

# Application for Enrolment



Journeying with  
Compassion

## Good Samaritan Catholic College Hinchinbrook

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## Application for Enrolment

Name of Student		Office Use Only	
		Student Code	
Current School (or pre-school if applicable)		Family Code	
		USIN Code	
		USIN Searched	

### Family Mailing Details

Family Surname:			
Mail to:	(eg Mr & Mrs Smith)		
Address:		Suburb:	Post Code:
Family Phone No(s):			<b>Office Use Only</b> Family Fee Flag:
Current Parish			

### Children in Family at Catholic Systemic Schools

Please list below all children in the family attending **Catholic Systemic Schools**  
(This information is used to give family discounts as per the Schedule of Fees Policy)

Birth Order	Full Student Name	School Year	School Attending
Child 1			
Child 2			
Child 3			
Child 4			

### Student Details

First Name:	Commencement Year :	Start Date:
Middle Name:	Year eg: Kinder, Year 7:	
Surname	Previous School:	Year Level:
Preferred Name:	Date Arrived in Australia: (if applicable)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	1 <sup>st</sup> Australian School Year (eg: 2011):	
Date of Birth:	Religion:	
Country of Birth:	Main Language Spoken at Home:	
Nationality:	Other Language(s) Spoken at Home:	
Ethnic Origin:	Does your child attend a Community Language School? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Office Use Only:</b>	<b>Student Fee Flag:</b>	<b>Rank in System:</b>
Identity Document Supplied: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify)		

### Sacramental Details

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reconciliation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Eucharist			Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation			Yes <input type="checkbox"/> No <input type="checkbox"/>

## Indigenous Identifier

Is the Student of Aboriginal or Torres Strait Islander origin?: Yes  No  (If Yes, please tick  one below)

Aboriginal

Torres Strait Islander

Both Aboriginal & Torres Strait Islander

## Student's Residency Status

**What is the Student's Residency Status?** (Evidence must be provided)

**Please note: Any change in Visa\Residency Status must be advised**

Australian Citizen  New Zealand Citizen  Norfolk Islander  Permanent Resident  Temporary Visa Holder

Bridging Visa (BRVS)

Tourist or Visitor Visa (RSVS)

Full Fee Paying Overseas Student (OS)

**For Australian Born Citizens**, if the Student was living overseas for two or more years, on what date did the student **return** to Australia?

**For Students Born Overseas**, on what date did the student last **arrive** in Australia?

**If the student is a Permanent or Temporary Visa Holder please provide the following information:**

Current Visa Sub Class:

Visa Number:

Visa Expiry Date:

Passport Number:

**Office Use Only: Residency Status Evidence Supplied**  (please tick)

Principal Visa Holder:  Yes  No

Subordinate Visa Holder:  Yes  No

OS  BRVS  RSVS  ETV  PRS  LBOTE  ESL  ESLASSIST  NA\CIEC  CSS  SSCL  OHS

For Students on an Overseas Student Visa refer to Enrolment of Overseas Students documentation and complete relevant form(s).

## Kindergarten Students

For **Kindergarten** Students, what type of formal care did this child have in the year prior to enrolling at school?

### Formal Care

Long Day Care

Family Day Care

Occasional Care

Pre-School

Other Formal Care

**Amount of formal care each week, prior to enrolling at school:**

Up to 6 hours per week

Up to 12 hours per week

12 hours to fulltime each week

**Name of Pre-School, Long Day Care Centre or Other Formal Care Service:**

### Other Care

Parent

Relative

Playgroup

Other Carer (please specify)

## Previous Schools

Please provide details of any school where the student has previously been enrolled (NSW, Interstate or Overseas) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.

Name of School(s) attended (start with most recent)	Location of School(s)	Dates of Attendance	
		From:	To:
		From:	To:
		From:	To:
		From:	To:

For Enrolments in Year 7 or Year 11 please provide the name of the school where the Student was enrolled at the end of the last school year:

If this is not the Student's first enrolment at an Australian School, what was the Student's first date of enrolment at an Australian School?

