SACRED HEART
CATHOLIC PRIMARY SCHOOL

APPLICATION FOR ENROLMENT

CONFIDENTIAL

* ALL sections must be completed

* ALL documentation required before letter of offer will be sent

* Submission of this application does not guarantee enrolment

Student Name:	
Calendar Year of Expected Entry:	
Year Level in which the student is to be enrolled	T☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ **Is Student repeating this year?** YES☐ NO☐ **Has the student ever been excluded from another school?** YES☐ NO☐
Other family currently enrolled at Sacred Heart	Name: Name: Name: Name:

A CATHOLIC SCHOOL

This school is part of Catholic Education in the Diocese of Darwin. The school and the Diocese are committed to providing a quality education in a caring environment. A Catholic School is a community of faith and values based on Jesus, his Gospel and the values found there. These are essential to the life of our schools. All students are equally important and the curriculum is directed at the total formation both of the individual and of the school community.

ASSISTANCE WITH COMPLETING THE FORM

If you require assistance completing this form, including translation services, please contact your school.

WHO SHOULD COMPLETE THIS FORM?

Parents/guardians/carers of students or independent student seeking to enrol in Sacred Heart Catholic Primary School within the Diocese of Darwin.

KEEPING STUDENT RECORDS UP-TO-DATE

Please inform your school whenever any information provided on this form (such as contact details, address, and medical information) needs to be changed at a later date.

OFFICE USE ONLY	
Date Received:	Possible Learning Support: Yes ☐ No ☐
Commencement Date:	Special Circumstances: Yes ☐ No ☐
House:	Parish Member: Yes ☐ No ☐
MAZE Student Code:	Birth Certificate: Yes ☐ No ☐
MAZE Family Code:	Baptismal Certificate: Yes ☐ No ☐
Non-refundable Enrolment Fee Paid: Yes ☐ No ☐	Medicare Immunisation Records : Yes ☐ No ☐
Receipt No:	Visa/Citizenship Documents: Yes ☐ No ☐
INTERVIEWED BY:	Academic Reports: Yes ☐ No ☐
DATE:	NAPLAN Results: Yes ☐ No ☐
APPROVED BY:	Newsletter List Updated Yes ☐ No ☐
DATE:	Letter of Offer Sent: / /

SECTION 1 STUDENT DETAILS

Student's Name as recorded on Birth Certificate or, if applicable, on more recent legal document officially recording change of name:

Surname:

First and middle names:

Preferred First Name:

If you believe there is a good reason for the student to be known by some other name in day-to-day school life, inform the principal/delegate of this at time of enrolment interview.

Date of Birth:

Residential Address: **Postcode:**

Postal Address: (If different from above) **Postcode:**

Is the student in the care of Department of Children and Families? **NO** ☐ **YES** ☐

If YES – please attach supporting legal documents.

SECTION 2 STUDENT BACKGROUND INFORMATION

Student's first language (What was the language/s used most by the student when she was learning to talk?)	**Does the student speak a language other than English at home?**
English ☐ Yes, other _____ *(Please specify)*	No, English only ☐ Other/s _____ *(Please specify)*
In which country was the student born? Australia ☐ Other _____ *(Please specify)*	**Is the student currently enrolled at another school?** No ☐ Yes, other _____ *(Please specify)*

Student's Indigenous status Is the student of Aboriginal or Torres Strait Islander origin?

No ☐ Yes, Torres Strait Islander ☐

Yes, Aboriginal ☐ Yes, both Aboriginal & Torres Strait Islander ☐

If YES - Student's Indigenous tribal grouping / clan name / other (if applicable)

_____

If YES - Student's skin name (if applicable) _____

What is the student's residency status?	**If born overseas, what date did the student arrive in Australia?** __/__/__
Australian Citizen ☐	Visa Expiry Date: __/__/__
Permanent Resident ☐	Visa Code:
Temporary Visa Holder ☐	

SECTION 3 DETAILS OF STUDENT'S PREVIOUS FORMAL EDUCATION

Details of student's previous school/s

School/Centre/Service	Date of Leaving	Year, Grade or Level attained	State or Territory	Country (if not Australia)
	/ /			
	/ /			
	/ /			

Please attach a copy of the NAPLAN Results

Please attach a copy of previous Achievement Report

SECTION 4 SIBLING INFORMATION

List all children in the family from ELDEST to YOUNGEST – including the enrolling student.

Brother's/Sister's given names	Surname	DOB	School	Current Year Level
1.				
2.				
3.				
4.				
5.				
6.				

