St Mary's College Enrolment Form





St Mary's is a College which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

DUE DATE: Friday, 13 May 2022

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 DETA	AILS							
Surname:		Entry year (YYYY):		Entry lev	vel/grade:			
Given name/s:		Preferred r	name:					
Address where	Address where student lives:							
Date of birth:			nclude rite)					
Male:	Female: Unspeci	fied/Indetern	ninate/X:					
Current Family	: Yes No Tel	ephone:						
Defence Family	y: Yes No Have you	previously b	een posted to Se	ymour: Yes	(Year) No 🗌			
PREVIOUS SCH	OOL/PRESCHOOL							
Name and add	ress of previous school/preso	hool:						
previous schoo	I/We give permission for the College 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 B.)							
OFFICE USE ONLY	Date received:		Birth certificate attached:	Yes	No 🗌			
	Enrolment date:		English as an Additional Lang	Yes uage:	No 🗌			
	Start date:		House Mentor (Group:	Class:			
	Student ID:		VSN:					
	Immunisation Yes history statement attached:	No	Visa information attached (if relevant):	n Yes	No 🗌			

FAMILY A: Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)							
Title:(Dr/Mr/Mrs/Ms) Surname			ne: Given			ame:	
Address		Street N	lame:				
Suburb:				State:		Postcode:	
Telephone:	Home:		w	Work:		Mobile:	
Silent number: Ye	SMS messaging: (for emergency and reminder				minder pı	ırposes)	Yes No No
Email:							
Relationship to student: Parent Guardian Carer							
Government Requirement	Occupation:	What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)					···
Religion: (include	rite)		Nation: Ethnicit	ality: ty if not born in Austra	lia:		
Country of birth:	Aus	stralia	Ot	her (please specify):			
				hool Student Contact 1 ndary school, tick Year 9			Carer 1) has
Year 9 or below	Year 10 c	or equivale	ent 🗌	Year 11 or equival	ent 🗌	Year 12 or	equivalent
What is the level	of the highest qu	alification	Studen	t Contact 1 (Parent 1/0	Guardian	1/Carer 1) has	completed?
No post-school qualification		ate I to IV ertificate)		Advanced diplo	oma/Diplo	oma Bach	elor degree or above
FAMILY A: Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)							
FAMILY A: Studer	nt Contact 1 (PAR	ENT 1/GU	ARDIAN	I 1/CARER 1)			
Title:(Dr/Mr/Mrs/		Surname		I 1/CARER 1)	Given n	ame:	
			e:	I 1/CARER 1)	Given n	ame:	
Title:(Dr/Mr/Mrs/		Surname	e:	State:	Given n	ame: Postcode:	
Title:(Dr/Mr/Mrs/		Surname	e: lame:		Given n		
Title:(Dr/Mr/Mrs/ Address Suburb:	/Ms) Home:	Surname Street N	e: Jame: W	State:		Postcode: Mobile:	Yes No No
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone:	/Ms) Home:	Surname Street N	e: Jame: W	State: /ork:		Postcode: Mobile:	Yes No No
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye	Home:	Surname Street N	e: lame: W essaging:	State: /ork:		Postcode: Mobile:	Yes No No
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye Email:	Home:	Surname Street N SMS me	e: lame: Wessaging: an () What is	State: York: If or emergency and re	minder pt	Postcode: Mobile: urposes)	Yes
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye Email: Relationship to st	Home: es No Occupation:	Surname Street N SMS me	e: lame: Wessaging: what is occupa Index) Nation:	State: cork: cork: Carer sthe occupation group tion groups in the School	minder po	Postcode: Mobile: urposes)	A
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Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye Email: Relationship to st Government Requirement Religion: (include Country of birth: What is the higher	Home: es No Occupation: rite) Austrices year of primarions who have never	Surname Street N SMS mes Guardia stralia y or secon	e: lame: Wessaging: an C What is occupa Index) Nation: Ethnicit adary sc led secon	State: Cork: Carer Sthe occupation group tion groups in the School ality: ty if not born in Austral her (please specify): hool Student Contact 1	minder poor	Postcode: Mobile: urposes) from list of Occupation	A
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FAMILY B (if student resides at multiple addresses) Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)							
Title:(Dr/Mr/Mrs/Ms) Surname			ne: Given			ame:	
Address		Street N	lame:				
Suburb:				State:		Postcode:	
Telephone:	Home:		V	Work:	Mobile:		
Silent number: Ye	es No	SMS messaging: (for emergency and reminder			eminder p	urposes)	Yes No No
Email:							
Relationship to student: Parent Guardian Carer							
Government Requirement	Occupation:	accumption groups in the School Eamily Occumption					· · · · · · · · · · · · · · · · · · ·
Religion: (include	rite)			nality: city if not born in Austra	ılia:		
Country of birth:	Aus	stralia		Other (please specify):			
_		-	-	school Student Contact : condary school, tick Year			Carer 1) has
Year 9 or below	Year 10 c	or equivale	ent 🗌	Year 11 or equiva	lent	Year 12 or	equivalent 🗌
What is the level	of the highest qu	alification	1 Stude	ent Contact 1 (Parent 1/	Guardian	1/Carer 1) has	s completed?
No post-school qualification		ate I to IV <i>ertificate)</i>		ding Advanced dipl	oma/Diplo	oma Bach	elor degree or above
FAMILY B (if student resides at multiple addresses) Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)							
FAMILY B (if stude	ent resides at mu	ltiple add	lresses)	s) Student Contact 1 (PA	RENT 1/G	UARDIAN 1/C	ARER 1)
FAMILY B (if stude Title:(Dr/Mr/Mrs/		Itiple add		s) Student Contact 1 (PA	Given r		ARER 1)
			e:	s) Student Contact 1 (PA			ARER 1)
Title:(Dr/Mr/Mrs/		Surnam	e:	Student Contact 1 (PA			ARER 1)
Title:(Dr/Mr/Mrs/		Surnam	e: lame:			ame:	ARER 1)
Title:(Dr/Mr/Mrs/ Address Suburb:	Ms) Home:	Surname Street N	e: lame:	State:	Given n	Postcode:	Yes
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone:	Ms) Home:	Surname Street N	e: lame:	State: Work:	Given n	Postcode:	
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye	Home:	Surname Street N	e: lame: \ \ essagin	State: Work:	Given n	Postcode:	
Title:(Dr/Mr/Mrs/Address Suburb: Telephone: Silent number: Yee	Home:	Surname Street N	e: lame: vessaging an what	State: Work: ng: (for emergency and recover) Carer : is the occupation group pation groups in the School	Given n	Postcode: Mobile: urposes)	
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Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye Email: Relationship to st Government Requirement Religion: (include Country of birth: What is the highe	Home: Is No Occupation: Occupation: Ausst year of primar	Surname Street N SMS me Guardia stralia y or secon	e: Jame: What occupindex) Nation Ethnic	State: Work: ng: (for emergency and recover) cis the occupation group pation groups in the School) enality: city if not born in Austra	Given not give not grant of the control of the cont	Postcode: Mobile: urposes) from list of Occupation	Yes No No C
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye Email: Relationship to st Government Requirement Religion: (include Country of birth: What is the highe	Home: Is No Occupation: Occupation: Austine year of primare ons who have never the primare of	Surname Street N SMS me Guardia stralia y or secon	e: Jame: What Occup Index) Nation Ethnic	State: Work: ng: (for emergency and recover) is the occupation group and recover in the School) anality: city if not born in Austra Other (please specify): school Student Contact in the School Student Contact i	Given not give not grant and grant a	Postcode: Mobile: urposes) from list of Occupation	Yes No No C
Title:(Dr/Mr/Mrs/ Address Suburb: Telephone: Silent number: Ye Email: Relationship to st Government Requirement Religion: (include Country of birth: What is the highe completed? (Person Year 9 or below	Home: Is No Occupation: Occupation: Austine year of primar ons who have new Year 10 co	Surname Street N SMS me Guardia stralia y or secon yer attend or equivale	e: Jame: What occup Index) Nation Ethnic ondary s led secondent	State: Work: ng: (for emergency and recovered and recove	Given not given not give not g	Postcode: Mobile: urposes) from list of Occupation 1/Guardian 1/ // Year 12 or	Yes No No A B C D D