## Medical Details

### Parent/Carer Permission

I give my **permission** for the school to seek information from the doctor/medical centre named below regarding any allergy or medical condition experienced by the student  Yes  No

Doctor/Medical Centre Name

Phone Number

Student's Medicare Number

Medicare Expiry Date:

Date of Last Tetanus Injection/Booster

Immunisations: Has the Immunisation Certificate been submitted?  Yes  No

**It is essential you tell the Principal before your child starts school if he or she has any allergies / medical alerts, including ANAPHYLAXIS, or other medical conditions (eg: Allergies to nuts, penicillin, bee stings; asthma, diabetes, epilepsy management etc). You must also advise the school as soon as you are aware of any new allergies or other medical conditions.**

### Anaphylaxis Condition

eg: Peanuts, Insect Stings

Carries EpiPen Yes  No

EpiPen Expiry Date:

### Allergies

eg: hayfever, etc

### Other Medical Condition(s)

eg : asthma, diabetes, epilepsy

### Medication

please list any prescribed medication to be taken by student

## Special Circumstances

**Are there any circumstances about the student seeking to be enrolled that the school should know prior to the enrolment? (eg mature age, living apart from parental supervision, subject of a court order, out of home care arranged by the state)**

**If there are any court orders, please attach a copy of current court orders**

Yes  No  If yes, please provide a brief description of the circumstances.

## Additional Needs

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

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Needs (vision and\ or hearing impairment) Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other additional needs Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered **Yes** to any of the above, please complete the Section below: (**Supporting documentation MUST be provided**)

**Is your child a young person with:** (please tick as applicable)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> autism spectrum disorders | <input type="checkbox"/> acquired brain injury      | <input type="checkbox"/> behaviour disorders | <input type="checkbox"/> difficulties in the basic areas of learning |
| <input type="checkbox"/> a hearing impairment      | <input type="checkbox"/> an intellectual disability | <input type="checkbox"/> a language disorder |  |
| <input type="checkbox"/> mental health issues      | <input type="checkbox"/> a physical disability      | <input type="checkbox"/> special abilities   | <input type="checkbox"/> a vision impairment                         |

**Other** (please specify):

Legislation and CEO policy recognise that learning adjustments may be required for students with additional needs. These are provided through alternative teaching and learning strategies and special provisions including oral interpreting, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support

What was provided for your child in his/her **previous school/pre-school/educational setting?** (please tick as applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> access to technology  | <input type="checkbox"/> alternative teaching and learning strategies             | <input type="checkbox"/> Braille/Large Print    |
| <input type="checkbox"/> English language support  | <input type="checkbox"/> modification to equipment, furniture and learning spaces | <input type="checkbox"/> personal carer support |
| <input type="checkbox"/> a reader or scribe  | <input type="checkbox"/> special provisions for assessments                       | <input type="checkbox"/> oral interpreting      |
| <input type="checkbox"/> early intervention services eg: speech therapy, occupational therapy, other therapies |   |   |

**Other** (please specify):

Is there anything that you **do or modify at home** that may help us at school to meet your child's special needs?

What may be required for your child in **this school?** (please tick as applicable)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> access to technology     | <input type="checkbox"/> alternative teaching and learning strategies             | <input type="checkbox"/> Braille/Large Print    |
| <input type="checkbox"/> English language support | <input type="checkbox"/> modification to equipment, furniture and learning spaces | <input type="checkbox"/> personal carer support |
| <input type="checkbox"/> a reader or scribe       | <input type="checkbox"/> special provisions for assessments                       | <input type="checkbox"/> oral interpreting      |

**Other** (please specify):

**You must also advise the School of any new conditions or needs as soon as you are aware of them.**

## Student's History Relevant to Risk Assessment

This school has a legal responsibility under the relevant section of the Education Act 1990 to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide information that will help facilitate the smooth transition of students into our school setting. This may include preparing a behaviour management plan, risk assessment and risk management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in our school and contribute to ensuring the safety of your child, other students and staff.

**To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students or staff at this school?**    Yes     No

If **yes** please complete the information below and provide brief description of your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students or staff at this school.


**Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.**


**Does your child have any past history of violent behaviour, including self-harm?**    Yes     No

If **yes** please provide details (including any Apprehended Violence Orders issued against the student)


**Has your child ever been suspended, transferred or excluded from any previous school, pre-school or other educational institution?**    Yes     No

If **yes** was this for: (please tick)

<input type="checkbox"/> Actual Violence to any Person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Possession of a weapon or any item used to cause harm or injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Threats of violence or intimidation of staff, students, or others at the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Illegal drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?**    Yes     No     If **Yes**, please provide a brief outline of these incidents:


**If the student is enrolled it is essential that the school has all information about the needs of a student in order to make REASONABLE ADJUSTMENTS to meet those needs. The school MUST be advised promptly of any changes to the needs of the student.**

### Contact Details - Parent(s) / Guardian(s) / Carer(s) Residing at Same Address as Student

This section is for the parents / guardians / carers which whom the student normally lives.  
If applicable, copies of any relevant family law or other court orders must be provided.

