ST JOHN’S PRIMARY SCHOOL
HEIDELBERG

ENROLMENT APPLICATION
Confidential

Students Full Name: ________________________________

Year Level: __________________ Year 20_______

Date of Application: ____/____/____

OFFICE USE ONLY

Part of Parish Y/N
Baptised Y/N
Residing within Zone Y/N
ENROLMENT DETAILS

Family Contact

Name for Correspondence: __________________________________________________________
(e.g. Mr P and Mrs A Smith)

Address: __________________________________________

Number and Street Name

Suburb Post Code

Primary Contact: ____________________________ Home Ph No. ________________

Student Details

Family Name: ________________________________________

Given Names: ________________________ Preferred Name: ________________

Sex: ☐ Male ☐ Female Date of Birth: _____/_____/20____

Country of Birth: ____________________________ Nationality: __________________

Ethnic Origin: ____________________________

PRE/SCHOOLS

Prep Enrolments ONLY complete the following:-

Name of Kinder: ____________________________ Phone No. ________________

Address: ________________________________________

PREVIOUS SCHOOL

Non Prep applicants complete the following:-

<table>
<thead>
<tr>
<th>Year</th>
<th>Class</th>
<th>Date from</th>
<th>Date to</th>
<th>School</th>
<th>Address</th>
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Permanent Residency: Yes ☐ No ☐ (Please Circle)

If No, Visa details: Visa subclass number: __________________ Date arrived in Australia __________

Type of resident __________________________ Visa Expiry Date __________________
Religion: ___________________________ Parish (if Catholic): ___________________________

Does your child speak a language other than English at home?       Yes / No (Please circle)

If yes, what languages including English does your child speak at home?

Main Language  ___________________________ Other Language  ___________________________

Is your child of Aboriginal or Torres Strait Islander Origin?

Yes, Aboriginal
Yes, Torres Strait Islander
Both Aboriginal & Torres Strait Islander
Neither Aboriginal nor Torres Strait Islander

What is this child’s position in the family – Sibling Order (e.g. First born) _______________

All Siblings

<table>
<thead>
<tr>
<th>Name</th>
<th>School or Work</th>
<th>Gender</th>
<th>Birth Date</th>
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MEDICAL DETAILS

Doctors Name: ____________________________________________

Address: ____________________________________________

Number and Street Name ____________________________ Suburb __________ Postcode __________

Phone No: ____________________________

Medicare No: ____________________________ Ref No. _________ Expiry ____/____

Allergies  Yes / No (Please circle)

If yes, please specify ____________________________________________

____________________________________________________________________

____________________________________________________________________

Medical Conditions  Yes / No (Please circle)

If yes, please specify ____________________________________________

____________________________________________________________________

____________________________________________________________________
SACRAMENTS (if Catholic)

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<tr>
<th>(Documentary evidence required)</th>
<th>Date</th>
<th>Church</th>
<th>Address</th>
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<tbody>
<tr>
<td>Baptism</td>
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<td>Penance</td>
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<td>Eucharist</td>
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<td>Confirmation</td>
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OTHER INFORMATION

Special Education Needs – Indicate any physical, social/emotional, or intellectual conditions which may effect learning, school activities or which may require additional or emergency attention at school.

Indicate legal or educational matters of which the school should be aware (e.g. Custody orders/parental agreements, repeating a year level etc.)
**Title** *(e.g. Mr, Mrs, Ms)* __________

**Family Name:** ______________________________  **Given Name:** ____________________________

**Work Phone No:** ______________________________  **Mobile:** ______________________________

**Occupation:** ______________________________  **Employer:** ______________________________

What is the occupation group of the student’s Mother/Parent/Guardian 1? _____ *(Write 1, 2, 3, 4 or 5)*

Please select the appropriate parental occupation group from the list on page 8. If the person is not currently in paid work but has had a job or 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, please write “8” in the box above.

**Country of Birth:** ______________________________  **Nationality:** ____________________________

**Ethnic Origin:** ______________________________  **Religion:** ______________________________

**PARENTAL SCHOOL EDUCATION**

What is the highest year of primary or secondary school the student’s Parent/Guardian 1 has completed?