NATIONAL	ITY					
Governme	nt Requirement	Nationa	lity:		Ethnicity:	
	n which country was the Student born? Other (please specify): Australia					
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, Abo	original 🗌		Yes, Torres S	Strait Islander 🗌
	tudent or their student of te: Record all languages		parent(s)/guard	ian(s)/ca	rer(s)) speak a	language other than English at
			Student		nt Contact 1 t1/Guardian r1)	Student Contact 2 (Parent2/Guardian2/Carer2)
No En	glish only					
1	her – please specify all nguages					
IF NOT BO	RN IN AUSTRALIA, CITIZE	ENSHIP ST	ATUS*			
	the relevant category becaments to be sighted a				-	government requirements:
Australian	citizen not born in Austi	ralia:				
	Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)					
Australian	passport number:					
Naturalisat	ion certificate number:					
Visa subcla	ss recorded on entry to	Australia:				
Date of arri	ival in Australia:					
Not curren	tly an Australian citizen,	, please p	rovide further de	etails as	appropriate be	elow:
Pe	rmanent resident: (if tick	ked, record	d the visa subcla	ss numbe	er)	
Ter	mporary resident: (if tick	ked, record	d the visa subclas	ss numbe	er)	
Otl	her/visitor/overseas stud	dent: (if tid	cked, record the	visa subc	lass number)	
* Please at	tach visa/ImmiCard/lett	ter of noti	fication and pas	sport ph	oto page	

