



Good Samaritan Catholic College

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APPLICATION FOR ENROLMENT

Name of Student: Current school : (or pre-school if applicable)		OFFICE USE ONLY Student Code: Family Code:
Family Mailing Details		
Family Surname		
Mail to [eg Mr & Mrs Smith]		
Address	Suburb/City	Post Code
Family Phone Number	Other	
Current Parish	Office Use Only: FFlag	

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

Student Details	
First Name	Commencement Year or Date
Middle Name	1 st Australian School Year (eg: 2001):
Surname	Previous School Year Level
Preferred Name	Religion
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Nationality
Country of Birth	Does the student 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:
Date of Birth	1. 2.
Year eg: Kinder, Year 7	Office Use Only: FFlag RIS

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

Visa Student

1. Is the Student a Visa Student? Yes No

2. If 'no' to Q1: Has the student spent 2 years or more in a non-English speaking country? Yes No

3. If 'yes' to Q2: what was the date of departure from Australia? _____ Date of return to Australia? _____

Office Use Only:	Visa Sub Class	Visa Number
Passport Number	Visa Expiry Date	
OSHC Membership Number	OSHC Expiry Date	
Confirmation of Enrolment – Course Code	Course Description	
Confirmation of Enrolment Number	Course Start Date	Course End Date
OS <input type="checkbox"/> BRVS <input type="checkbox"/> RSVS <input type="checkbox"/> ETV <input type="checkbox"/> PRS <input type="checkbox"/> LBOTE <input type="checkbox"/> ESL <input type="checkbox"/> ESLASSIST <input type="checkbox"/> NA\CIEC <input type="checkbox"/> CSS <input type="checkbox"/> SSCL <input type="checkbox"/> OHS <input type="checkbox"/>		

Medical Details	
Doctor/Medical Centre Name	Phone Number
Student's Medicare Number	Date of Last Tetanus Injection/Booster
Allergies / Medical Alert	Please specify any allergies/ medical alerts , particularly ANAPHYLAXIS , relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings; asthma, diabetes, epilepsy management etc).
Immunisations	Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Needs					
Indicate whether the student applying for enrolment has any known or suspected special needs (please tick <input checked="" type="checkbox"/> 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 special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <u>MUST</u> be provided).					
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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, medical condition, subject of a court order, State arranged out of home care).
 Yes No

If yes please provide a brief description of the circumstances.

Relevant Previous History

This school has a responsibility to assess and manage any risk of harm to its staff and students. 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 provide brief history of student's medical or other history which might pose a risk of any type to the student, other students, or staff at this school.

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

Has the student any past history of violent behaviour?

Yes No

If yes please provide details

Did this involve being suspended or expelled from any previous school, pre-school or other educational institution?

Yes No

If yes was this for (please tick)

- a) Actual violence to any person
- b) Illegal drugs?
- c) Possession of weapon or any item used to cause injury?
- d) Threats of violence or intimidation of staff, students or others at the school

Are you aware of any other incidents of the kind listed above that involved the student outside of the school setting?

Yes No

If yes provide a brief outline of these matters.

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. 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				
Fax				
Mobile				
Email Address				
Occupation				
Occupational Group (Refer to list of occupations on the insert)	Group 1 <input type="checkbox"/>	<input type="checkbox"/>	Group 1 <input type="checkbox"/>	<input type="checkbox"/>
	Group 2 <input type="checkbox"/>	<input type="checkbox"/>	Group 2 <input type="checkbox"/>	<input type="checkbox"/>
	Group 3 <input type="checkbox"/>	<input type="checkbox"/>	Group 3 <input type="checkbox"/>	<input type="checkbox"/>
	Group 4 <input type="checkbox"/>	<input type="checkbox"/>	Group 4 <input type="checkbox"/>	<input type="checkbox"/>
	Group 8 <input type="checkbox"/>	<input type="checkbox"/>	Group 8 <input type="checkbox"/>	<input type="checkbox"/>
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/>	<input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>	<input type="checkbox"/>
	Year 11 or equivalent <input type="checkbox"/>	<input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	<input type="checkbox"/>
	Year 10 or equivalent <input type="checkbox"/>	<input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	<input type="checkbox"/>
	Year 9 or equivalent or below <input type="checkbox"/>	<input type="checkbox"/>	Year 9 or equivalent or below <input type="checkbox"/>	<input type="checkbox"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/>	<input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>	<input type="checkbox"/>
	Advanced Diploma/Diploma <input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	<input type="checkbox"/>
	Certificate I to IV (incl trade cert) <input type="checkbox"/>	<input type="checkbox"/>	Certificate I to IV (incl trade cert) <input type="checkbox"/>	<input type="checkbox"/>
	No non-school qualification <input type="checkbox"/>	<input type="checkbox"/>	No non-school qualification <input type="checkbox"/>	<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				
Religion				
SIGNATURE				
Office Use Only: FP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Office Use Only: CPD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Contact Details – Emergency contact details column (2) MUST be completed		
Details	(1) Non Residential Parent (if applicable)	(2) Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home Address Is Non-Residential Parent available for Emergency Contact eg sickness/ disciplinary issues Yes <input type="checkbox"/> / No <input type="checkbox"/>	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
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		
Occupational Group (Refer to list of occupations on the insert)	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"/>	
Highest Year of School Education:	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"/>	
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/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?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please Specify: 1. _____ 2. _____	
Country of Birth		
Nationality		
Religion		
SIGNATURE		N/A
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be provided.)	N/A
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Office Use Only: CPD	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):
- a) Sydney Archdiocesan Catholic Schools Board Enrolment Policy and School Enrolment Policy (where applicable).
 - b) School Pastoral Care Policy
 - c) Schedule of Fees and Charges
 - d) Special Needs Enrolment Protocols
 - e) School Internet Use Policy
 - f) School Privacy Policy/ Standard Collection Notice/ Use of Student Images Policy
 - g) Child Protection Policy / Volunteer requirements
 - h) Excursion Policy
 - i) Conditions of Enrolment to Good Samaritan Catholic College. (This needs to be signed by parent/s and student).
2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
- Birth Certificate
 - Sacramental Certificates (Baptismal, Reconciliation, Eucharist)
 - Citizenship documentation (visa, passport 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 ie. Basic Skills test (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 programs).
5. If this enrolment application is successful I agree to 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.
8. This is an authority to release personal information for claim of Back-To-School Allowance.

DECLARATION

OCCUPATIONAL GROUPS

Parental Occupation Definition:

Parental Occupation is defined as the **main** work undertaken by the parent/guardian.
If a parent/guardian has more than one job, report their main job.

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Group 8: Currently not in paid work

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, tick '8' in the appropriate box