



STAGE 2 Information Form

March 2025



St Mary's Primary School

This FORM is part of the Catholic Education Sandhurst Limited (CES Ltd) ENROLMENT POLICY which is available at www.ceosand.catholic.edu.au

Office use only	Date received:	Enter text.			
	Student/family code:	Enter text.			
	House colour:	Enter text.			
	English as an Additional Language:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	VSN:	Enter text.			

STUDENT DETAILS					
SURNAME:	Enter text.		FIRST NAME/S	Enter text.	
PREFERRED FIRST NAME:	Enter text.		DATE OF BIRTH:	Click or tap to enter a date.	
ENTRY YEAR:	Enter text.		ENTRY LEVEL/GRADE:	Enter text.	
ADDRESS:	Enter text.				
TOWN/CITY:	Enter text.		STATE:	Choose	POSTCODE: Enter text.

MEDICAL INFORMATION	
DOCTOR'S NAME:	Enter text.

NUMBER AND STREET:	Enter text.				
TOWN/SUBURB:	Enter text.	STATE:	Choose	POSTCODE:	Enter text.
MEDICARE NUMBER:	Enter text.	REF. NO.:	Enter text.	EXPIRY:	Enter text.
PENSION or HEALTH CARE CARD:	Enter text.	REF. NO.:	Enter text.	EXPIRY:	Enter text.
PRIVATE HEALTH INSURANCE:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	FUND:	Enter text.	NUMBER: Enter text.
AMBULANCE COVER:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	NUMBER: Enter text.		Enter text.
In the event of an emergency an ambulance will be called if required.					
MEDICAL CONDITION:	<p>Specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student.</p> <p>A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.</p> <p>List specific details for any known allergies that do not lead to anaphylaxis, e.g., hay fever, rye grass, animal fur.</p>				
Enter text.					
HAS THE STUDENT BEEN DIAGNOSED AS BEING AT RISK OF ANAPHYLAXIS?				YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
IF YES, DOES THE STUDENT HAVE AN EPIPEN?				YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
HAS THE STUDENT BEEN DIAGNOSED AS BEING AT RISK OF ASTHMA?				YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
IF YES, DOES THE STUDENT HAVE AN ASTHMA PLAN?				YES: <input type="checkbox"/>	NO: <input type="checkbox"/>

PROVIDE ALL REQUIRED INFORMATION TO ALLOW US TO MEET OUR DUTY OF CARE OBLIGATIONS AND FACILITATE THE SMOOTH TRANSITION OF YOUR CHILD INTO OUR SCHOOL.

IT WILL ASSIST THE SCHOOL TO IMPLEMENT APPROPRIATE ADJUSTMENTS AND STRATEGIES TO MEET THE PARTICULAR NEEDS OF YOUR CHILD.

IF THE INFORMATION PROVIDED IS INCOMPLETE, INCORRECT OR MISLEADING, CURRENT OR ONGOING ENROLMENT MAY BE REVIEWED.

ADDITIONAL NEEDS					
IS YOUR CHILD ELIGIBLE OR CURRENTLY RECEIVING NATIONAL DISABILITY INSURANCE SCHEME (NDIS) SUPPORT?		PENDING: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
DOES YOUR CHILD PRESENT WITH:					
AUTISM (ASD)	<input type="checkbox"/>	BEHAVIOURAL CONCERNS	<input type="checkbox"/>	HEARING IMPAIRMENT	<input type="checkbox"/>
INTELLECTUAL DISABILITY / DEVELOPMENTAL DELAY	<input type="checkbox"/>	MENTAL HEALTH ISSUES	<input type="checkbox"/>	ORAL LANGUAGE / COMMUNICATION DIFFICULTIES	<input type="checkbox"/>
ADD / ADHD	<input type="checkbox"/>	ACQUIRED BRAIN INJURY	<input type="checkbox"/>	VISION IMPAIRMENT	<input type="checkbox"/>

GIFTEDNESS	<input type="checkbox"/>	PHYSICAL IMPAIRMENT	<input type="checkbox"/>		
OTHER CONDITION	<input type="checkbox"/>	Specify:	Enter text.		
HAS YOUR CHILD EVER SEEN A:					
PAEDIATRICIAN	<input type="checkbox"/>	PHYSIOTHERAPIST	<input type="checkbox"/>	AUDIOLOGIST	<input type="checkbox"/>
PSYCHOLOGIST / COUNSELLOR	<input type="checkbox"/>	OCCUPATIONAL THERAPIST	<input type="checkbox"/>	SPEECH THERAPIST	<input type="checkbox"/>
PSYCHIATRIST	<input type="checkbox"/>	CONTINENCE NURSE	<input type="checkbox"/>		
OTHER SPECIALIST	<input type="checkbox"/>	Specify:	Enter text.		
HAVE YOU ATTACHED ALL RELEVANT INFORMATION / REPORTS?			YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
DOES THE STUDENT OR PARENT(S)/GUARDIAN(S) SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? (Note: Record all languages spoken)					
	STUDENT	PARENT / GUARDIAN A	PARENT /GUARDIAN B		
ENGLISH ONLY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER: (please specify all languages)	Enter text.	Enter text.	Enter text.		

