Melbourne Archdiocese
Catholic Schools

St Jude's Enrolment Form - Primary

St Jude'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 Ltd (MACS). This form is informed by the St Jude's Enrolment Policy Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made

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.

STUDENT DETAILS			
Surname:			
Given name/s:		**Preferred name:**	
Does the student have a sibling at this school?	Yes ☐	No ☐	

STUDENT CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)			
Title: (Dr./Mr./Mrs./Ms./Mx.)	**Surname:**		**Given name:**
House Number:	**Street Name:**		
Suburb		**State:**	**Postcode:**
Telephone:	**Home:**	**Work:**	**Mobile:**
SMS messaging: *(for emergency and reminder purposes)*		Yes ☐	No ☐
Email:			
Relationship to student:			
Government Requirement	**Occupation:**	**What is the occupation group?** *(Select from list of occupation groups in the School Family Occupation Index)*	A ☐ B ☐ C ☐ D ☐ N ☐
Religion: *(include rite)*			
Country of birth: Australia ☐ Other ☐ *(please specify):*			
Aboriginal or Torres Strait Islander origin: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐			
Nationality:		**Ethnicity if not born in Australia:**	
Visa subclass:		**Visa expiry:**	

Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified	
Do you speak a language other than English at home? *Note: Record all languages spoken*	

What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? *(Persons who have never attended secondary school, tick Year 9 or below)*

Year 9 or below ☐	Year 10 or equivalent ☐	Year 11 or equivalent ☐	Year 12 or equivalent ☐

What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?

No post-school qualification ☐	Certificate I to IV *(including trade certificate)* ☐	Advanced diploma/Diploma ☐	Bachelor degree or above ☐

STUDENT CONTACT 2 (PARENT 2 /GUARDIAN 2/CARER 2)				
Title: (Dr./Mr./Mrs./Ms./Mx.)	**Surname:**		**Given name:**	
House Number:	**Street Name:**			
Suburb		**State:**	**Postcode:**	
Telephone:	**Home:**	**Work:**	**Mobile:**	
SMS messaging: *(for emergency and reminder purposes)*		Yes ☐	No ☐	
Email:				
Relationship to student:				
Government Requirement	**Occupation:**	**What is the occupation group?** *(Select from list of occupation groups in the School Family Occupation Index)*	A ☐ B ☐ C ☐ D ☐ N ☐	
Religion: *(include rite)*				
Country of birth: Australia ☐ Other ☐ *(please specify):*				
Aboriginal or Torres Strait Islander origin: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐				
Nationality:		**Ethnicity if not born in Australia:**		
Visa subclass:		**Visa expiry:**		
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified				

Do you speak a language other than English at home? *Note: Record all languages spoken*	

What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed? *(Persons who have never attended secondary school, tick Year 9 or below)*

Year 9 or below	Year 10 or equivalent	Year 11 or equivalent	Year 12 or equivalent
☐	☐	☐	☐

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			
Given name/s:		**Preferred name:**	
Entry year (YYYY):		**Entry level/grade**:	
Date of birth:	**Religion:** *(include rite)*		
Home Address:			
M (Male): ☐	F (Female): ☐	Self identified / X (Indeterminate/Intersex/Unspecified): ☐	

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.)
Was the previous school attended interstate?	No ☐	Yes ☐ (If yes, please complete the Interstate Data Transfer Note and Consent forms – refer to link in Enrolment Procedures)

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:**

Previous visa sub class:

*** Please attach visa/ImmiCard/letter of notification and passport photo page**
**** Please note that all enrolments for students with visas require approval through Melbourne Archdiocese Catholic Schools (MACS). Refer to the Dependant Full Fee Overseas Student policy (link) for further information**
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified

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

		Student	Student Contact 1 (Parent1/Guardian1/Carer1)	Student Contact 2 (Parent2/Guardian2/ Carer2)
No	English only	☐	☐	☐
Yes	Other – *please specify all languages*			

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 ☐

Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census

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

EMERGENCY CONTACTS – OTHER THAN STUDENT CONTACTS (PARENT/GUARDIAN/CARER)	
Person 1	Person 2
Surname **Given Name:**	**Surname:** **Given 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 ☐	No ☐	**Fund:**	**Number:**
Ambulance cover:	Yes ☐	No ☐	**Number:**	
Health Care Card:	Yes ☐	No ☐	**Health Care Card No:**	**Expiry:**
Medical condition/ diagnoses:	Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting 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 Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur. Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety			
Has the student been diagnosed as being at risk of anaphylaxis?			Yes ☐	No ☐
If yes, does the student have an EpiPen or Anapen?			Yes ☐	No ☐
If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management policy, first aid policy, and supporting documents.				

If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.

IMMUNISATION *(please attach an immunisation history statement)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (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 ☐

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:

☐ autism (ASD)	☐ behavioural concerns	☐ hearing impairment
☐ intellectual disability/ developmental delay	☐ mental health concerns	☐ oral language/communication difficulties
☐ ADD/ADHD	☐ acquired brain injury	☐ vision impairment
☐ giftedness	☐ physical impairment	☐ other condition *(please specify)*

Has your child ever seen a:

☐ paediatrician	☐ physiotherapist	☐ audiologist
☐ psychologist/counsellor	☐ occupational therapist	☐ speech pathologist
☐ psychiatrist	☐ continence nurse	☐ other specialist *(please specify)*

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	
☐ Living with immediate family	☐ Out-of-home care
☐ Guardian/Carer	☐ Shared parenting, *e.g. one week with each parent:* Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:
☐ Kinship care	☐ 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?		

SCHOOL FEES/LEVIES PAYER 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, the name/s of the parent / carers signing are responsible for the payment of fees for the term of the child's enrolment at the school.				

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 its website https://www.sjscoresby.catholic.edu.au.*

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