	Usual Mode of Transport (Bus/Walk/Car/Bicycle) ** Before/After School Care
To School	
From School	

** Additional enrolment form required. Enrolment at Sacred Heart Catholic School does not guarantee enrolment with Outside School Hours Care (subject to availability)

SECTION 5 STUDENT MEDICAL INFORMATION

Indicate if the student has been affected by or suffers from any of the following?
(Please select Yes or No)

*Medical plan completed and signed by medical practitioner to be provided	Yes	No
Asthma *	☐	☐
Epilepsy/convulsions *	☐	☐
Diabetes *	☐	☐
Anaphylaxis *	☐	☐
Allergies	☐	☐
Heart Condition/Concerns	☐	☐
A.D.D. / A.D.H.D.	☐	☐
ASD	☐	☐
Specific learning difficulty	☐	☐
Other (provide details)		

Does the student suffer from any significant allergy? No ☐ Yes ☐ If Yes – please specify:

List any medical alerts, diseases, surgery or disorders, or recurring illnesses:

Are there any sports or other physical activities in which the student should NOT participate?

No ☐ Yes ☐ If Yes – please specify:

Is the student taking any medication regularly? No ☐ Yes ☐
If Yes – please specify, and request the *Medication Consent Form* at interview.

N.B. School staff will not administer any drugs or other medication (including Panadol) except those prescribed by a doctor and supplied in a container bearing a pharmacist's label stating the student's name, dosage and time/s for administration.
The request for administration of the medication must be accompanied by a *Medication Consent Form*.

SECTION 6 IMMUNISATIONS

If "Yes" tick box. If "No" leave box blank.

Usual vaccinations up to 5 years of age

Hepatitis B Vaccine (HEB)	☐
Combined Diphtheria Tetanus Pertussis (DTP)	☐
Poliomyelitis Oral or Injectable (OPV)	☐
Haemophilus Influenza Type B (HIB)	☐
Measles, Mumps & Rubella (MMR)	☐
Meningococcal Group C (MEN)	☐
Varicella (Chickenpox) (VZV)	☐
Pneumococcal (PCV)	☐

Additional vaccinations

Tuberculosis	☐
Rotavirus	☐
Diphtheria and Tetanus (CDT)	☐
Twinrix vaccine (combined Hepatitis A & B vaccine)	☐
Influenza (FLU)	☐

Family Doctor: **Phone Number:**

Family Dentist: **Phone Number:**

Medicare Number: **Student's Position Number on Card :**

Ambulance Cover: **Health Care Card:**

Private Health Care Fund:

Membership Number: **Student's Position Number on Card:**

SECTION 7 ADDITIONAL EMERGENCY CONTACTS

For an emergency where the parent/guardian/carer cannot be contacted, please give details of those to be contacted.

Priority	Name	Emergency Phone 1	Emergency Phone 2	Relationship to Student
1st				
2nd				
3rd				

Please note: Students will not be released into the custody of these or any other persons unless specifically requested by a person whose details appear in Section 13A.

SECTION 8 SPECIAL FAMILY CIRCUMSTANCES

Please advise any special family circumstances e.g. single parent, dual custody, foster care, access restrictions (give details).

If None, write "None".

If Yes, please request an additional Parent/Guardian/Carer Information Form for completion.

SECTION 9 RELIGION

Religion: ***(Please state :)*** _____

Parish or other local religious community _____

Sacraments: ***(Attach documentary evidence)*** If no sacraments celebrated, tick this box ☐

	Date	**Church**	**Town/Suburb**
Baptism			
Confirmation			
Eucharist			

SECTION 10 SPECIAL ASSESSMENT

Has the student been assessed or treated by any of the following specialist services?

SERVICE	YES	NO	NAME OF CENTRE / PRACTITIONER	DATE OF FIRST VISIT	IS YOUR CHILD ATTENDING NOW?
Child Guidance	☐	☐			
Speech Pathologist	☐	☐			
Occupational Therapist	☐	☐			
Physiotherapist	☐	☐			
Psychiatrist	☐	☐			
Psychologist	☐	☐			
Specialist Clinic	☐	☐			
Audiology Clinic	☐	☐			
Learning Support/Enrichment Teacher	☐	☐			
Paediatrician	☐	☐			
Optometrist	☐	☐			
Education Guidance Officer	☐	☐			
Other, please specify ……					

SECTION 11 DISABILITY VERIFICATION INFORMATION

Does the student have a disability that has been formally verified or ascertained through profiling for an Education Adjustment Program (EAP)? Yes ☐ No ☐

If yes, please indicate below the student's current ascertained/verified diagnosis.

