



One Family

St Paul Apostle South School
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Endeavour Hills 3802
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ENROLMENT FORM

All students enrolled have, and any child visiting has a right to feel safe and be safe. The wellbeing of children in our care will always be our first priority and we have zero tolerance to child abuse.

We aim to create a child safe and child friendly environment where children feel safe and are free to enjoy life to the full without any impediments for their safety.

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR ENROLMENT FORM	
	Birth Certificate
	School Entry Immunization Certificate
	Australian Citizen Certificate
	Passport Details and Entry Date if born outside of Australia
	Baptism Certificate
	Sacramental Certificates (Eucharist, Reconciliation, Confirmation)
	\$50 Enrolment Deposit
	Previous School Report (if applicable)
	Court Intervention Orders (if applicable)

PART A: STUDENT INFORMATION

STUDENT DETAILS				Office Use Only	
Family Surname				Reg No	
Given Names				Class	
Preferred Name		Sex (M/F)		Deposit \$50	
Country of Birth		Date of Birth			
Place of Birth		Date of Arrival			
Is the student of Aboriginal or Torres Strait Islander origin ? Yes/No					
Religion (Tick & Circle)	Catholic	Roman, Armenian, Chaldean, Coptic, Russian, Syrian, Ukranian			
	Orthodox	Russian, Syrian, Aremian, Ukranian, Romanian, Greek, Coptic Antiochean Maronite			
	Christian	Anglican, Uniting, Baptist, Lutheran, Presbyterian, Pentecostal			
	Non-Christian	Hindu, Buddhist, Islam			
	Other				
Level enrolled		Commencement Date			
Current School/ Preschool					
Teachers Name					

STUDENTS BORN OVERSEAS	
Date of Arrival in Australia	
Date first Started in Australian School	
Name of First Australian School Attended	

Student Visa Information			
Passport Number		Passport Expiry	
Visa Class		Visa Expiry	
Visa Sub Class			

LANGUAGE / CULTURAL BACKGROUND				
Can your child speak English ?	Yes		No	
Language other than English spoken at home				
Ability to communicate in this other language	Understands		Reads	
	Speaks		Writes	
Does your child attend language school outside school hours ?				
If yes, what language is studied ?				

PART B FAMILY INFORMATION

PART B FAMILY DETAILS									
Family surname									
Address	Street								
	Suburb								
	Postcode								
	Phone no.								
	Email Address:								
		Do you consent to the school communicating with you via email Yes No							
Child living with (tick)		Both parents	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Guardian	<input type="checkbox"/>

DETAILS OF CHILDREN IN THE FAMILY							
Please list names of all children in the family from oldest to youngest							
Name		Date of Birth		Name		Date of Birth	
1				3			
2				4			

EMERGENCY CONTACT			
In the case of an emergency, if parents are not able to be contacted, please nominate someone in close proximity who can take responsibility for your child.			
Emergency number 1		Emergency number 2	
Name		Name	
Address		Address	
Phone no.		Phone no.	
Relationship To child		Relationship To child	

PARENT DETAILS		FATHER	MOTHER
Surname			
Given names			
Maiden name		Not Applicable	
Occupation			
Employer	Name		
	Address		
Work phone number			
Mobile phone number			
Work arrangements		Full-time Part-time Casual Day Night	Full-time Part-time Casual Day Night
Religion			
Date of birth			
Country of birth			
Language(s) spoken			
Relationship to child (Tick correct box)	Natural Father		Natural Mother
	Step-Father		Step-Mother
	Defacto Father		Defacto Mother
	Guardian		Guardian
Marital Status (Tick correct box)	Single		Single
	Married		Married
	Separated		Separated
Complete if born overseas	Date Of Arrival		Date Of Arrival
	Permanent Resident		Permanent Resident
	Australian Citizen		Australian Citizen
	Visitors Visa		Visitors Visa
	Refugee		Refugee
Do you have a current Health Care Card ?	Number: Payment Type:	Valid from: ___/___/___ to ___/___/___	
If Separated or Divorced give details of current custody arrangements:			

PART C Department of Education Enrolment Information

Before completing the Parent enrolment information please read the following pages and select from the appropriate list. Group A, B, C or D.

