student:

Family Mailing Details

Family Surname:

Mail to:

[eg Mr & Mrs Smith]

Address:

Town:

Post Code:

Family Phone Number:

Mobile:

Current Parish:

Student Details

First Name:

Commencement Year:

Middle Name:

1st Australian School Year (eg 2018):

Surname:

Previous School:

Year Level:

Preferred Name:

Religion:

Sex: Male Female (please)

Nationality:

Date of Birth:

Does the student speak a language other than English at home?

Country of Birth:

Yes No If Yes Please List Below

Year: eg: Prep, Year 1

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

Medical Details

Doctor's Name:

Phone Number:

Student's Medicare Number:

Date of Last Tetanus Injection/Booster:

Allergies/Medical Alert

Please specify **any allergies/medical alerts** relating to the student applying for enrolment (eg allergies to nuts, penicillin, bee stings etc, asthma management etc)

Immunisations

Has the Immunisation Certificate been submitted? Yes No

Special Needs

Indicate whether the student applying for enrolment has any known or suspected **special needs** (please tick Yes or No)

Physical Needs

Medical Needs

Educational Needs

Behavioural Needs

Allergies

Any other special needs

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

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

If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.

Parish/Sacramental Details			
Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Y/N
Reconciliation			
Eucharist			
Confirmation			

Contact Details		
Details	Father/Carer Residing at Same Address	Mother/Carer Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Sex		
Address – Street		
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		
Working With Children Check No.		
Mobile		
Email Address		
Occupation		
Country of Birth		
Religion		

I/we understand/confirm all information & details given were true at date of signing

SIGNED: _____ (Father/Carer)
 _____ **and/or**
 _____ (Mother/Carer)

DATE: _____