(Please supply documentation)

SECTION 12 TRANSFER OF STUDENT DOCUMENTS

I give permission for copies of my child's school records to be transferred from

…….. to Sacred Heart Catholic Primary School.

- ☐ Latest School report
- ☐ Year 3 NAPLAN Test Results
- ☐ Year 5 NAPLAN Test Results
- ☐ Specialist Reports
- ☐ Individual Education Plan/s
- ☐ Inspire Documentation (CEONT)

I give permission to Sacred Heart Catholic Primary School to contact my Child's previous School to discuss their progress.

Parent's Signature: _____

Child's Name: _____

Child's Date of Birth: _____

Date: _____

SECTION 13 ADDITIONAL INFORMATION

Indicate any other physical, social/emotional or intellectual conditions which may affect learning or other School activities or which may require additional or emergency attention at school.

SECTION 14 PARENT / GUARDIAN / CARER INFORMATION

[redacted]

[redacted]

DETAILS OF THE PERSON(S) RESPONSIBLE FOR THE DAY-TO-DAY CARE OF THE STUDENT AND WITH WHOM THE STUDENT LIVES

Parent / Guardian / Carer No 1	**Parent / Guardian / Carer No 2**
Mrs ☐ Miss ☐ Ms ☐ Mr ☐ Rev ☐ Dr ☐ Other ☐……	Mrs ☐ Miss ☐ Ms ☐ Mr ☐ Rev ☐ Dr ☐ Other ☐……
Given Name/s	Given Name/s
Surname	Surname
Preferred Name:	Preferred Name:
Marital Status:	Marital Status:
Religion	Religion
Parish	Parish
Relationship to Student: Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Carer ☐ Other ☐ *Please specify:*	**Relationship to Student:** Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Carer ☐ Other ☐ *Please specify:*
Residential Address:	**Residential Address:**
City	City
State Post Code	State Post Code
Postal Address (if different from above):	**Postal Address (if different from above):**
City	City
State Post Code	State Post Code
Occupation:	**Occupation:**
Employer:	**Employer:**
Home Phone:	**Home Phone:**
Work Phone:	**Work Phone:**
Mobile Phone:	**Mobile Phone:**
E-mail Address:	**E-mail Address:**
Preferred e-mail address for weekly School Newsletter (if different from above)	Preferred e-mail address for weekly School Newsletter (if different from above)
Nationality:	**Nationality:**
Country of Birth:	**Country of Birth:**
Language spoken:	**Language spoken:**
Past student of this school? Yes ☐ N/A ☐	Past student of this school? Yes ☐ N/A ☐
Aboriginal/Torres Strait Islander Culture? Yes ☐ No ☐	Aboriginal/Torres Strait Islander Culture? Yes ☐ No ☐

[redacted] **Parent / Guardian / Carer's regular involvement in School activities.**

(Please indicate in boxes if one or both of you would like to contribute to the life of the School in any of these ways. Note that your assistance may not be required immediately in some categories, and a current NT Working with Children Clearance or Ochre Card may need to be provided)

P & F Committee Member	☐	School Board Member	☐
Classroom Assistance	☐		
Extra-curricular (e.g. Sport)	☐	- Please Specify:	
None at this time	☐		

COLLECTION OF DATA ON PARENT BACKGROUNDS

The Federal Government requires schools to collect information from parents in relation to their educational background and occupation. The information collected is used in the reporting of student outcomes against the "National Goals for schooling in the 21st Century", including the reporting of outcomes of the Year 9 Literacy and Numeracy Testing. (This testing occurred for the first time for Year 9 in May, 2008.)

Do the Mother/Guardian or the Father /Guardian speak a language other than English at home?

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2
English Only	……•…….……..……•……..	
Other	……•…….……..……•……..	
Please Specify	……/…….……..……..	

What is the highest year of primary or secondary school the parents/guardians have completed?

Please "√" the appropriate box.

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2
Year 12 or equivalent	……•…….……..……•……	
Year 11 or equivalent	……•…….……..……•……	
Year 10 or equivalent	……•…….……..……•……	
Year 9 or equivalent	……..…•…….……..……•……	

What is the level of the highest qualification the parents/guardians have completed?

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2
Bachelor degree or above	….……..…•…….……..……•……	
Advanced diploma/Diploma	.……..…•…….……..……•……	
Certificate I to IV (Including trade certificate)	……...•…….……..……•……	
No non-school qualification	.……..…•…….……..……•……	

For the next questions, please select the appropriate parental occupation group from the list on the following page.

- If you are not currently in **paid** work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.
- If you have **not** been in **paid** work in the last **12 months**, enter '8' in the box below.

