



Our Lady of the Sacred Heart Elmore Application for Enrolment



Our Lady of the Sacred Heart Elmore is a School which operates with the consent of the Bishop of the Catholic Diocese of Sandhurst and is owned, operated and governed by Catholic Education Sandhurst (CES) Limited, where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

Office use only	Date received:	Start date:
	Debtor Code:	Birth certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Student Code:	Baptism Certificate Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
	VSN:	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
	House Colour:	Visa information attached (if relevant): Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF CHILD		
Surname:	Entry year (YYYY):	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion (include rite):	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>
Proposed Commencement Date of Enrolment:		

HOME ADDRESS OF CHILD	
Street number and name:	
Suburb:	Postcode:
Home phone:	

MEDICAL INFORMATION			
Doctor's name:			
Street number and name:			
Suburb:		Postcode:	Phone:

MEDICAL INFORMATION (CONTINUED)			
Medicare number:	[]	Ref number: []	Expiry: []
Healthcare Card 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: []
	<i>In the event of an emergency an ambulance will be called if required.</i>		
Medical condition:	<p><i>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.</i></p> <p><i>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</i></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?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please 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 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:

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

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 pathologist	<input type="checkbox"/>
psychiatrist	<input type="checkbox"/>	continence nurse	<input type="checkbox"/>	other specialist (please specify)	<input type="checkbox"/>

Have you attached all relevant information/reports? Yes No

PREVIOUS SCHOOL/PRESCHOOL PERMISSION

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: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please complete Form - <i>Consent for Transferring Information.</i>)

SACRAMENTAL INFORMATION		
Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current parish:		

NATIONALITY		
Government Requirement	Nationality:	Ethnicity:
In which country was the student born?	Australia <input type="checkbox"/>	Other – please specify:
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 <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>
IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*		
Please tick the relevant category below and record the visa subclass number as per government requirements: (original documents to be sighted and copies to be retained by the school)		
Australian citizen not born in Australia:		
<input type="checkbox"/>	Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)	
Australian passport number:		
Naturalisation certificate number:		
Visa subclass recorded on entry to Australia:		
Date of arrival in Australia:		
Not currently an Australian citizen, please provide further details as appropriate below:		
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)	
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)	
<input type="checkbox"/>	Other/visitor/overseas student: (if ticked, record the visa subclass number)	
* Please attach visa/ImmiCard/letter of notification and passport photo page.		

Does the student or their parent(s)/guardian(s) speak a language other than English at home? Note: Record all languages spoken.
--

		Student	Parent A/Guardian 1	Parent B/Guardian 2
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages			

IMMUNISATION (please attach an immunisation history statement for your child)

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit myGov) and provide it to the school with this enrolment form.

Immunisation history statement attached:
 Yes No
 If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check?

Yes No

PARENT A/GUARDIAN 1

Title: (e.g. Mr/Mrs/Ms)		[Surname:]		[First name:]	
Address:					
Home phone:		[Work phone:]		[Mobile:]	
SMS messaging: (for emergency and reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					
Relationship to student:					
Government Requirement	Occupation:		What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index)		
[Religion (include rite):			Nationality: Ethnicity if not born in Australia:		
[Country of birth:		<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
What is the highest year of primary or secondary school Parent A/Guardian 1 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 level of the highest qualification Parent A/Guardian 1 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"/>	

PARENT B/GUARDIAN 2

Title: (e.g. Mr/Mrs/Ms)	[]	Surname: []	[]	First name: []	[]
Address:	[]				
Home phone:	[]	Work phone:	[]	Mobile:	[]
SMS messaging: (for emergency and reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:	[]				
Relationship to Student:					
Government Requirement	Occupation:		What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index)		
Religion (include rite):			Nationality: Ethnicity if not born in Australia:		
Country of birth:	<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify):		
What is the highest year of primary or secondary school Parent B/Guardian 2 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"/>	
What is the level of the highest qualification Parent B/Guardian 2 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"/>					

Note: If you need to list another parent/guardian, please attach another page.

SIBLINGS			
List all children in your family (oldest to youngest) – including the 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"/> Carer/guardian	<input type="checkbox"/> Shared parenting (e.g. one week with each parent): Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other (please specify)

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?

[
]
]

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN

Full Name:	[]	Full Name:	[]
Relationship to child:	[]	Relationship to child:	[]
Home phone:	[]	Home phone:	[]
Mobile:	[]	Mobile:	[]
Address:		Address:	

DEBTOR DETAILS

Should the Application be accepted and enrolment is completed, who will be responsible for payment of the school fees and levies?

Title:		Surname:		First Name:	
Address:					
Phone:		Email:			
Relationship to Student:					
Signature of Fee Payer:					

By signing below, the applicant/s acknowledge/s:

- this is a request for the named child to be considered for enrolment in the school according to the school's Enrolment Policy, and that the school's receipt of this application does not mean the school has enrolled this child.
- the school will consider this request and endeavour to communicate the outcome of this consideration by Thursday, 1 December 2022
- That any initial offer will be provisional, with the applicants to then be required to provide additional information according to government and other requirements, and to agree to the Terms and Conditions of Enrolment.

PARENT/CARER/GUARDIAN SIGNATURE:		Date:
PARENT/CARER/GUARDIAN 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 available on its website <https://www.olshelmore.catholic.edu.au/>

PHOTOGRAPH/RECORDING PERMISSION FORM

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.

Catholic Education Sandhurst Limited (CES Limited) and the Catholic Education Commission of Victoria Limited (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.

STUDENT'S FULL NAME:		YEAR LEVEL:	
-----------------------------	--	--------------------	--

I give permission for my child's:

- Name
- photograph
- recording

to be published by the school on/in:

- the school website
 - social media
 - promotional materials
 - newspapers and other media.
- I authorise CES Limited/the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CES Limited/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/CES Limited/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 (please circle):			
Signed: parent/guardian		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.olshelmore.catholic.edu.au/>*