

# St Margaret's Enrolment Form – Primary



St Margaret's is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

## DUE DATE:

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

### ENROLMENT FORM

Name of student:

Address where student lives:

Current school family: YES ☐ NO ☐

Tel:

#### OFFICE USE ONLY

Date received:

Enrolment date:

Start date:

Student ID:

Immunisation history statement attached: Yes ☐ No ☐

Birth certificate attached: Yes ☐ No ☐

English as an Additional Language: Yes ☐ No ☐

House colour:

VSN:

Visa information attached (if relevant): Yes ☐ No ☐

### Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)

Title:  
(Dr/Mr/Mrs/Ms)

Surname:

Given  
name:

House Number:

Street Name:

Suburb:

State:

Postcode:

Telephone:

Home:

Work:

Mobile:

Silent number: Yes ☐ No ☐

SMS messaging: (for emergency and reminder purposes) Yes ☐ No ☐

Email:

Relationship to student:

<b>Government Requirement</b>	<b>Occupation:</b>	<b>What is the occupation group?</b> (select from list of occupation groups in the School Family Occupation Index)	
<b>Religion:</b> (include rite)		<b>Nationality:</b> <b>Ethnicity if not born in Australia:</b>	
<b>Country of birth:</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
<b>What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b> (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"/>
<b>What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b>			
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"/>

Student Contact 2 (PARENT 2 /GUARDIAN 2/CARER 2)			
<b>Title:</b> (Dr/Mr/Mrs/Ms)		<b>Surname:</b>	
<b>House Number:</b>		<b>Street Name:</b>	
<b>Suburb:</b>		<b>State:</b>	<b>Postcode:</b>
<b>Telephone:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>Silent number:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>SMS messaging:</b> (for emergency and reminder purposes) Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Email:</b>			
<b>Relationship to student:</b>			
<b>Government Requirement</b>	<b>Occupation:</b>	<b>What is the occupation group?</b> (select from list of occupation groups in the School Family Occupation Index)	
<b>Religion:</b> (include rite)		<b>Nationality:</b> <b>Ethnicity if not born in Australia:</b>	
<b>Country of birth:</b>	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
<b>What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed?</b> (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 level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?**

No post-school  
qualification  
☐

Certificate I to IV  
(including trade  
certificate)  
☐

Advanced  
diploma/Diploma  
☐

Bachelor degree or  
above  
☐

#### STUDENT DETAILS

**Surname:**

**Entry year (YYYY):**

**Entry level/grade:**

**Given name/s:**

**Preferred name:**

**Date of birth:**

**Religion: (include rite)**

Male: ☐

Female: ☐

Unspecified/Indeterminate/X: ☐

#### PREVIOUS SCHOOL/PRESCHOOL

**Name and address of previous school/preschool:**

I/We give permission for the school to contact the  
previous school or preschool and to gather relevant  
reports and information to support educational planning:

No ☐

Yes ☐

(If yes, please complete the  
Consent for Transferring  
Information form.)

#### NATIONALITY AND CITIZENSHIP

**Government Requirement**

**Nationality:**

**Ethnicity:**

**In which country was the  
student born?**

☐ Australia

☐ Other (please specify):

**Date of arrival in Australia OR Date of return to Australia:**

**What is the residential status of the student?** ☐ Permanent ☐ Temporary

**Evidence of Australian Residency:**

☐ Australian Citizen

☐ Permanent Resident

☐ Eligible for Australian Passport

☐ Temporary Resident

☐ Other/Visitor/Overseas Student

**Visa sub class:**

**Visa expiry date:**

**\* Please attach visa/ImmiCard/letter of notification and passport photo page**

Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? <i>Note: Record all languages spoken.</i>				
		Student	Student Contact 1 (Parent1/Guardian 1/Carer1)	Student Contact 2 (Parent2/Guardian 2/Carer2)
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – <i>please specify all languages</i>			

**Is the student of Aboriginal or Torres Strait Islander origin?**  
*(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)*

No ☐                      Yes, Aboriginal ☐                      Yes, Torres Strait Islander ☐

SACRAMENTAL INFORMATION			
Baptism	Date:	Parish:	
Confirmation	Date:	Parish:	
Parish where the student lives:			

EMERGENCY CONTACTS – other than student contacts (PARENT/GUARDIAN/CARER)	
1. Name:	2. Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

MEDICAL INFORMATION			
Doctor's name:			
Doctor's address:			
Telephone:			
Medicare number:		Ref number:	Expiry:
Private health insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance cover:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Health Care Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Care Card No:	Expiry:
<p><b>Medical condition:</b> Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.</p> <p>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p>			
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 or Anapen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