Details	Father / Guardian / Carer Residing at Same Address	Mother / Guardian / Carer Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
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		
Fax		
Mobile		
Email Address		
Occupation		
<b>Occupational Group</b> Refer to list of occupations on the insert and tick the Group that you think best describes your work.	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>
<b>School Education</b> What is the highest level of schooling completed. (If never attended school, tick Year 9 or equivalent or below)	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
<b>Educational Qualifications</b> What is the highest qualification completed	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Country of Birth		
Nationality		
Ethnic Origin		
Religion		
<b>SIGNATURE</b>		
<b>Office Use Only: Fee Payer</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Office Use Only: Child Protection Declaration</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



**Contact Details – Emergency contact details column (1) MUST be completed**

Details	(1) Emergency Contact	(2) Non Residential Parent (If applicable)
	Please nominate a person <b>other than a parent</b> who may be contacted in the event of an emergency, if parents cannot be contacted	Please only complete if there is a Parent who does not reside at the Student's Home Address
Title		
First Name		
Surname		
Address - Street		
Suburb & Post Code		
Home Phone No.		
Business Phone No.		
Mobile Phone No.		
Email Address	N/A	
Relationship to Student		
Employer	N/A	
Occupation	N/A	
<b>Occupational Group</b> Refer to list of occupations on the insert and tick the Group that you think best describes your work.	N/A	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>
<b>School Education</b> What is the highest level of schooling completed. (If never attended school, tick Year 9 or equivalent or below)	N/A	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
<b>Educational Qualifications</b> What is the highest qualification completed	N/A	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language other than English at home?	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please Specify: 1. _____ 2. _____
Country of Birth	N/A	
Nationality	N/A	
Ethnic Origin	N/A	
Religion	N/A	
<b>SIGNATURE</b>	N/A	
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be provided.)
<b>Office Use Only: Fee Payer</b>	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Office Use Only: Child Protection Decl</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Agreement

Please tick the following boxes and sign below:

1. I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- Enrolment Policy for Systemic Catholic Schools /CEO
- Suspension, Transfer and Exclusion Policy/ CEO
- Schedule of Fees and Charges School/ CEO
- Compulsory School Attendance: Catholic Education Commission Information for Parents
- Student Acceptable Use Agreement Form ( Internet)
- School's Anti-Bullying Policy
- School Excursion Policy
- School Privacy Policy/ Standard Collection Notice
- Volunteer requirements (located within the child protection policy)

**Please note that your child's ongoing enrolment is subject to compliance with these policies and other relevant policies which come into existence after this date.**

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- Birth Certificate
- Baptismal Certificate
- Citizenship documentation (where applicable)
- Evidence of time out of the country eg: passport, plane tickets, overseas school reports (where applicable)
- Most recent previous school reports and external test results (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
- Immunisation Certificate (primary school applications only)

3. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment

4. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat, sacramental programs).

5. If this enrolment application is successful, I/we agree to jointly and severally honour the financial commitments required by the school as per the Schedule of Fees and Charges

6. I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

7. I/we understand that there will be a non-refundable Enrolment Fee of \$100 to be paid on Acceptance of a position.

## Financial Information / Commitment / Obligation

I/we will be jointly and severally liable for fees charged

Please complete as appropriate	Father / Guardian / Carer	Mother / Guardian / Carer
Billing Title (eg: Mr & Mrs Smith)		
First Name & Surname		
Billing Address		
Billing eMail Address		
Preferred Payment Method:	<input type="checkbox"/> BPay <input type="checkbox"/> CentrePay <input type="checkbox"/> Direct Debit <input type="checkbox"/> Standing Authority <input type="checkbox"/> EFTPOS <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
Preferred Payment Frequency:	<input type="checkbox"/> By Term <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly	

## Declaration

In dealing with this application, it may be necessary for the school or the Catholic Education Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the Catholic Education Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNED: \_\_\_\_\_ (Father / Guardian / Carer)

And / Or

SIGNED: \_\_\_\_\_ (Mother / Guardian / Carer)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

### Please note:

- **Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee.**
- **Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).**