	Code	Occupation
What is the occupation group of the parent/guardian 1?	☐	_____
What is the occupation group of the parent/guardian 2?	☐	_____

List of Parental Occupation Groups

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]

SECTION 15 ENROLMENT CONTRACT

STUDENT NAME:		
YEAR LEVEL		YEAR OF ENTRY

The **Parties** to this Contract of Enrolment are the

Please print full name
_____Mother/Guardian/Carer,

Please print full name _____
Father/Guardian/Carer

And the School, as represented by the Principal.

- I/we understand and accept that Sacred Heart Catholic School (herein known as the School) is a Christian community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concern for others. The School provides an environment where Gospel values are lived out, allowing the students to experience the hope and optimism of the Gospel message of Jesus Christ. I/we agree to support in every possible way this religious dimension of the School.
- I/we accept that the student is admitted to the School on the condition that they will abide by the School rules, codes of behaviour and policies, including those regarding curriculum, discipline, dress, conduct and well-being and that these processes may be altered, using appropriate processes.
- I/we realise that in sending my child to Sacred Heart Catholic School, I am undertaking certain financial commitments regarding school fees, uniforms etc. I agree that Fees and Levies as determined by Catholic Education Northern Territory and approved by the School Board, will be paid on receipt of invoice. I also understand that pro-rata fees are payable for students commencing or leaving during term. If at any time and for any reason I should find myself unable to meet financial obligations in full, I agree to contact the Finance Department or Principal to make special interim arrangements. I understand that failure to do so may place the debt with a debt collection agency in order to recover the fees.
- I/we agree that my child will take an active part in various activities, including co-curricular, that are run as part of the School educational program, and that I will ensure their attendance at these activities.
- I/we understand the importance of parental involvement with the education of my child. I agree to assist in some capacity and understand that some commitment will be expected of me.
- I/we accept that during the time the student attends the School they will live in the care and control of their family as described in the Student Enrolment Application Form and that any proposed changes in this regard must be notified to the School promptly in writing.
- I/we understand and accept that the completion of this enrolment form does not guarantee enrolment.
- I/we understand that attendance at an enrolment interview does not guarantee an enrolment offer being made.
- I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that relevant information has been withheld during the application process, especially in relation to the student's individual needs, medical conditions, health care requirements and Parenting Orders, then the enrolment offer may be refused or terminated on these grounds.

Consents

1. In the event of any illness or injury requiring urgent medical treatment I/we consent for medical and/or hospital attention to be sought. Any medication (including Panadol) that is to be administered at school must be supplied in the original packaging bearing a pharmacist's label stating the student's name, dosage and time/s for administration. The request for administration of the medication must be accompanied by a *Medication Consent Form.*

   YES ☐ NO ☐

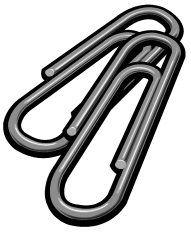
2. I/we consent to the student being identified (photographed and/or named) in any School or Catholic Education related publications, including a School Year Book, Newsletters, audio-visual representations and records of achievement. I/we consent to the student being identified (photographed and/or named) on the School website, Facebook site or on any Catholic Education related website or marketing tool.

   YES ☐ NO ☐

Mother/Guardian/Carer's name: *Please print in full*	Signature	Date
Father/Guardian/Carer's name: *Please print in full*	Signature	Date
Principal / Delegate's name:	Signature	Date

DOCUMENT CHECKLIST

When applying to enrol your child at this school, please check that you have provided copies of the following:-



- ☐ Birth certificate
- ☐ Medicare Immunisation History Statement
- ☐ Sacramental certificates
- ☐ Copy of latest school report
- ☐ Copy of NAPLAN Results
- ☐ Documentation relating to special needs (any reports, action plans, assessments, etc.)
- ☐ Court orders (if applicable)
- ☐ Copy of Current Centrelink Concession Card (if applicable)

Please ensure the following has been completed at the time of lodgement:-

- ☐ Non-refundable Enrolment Fee Paid
- ☐ Enrolment Contract has been read in full and signed by guardians

If your child is NOT an Australian Citizen, you will need to provide:

- ☐ Passport or travel documents
- ☐ Current visa and previous visas (if applicable)

In addition, if your child is a temporary visa holder you will also need to provide:

- ☐ Authority to Enrol or evidence of permission to transfer provided by the International Student Centre (If holding an International full fee student visa, sub-class 571P)
- ☐ Authority to Enrol for visitor and temporary resident holders may be required (other than sub-class 571P referred to above) issued by the Temporary Visa Holders Program Unit
- ☐ Evidence of the visa the student has applied for (if the student holds a bridging visa)