SACRAMEN'	TAL INFORMA	TION			
Baptism	Date	:	Parish:		
Confirmatio	n Date	:	Parish:		
Reconciliati	on Date	:	Parish:		
Communion	Date	:	Parish:		
Parish wher the student lives:					
EMERGENC	Y CONTACTS –	other than student conta	acts (PARENT/C	GUARDIAN/CARER)	
1. Name:			2. Name:		
Relationship to student:	р		Relationship to student:		
Home telephone:			Home telephone:		
Mobile:			Mobile:		
		CHOOL/PRESCHOOL			
List all childr	ren in your fam	nily attending school or pr	eschool (oldest		
Name		School/preschool		Year/grade	Date of birth
FEE PAYME	NT DETAILS				
Please indica	ate who will be	e responsible or payment	of the Collge fe	es and levies?	
Surname	First name	Address and email	Portion (split families)	Telephone	Relationship to student
			%		
			%		
			/0		I
arrangemen		sibility for the payment of itht the College.	the College fee		/ fall due, unless prior
					/ fall due, unless prior
arrangemen Signature:	ts are made w	itht the College.	the College fee		/ fall due, unless prior
arrangemen Signature:	ts are made w	NTING ORDERS (if applica	the College fee	/ / 20	
arrangement Signature: COURT ORD Are there are If yes, copies	DERS OR PARENTY CURRENTS of these court	NTING ORDERS (if applicant orders or parenting orders torders/parenting orders	Date: /	/ / 20 he student?	Yes No Magistrates Court orders or
arrangement Signature: COURT ORD Are there are lf yes, copies other relevant	DERS OR PARENTY CURRENT COURTS of these court nt court orders	NTING ORDERS (if applicated orders or parenting orders)	Date: / ble) ers relating to t (e.g. AVOs, Far	/ / 20 he student? nily Court/Federal N	Yes No No

HOME CARE ARRANGEMENTS								
Living with immediate family	Ot	Out-of-home care						
Guardian/Carer	Sh	nared parenting, e.g. one week	with each parent:					
	Da	Days with Parent 1/Guardian 1/Carer 1:						
	Da	Days with Parent 2/Guardian 2/Carer 2:						
Kinship care Other (please specify)								
IMMUNISATION (please attach an in	mmunisatio	n 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 Info, please provide explanation:								
If the student entered Australia on a did they receive a refugee health che		an visa, Yes No No						
MEDICAL INFORMATION								
Doctor's name:								
Telephone:								
Medicare number:		Ref number:	Expiry:					
Private health Yes insurance:	No 🗌	Fund:	Number:					
Ambulance cover: Yes	No 🗌	Number:						
Health Care Card Yes	No 🗌	Health Care Card No:	Expiry:					
Medical condition: Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, 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.								
Has the student been diagnosed as I	 being at risk	of anaphylaxis?	Yes No					
If yes, does the student have an Epil			Yes No					
To meet duty of care obligations and all required information. This will ass the particular needs of your child. If the current or ongoing enrolment may be	facilitate the sist the Collest	e smooth transition of your chil ge to implement appropriate ac	Id into the College, please provide djustments and strategies to meet					

ADDITIONAL NEEDS							
Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) Yes No support?							
Does your child present with:							
autism (ASD)	behavioural concerns		hearing impairment				
intellectual disability/ developmental delay	mental health issues		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	t information and reports?		Yes No No				

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 College, 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 College. 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 College, 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:

- student, if they are over 15 and living independently. Secondary students may complete parts of the form and cosign
- 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 www.smseymour.catholic.edu.au

METHOD OF TRANSPORT							
Please indicate below the methods of transport your child will use to and from the College							
	Walk/Ride	□ АМ	☐ PM				
	Car*	ПАМ	□РМ				
	Bus (Town Service)**	ПАМ	☐ PM				
	Bus (School Service)***	ПАМ	☐ PM				
	Train	ПАМ	PM				
to a co **if yo ***if y More i	drive more than 4.8km to the nearest bus stop and an analysis not allowance u reside in the Seymour Township your are required to ou reside more than 4.8km to the nearest Catholic Schafformation regarding the bus routes, payment and apable on the College website https://www.smseymour	o pay \$1.20 per trip nool you may be eligible to plication forms for bus trav	free bus travel el and conveyance allowance				
<u>inform</u>		eathone.eaa.aay em omiene	mormation, bus und traver				
PARE	NT/GUARDIAN/CARER DOCUMENTATION CHECKLIST						
Pleas	e ensure that the following documents are signed an	d submitted with your Enro	olment Application form:				
	Enrolment Form (pg 5 & 7)						
	Enrolment Agreement						
	Student Code of Conduct						
	Parent/Guardian/Carer Code of Conduct						
	Photography and Reecording Permission Form						
	Consent to Transfer Student Data (Form B)						
	e ensure that the following documents are attached oplicable to your child):	to the Enrolment Applicati	on form				
	Birth certificate						
	Immunisation history statement						
	Baptism certificate						
	Consent to contact previous school or preschool (For	rm B)					
	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia						
	Visa information – visa/ImmiCard/letter of notification	on and passport photo page	2				
	Medical Management Plan signed by a relevant med	ical practitioner					
	All relevant information and reports concerning addi	tional needs of your child					
	Any current court orders or parenting orders relating	g your child					
	Any additional information you wish the school to be aware of						