IMMUNISATION <i>(please attach an immunisation history statement)</i>	
<p>All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit <a href="#">myGov</a>) and provide it to the school with this enrolment form.</p>	<p>Immunisation history statement attached:</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If no, please provide explanation:</p>
<p>If the student entered Australia on a humanitarian visa, did they receive a refugee health check?</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or 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? Yes ☐ No ☐

#### Does your child present with:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 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 ( <i>please specify</i> ) |

#### Has your child ever seen a:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> paediatrician           | <input type="checkbox"/> physiotherapist        | <input type="checkbox"/> audiologist                                |
| <input type="checkbox"/> psychologist/counsellor | <input type="checkbox"/> occupational therapist | <input type="checkbox"/> speech pathologist                         |
| <input type="checkbox"/> psychiatrist            | <input type="checkbox"/> continence nurse       | <input type="checkbox"/> other specialist ( <i>please specify</i> ) |

Have you attached all relevant information and reports? Yes ☐ No ☐

#### SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

#### HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Guardian/Carer	<input type="checkbox"/> Shared parenting, <i>e.g. one week with each parent:</i> Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other ( <i>please specify</i> )

**COURT ORDERS OR PARENTING ORDERS (if applicable)**

Are there any current court orders or parenting orders relating to the student? Yes ☐ No ☐

*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.*

Is there any other information you wish the school to be aware of?

**FAMILY DETAILS**

To whom the account for school fees and levies is sent?

Surname	First name	Address and email	Telephone	Relationship to the student

Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School. Please refer to the Terms and Conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.

**Student Contact 1  
PARENT 1/GUARDIAN 1/  
CARER 1 SIGNATURE:**

Date:

**Student Contact 2  
PARENT 2 /GUARDIAN 2/  
CARER 2 SIGNATURE:**

Date:

**Note:** The Victorian Government provides the following guidance regarding admission requirements:

**Consent**

The signature of:

- parent as defined in the *Family Law Act 1975*
  - Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
  - may be a relative or other carer
  - have day-to-day care of the student with the student regularly living with them
  - may provide any other consent required e.g. excursions.

Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

**Disclaimer:** Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on the school website.

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST	
<b>Please ensure that the following documents are attached to the Enrolment Application form (as applicable to your child):</b>	
<input type="checkbox"/>	Birth certificate
<input type="checkbox"/>	Immunisation history statement
<input type="checkbox"/>	Baptism certificate
<input type="checkbox"/>	Consent to contact previous school or preschool
<input type="checkbox"/>	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia
<input type="checkbox"/>	Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page
<input type="checkbox"/>	Medical Management Plan signed by a relevant medical practitioner
<input type="checkbox"/>	All relevant information and reports concerning additional needs of your child
<input type="checkbox"/>	Any current court orders or parenting orders relating your child
<input type="checkbox"/>	Any additional information you wish the school to be aware of

Responsible director	Director, Learning and Regional Services
Policy owner	General Manager, Learning Diversity
Approving authority	Director, Learning and Regional Services
Approval date	28 October 2022
Risk rating	High
Date of next review	October 2024

POLICY DATABASE INFORMATION	
Related documents	Enrolment Policy
Superseded documents	Enrolment Form –v1.0–2021
New policy	

St Margaret's Primary School  
East Geelong  
**Photograph/Recording Permission  
Form**



MELBOURNE  
ARCHDIOCESE  
CATHOLIC SCHOOLS



Dear Parent/Guardian

At certain times throughout the year, students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Melbourne Archdiocese Catholic Schools Ltd (MACS) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

We would like permission to use your child's photograph/recording for the above purposes. Please complete the permission form below and return it to the school as soon as possible. Thank you for your continued support.

NAME OF STUDENT	YEAR LEVEL
-----------------	------------

  

I give permission for my child's: <input type="checkbox"/> name <input type="checkbox"/> photograph <input type="checkbox"/> recording	to be published by the school on/in: <input type="checkbox"/> the school website <input type="checkbox"/> social media <input type="checkbox"/> promotional materials <input type="checkbox"/> newspapers and other media.
---	--

- ☐ I authorise MACS/the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for MACS/the CECV's promotional, marketing, media and educational purposes.
- ☐ I give permission for a photograph/recording of my child to be used by the school/MACS/the 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/recording 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/recording 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 / CARER (Please circle)	
Signature	Date
Signature	Date

Any permission and consent given may be withdrawn by the parent/guardian or student (if they are aged 15 or over) by notifying the school in advance of any photograph or recording being made.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on its website <https://www.smgeelongeast.catholic.edu.au/>