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian
Do you speak a language other than English at home?		
<input type="checkbox"/> English Only <input type="checkbox"/> Other, please specify		
What is the highest year of primary or secondary school completed? (Tick one only)		
<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		
What is the level of the highest qualification? (Tick one only)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No formal qualifications		
What is the occupation group? (Tick one only) (Please select the appropriate occupation group letter – see attached list.)		
<input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N ** <div style="text-align: right; font-size: small;">**If you have not been in paid work in the last 12 months, enter 'Group N'</div>		
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian
Do you speak a language other than English at home?		
<input type="checkbox"/> English Only <input type="checkbox"/> Other, please specify		
What is the highest year of primary or secondary school completed? (Tick one only)		
<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		
What is the level of the highest qualification? (Tick one only)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No formal qualifications		
What is the occupation group? (Tick one only) (Please select the appropriate occupation group letter – see attached list.)		
<input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N ** <div style="text-align: right; font-size: small;">**If you have not been in paid work in the last 12 months, enter 'Group N'</div>		

OCCUPATION GROUP

Please select the appropriate group from the following list. 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 the last occupation to select from the list. If you have not been in paid work for the last 12 months, enter "N" into the occupation code field on the enrolment form.

LIST OF PARENTAL OCCUPATIONS

OCCUPATION GROUP A

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, valuer)
- **Air/Sea transport** (aircraft/ ship’s captain/ officer/ pilot, flight officer, flying instructor, air traffic controller)

OCCUPATION GROUP B

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 qualification 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**

OCCUPATION GROUP C

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 (book keeper, 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)

OCCUPATION GROUP D

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, kitchen hand, 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, cart 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 classers, 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)

PART D

SACRAMENT DETAILS				
Sacrament	Date Received			Parish / Place Received
Baptism				
First Eucharist				
First Reconciliation				
Confirmation				

MEDICAL RECORDS			
Name of doctor			
Medical Centre Information	Name		
	Address		
	Phone number		
Private Health Insurance Name & Membership Number			
Medicare number	Ambulance cover	Yes / no	

MEDICAL HISTORY			
Has your child ever had any of the following: (Please tick)			
Anaphylaxis (Epipen) Is there a current anaphylaxis plan yes no		Asthma Is there a asthma management plan Mild Moderate Severe	
Allergies/ Allergic Reaction Please Specify			
Hearing Difficulties		Tubes in ears	
Epilepsy		Diabetes	
Eyesight Problems		Heart Conditions	
Speech Problems		Diagnosed Learning Or Behavioural Difficulties	
An Extended Stay In Hospital		An Emotional Upset	
Any Other Condition			

PART E PARISH INFORMATION

PARISH INFORMATION	
Are you a member of the St Paul Apostle Parish	
Are all details of your family on the Parish Census ?	
Does your family belong to the Parish Thanksgiving Campaign ?	
Are there any special circumstances [Family, Financial, etc] you should inform the Parish Priest about ?	

ENROLMENT AGREEMENT/COMMITMENT

I/we wish to apply to enrol my child at St. Paul Apostle South Catholic Primary School Endeavour Hills.

I/we support the Catholic ethos and values presented by St. Paul Apostle South School and agree to do my very best to present the same ideas and values in the home.

I/we understand that the daily life of the school involves the children's participation in prayer, Eucharist and the Sacraments of the Catholic Church. As the first educator of my child, I/we recognise my obligation to be actively involved in the life of the School and Parish community.

I/we undertake to pay all school fees and levies as determined by St. Paul Apostle School and Parish. I/we understand that these monies are due and payable when accounts are rendered in the months of March, May and August unless otherwise arranged.

In the event of any illness or accident I authorise the obtaining on my own behalf of such medical assistance as my child may require and give permission to make available my own child's medical information to :

Staff members, as required for their duty of care or
A medical practitioner or paramedic, in case of emergency

I/we accept responsibility for any further action necessary regarding the care of my child, including prompt attendance at any place to which my child may be taken for treatment.

I/we accept all operations, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

I/we understand that excursions, swimming and overnight camps are an integral component of the School's educational program and I fully support my child's participation in these activities.

Signed by PARENTS/ GUARDIANS:		Date:			