PARENT / GUARDIAN A							
SURNAME:	Enter text.		FIRST NAME:	Enter text.			
TITLE: (e.g., Mr/Mrs/Ms)	Enter text.						
NATIONALITY: (Ethnicity if not born in Australia)	Enter text.						
COUNTRY OF BIRTH:	<input type="checkbox"/> AUSTRALIA	<input type="checkbox"/> OTHER (specify)	Enter text.				
GOVERNMENT REQUIREMENT	OCCUPATION:	Enter text.					
WHAT IS THE OCCUPATION GROUP? (select from list of parental occupation groups in the School Family Occupation Index)		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>					
EMPLOYER	Enter text.						
EDUCATION							
WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL PARENT / GUARDIAN A HAS COMPLETED? (Persons who have never attended secondary school, tick 'Year 9 or below')							
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>				
WHAT IS THE HIGHEST QUALIFICATION PARENT / GUARDIAN A HAS COMPLETED?							
No post-school qualification	<input type="checkbox"/>	Certificate I to IV (including trade	<input type="checkbox"/>	Advanced diploma / diploma	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>

		<i>certificate)</i>					
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PARENT / GUARDIAN B			
SURNAME:	Enter text.		FIRST NAME: Enter text.
TITLE: (e.g., Mr/Mrs/Ms)	Enter text.		
NATIONALITY: (Ethnicity if not born in Australia)	Enter text.		
COUNTRY OF BIRTH:	<input type="checkbox"/> AUSTRALIA	<input type="checkbox"/> OTHER (specify)	Enter text.
GOVERNMENT REQUIREMENT	OCCUPATION:	Enter text.	
WHAT IS THE OCCUPATION GROUP? (select from list of parental occupation groups in the School Family Occupation Index)		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	
EMPLOYER	Enter text.		
EDUCATION			
WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL PARENT / GUARDIAN B HAS COMPLETED? (Persons who have never attended secondary school, tick 'Year 9 or below')			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
WHAT IS THE HIGHEST QUALIFICATION PARENT / GUARDIAN B HAS COMPLETED?			
No post-school qualification	<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> Advanced diploma / diploma	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/>

RESIDENTIAL ARRANGEMENTS			
LIVING WITH IMMEDIATE FAMILY:	<input type="checkbox"/>	OUT-OF-HOME CARE:	<input type="checkbox"/>
CARER / GUARDIAN:	<input type="checkbox"/>	KINSHIP CARE:	<input type="checkbox"/>
SHARED PARENTING: (e.g., one week with each parent)	<input type="checkbox"/>	DAYS WITH PARENT / GUARDIAN A:	Enter text.
		DAYS WITH PARENT / GUARDIAN B:	Enter text.
OTHER: (specify)	<input type="checkbox"/>	Enter text.	

COURT ORDERS OR PARENTING ORDERS (if applicable)			
ARE THERE ANY CURRENT COURT ORDERS OR PARENTING ORDERS RELATING TO THE STUDENT?			
YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>
PENDING:	<input type="checkbox"/>		
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.			
IF PENDING, SUPPLY ANTICIPATED DATE OF COMPLETION:		Enter text.	
IS THERE ANY OTHER INFORMATION YOU WISH THE SCHOOL TO BE AWARE OF?			

Enter text.

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN				
1	SURNAME:	Enter text.	FIRST NAME:	Enter text.
	RELATIONSHIP TO CHILD:	Enter text.		
	HOME PHONE:	Enter text.	MOBILE PHONE:	Enter text.
2	SURNAME:	Enter text.	FIRST NAME:	Enter text.
	RELATIONSHIP TO CHILD:	Enter text.		
	HOME PHONE:	Enter text.	MOBILE PHONE:	Enter text.

SCHOOL FEE PAYMENT	
SHOULD THE APPLICATION BE ACCEPTED AND ENROLMENT IS COMPLETED, WHO WILL BE RESPONSIBLE FOR PAYMENT OF THE SCHOOL FEES AND LEVIES?	
Parent/Guardian A only	<input type="checkbox"/>
Parent/Guardian B only	<input type="checkbox"/>
Shared Payment:	
Parent/Guardian A (%)	Enter text.
Parent/Guardian B (%)	Enter text.
Other payment arrangements (details):	
Enter text.	

Family accounts will be invoiced as per the enrolment forms. In a separated family situation, the school expects the enrolling parents/guardians/caregivers to arrange a payment plan between themselves to ensure fees are paid by the payment due dates. Enrolling parents/guardian/caregivers are jointly liable for all fees. The only exception to this rule is if an active Court Order is provided to the school which specifies a specific fee arrangement to be followed.

CONSENT		
<p>I / we give consent to the collection of my/our personal information and the personal information of the child named on this form by St Mary's School for the purposes of verifying the information I/we have provided, and for educational planning.</p>	<p>YES: <input type="checkbox"/></p>	<p>NO: <input type="checkbox"/></p> <p><i>If you do not consent, the School will be unable to enrol the Student.</i></p>

SIGNATURE/S

SIGNATURE 1:

PRINT NAME:

Enter text.

DATE:

Enter text.

SIGNATURE 2:

PRINT NAME:

Enter text.

DATE:

Enter text.

A signature from the following applicable people will be required to complete the enrolment application:

- the parents/guardians as set out on the child's birth certificate or as described in a court order
- an informal carer with a statutory declaration, or other authorised carer with relevant documentation
- the student, if they are living independently.

The signature of one parent/guardian on an enrolment application should be accepted where:

- there is only one parent/guardian or carer with legal responsibility for the child
- parents/guardians are completing separate enrolment applications
- one parent/guardian declares they have completed and signed the enrolment application on behalf of both parents/guardians, and contact details for the other parent/guardian have been provided in the enrolment application for the school's use

- one parent/guardian has completed and signed the enrolment application and the contact details for the other parent/guardian are unknown to the enrolling parent/guardian and the school.

In all other circumstances, the signature of only one parent/guardian on an enrolment application will generally be considered incomplete documentation.