*For persons who have never attended school, mark “Year 9 or equivalent or below”*

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

**PARENTAL POST-SCHOOL EDUCATION**

What is the level of the highest qualification the student’s Mother/Parent/Guardian 1 has completed?

- Bachelor degree or above *(Mark one box only)*
- Advanced Diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

**LANGUAGES SPOKEN AT HOME**

Does the student’s Parent/Guardian 1 speak a language other than English at home?

- No, English only  - Yes, language other than English spoken at home?

If ‘Yes’ what languages including English does the student’s Mother/Parent/Guardian 1 speak at home?

- **Main Language** ______________________________
- **Other language** ______________________________
- **Other Language** ______________________________

Interpreters may be made available during school interviews. Would an interpreter be required?  **Yes**  **No** *(Please circle)*
Father/Parent/Guardian 2 residing at the same address as the student
For parent/guardian not residing at the same address, please complete the section on Page 7

Title (e.g. Mr, Mrs, Ms) _________

Family Name: ___________________________ Given Name: ___________________________

Work Phone No: _________________________ Mobile: _____________________________

Occupation: ___________________________ Employer: _____________________________

What is the occupation group of the student’s Father/Parent/Guardian 2? ____ (Write 1,2,3,4 or 5)

Please select the appropriate parental occupation group from the list on page 8. If the person is not currently in paid work but has had a job or 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, please write “8” in the box above.

Country of Birth: ______________________ Nationality: ____________________________

Ethnic Origin: __________________________ Religion: _____________________________

PARENTAL SCHOOL EDUCATION
What is the highest year of primary or secondary school the student’s Parent/Guardian 1 has completed?
For persons who have never attended school, mark “Year 9 or equivalent or below”

Year 12 or equivalent [ ] (Mark one box only)
Year 11 or equivalent [ ]
Year 10 or equivalent [ ]
Year 9 or equivalent or below [ ]

PARENTAL POST-SCHOOL EDUCATION
What is the level of the highest qualification the student’s Father/Parent/Guardian 1 has completed?

Bachelor degree or above [ ] (Mark one box only)
Advanced Diploma/Diploma [ ]
Certificate I to IV (including trade certificate) [ ]
No non-school qualification [ ]

LANGUAGES SPOKEN AT HOME
Does the student’s Parent/Guardian 1 speak a language other than English at home?

[ ] No, English only [ ] Yes, language other than English spoken at home?

If ‘Yes’ what languages including English does the student’s Father/Parent/Guardian 2 speak at home?

Main Language __________________________
Other language _________________________
Other Language _________________________

Interpreters may be made available during school interviews.
Would an interpreter be required? [ ] Yes [ ] No (Please circle)
Other Parent/Guardian not residing at the same address as Student

Title (e.g. Mr, Mrs, Ms) __________

Family Name: __________________________ Given Name: ____________________________

Work Phone No: __________________________ Mobile: ____________________________

Address: ____________________________

Number and Street Name __________________________ Suburb __________ Postcode

Occupation: __________________________ Employer: ____________________________

Relationship to Student: __________________________

Details of Contact. Supporting documentation MUST be provided.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Emergency Contact

Please nominate a person who may be contacted in the event of an emergency if parents cannot be contacted. Ideally, the contact person should be someone who lives in the neighbourhood of the school.

Emergency Contact Name: __________________________

Relationship to Student: __________________________
(e.g. Grandparent, Uncle, Aunt)

Daytime Phone No: __________________________

Mobile No: __________________________

Alternative Emergency Contact

Please nominate a person who may be contacted in the event of an emergency if parents cannot be contacted. Ideally, the contact person should be someone who lives in the neighbourhood of the school.

Alternative Emergency Contact Name: __________________________

Relationship to Student: __________________________
(e.g. Grandparent, Uncle, Aunt)

Daytime Phone No: __________________________

Mobile No: __________________________
Interim Privacy Policy

ST JOHN’S PARISH PRIMARY SCHOOL

This statement outlines the Schools’ policy on how the School uses and manages personal information provided to or collected by it. The School is bound by the National Privacy Principles contained in the Commonwealth Privacy Act.

The School may, from time to time, review and update this Privacy Policy to take account of new laws and technology, changes to Schools’ operations and practices and to make sure it remains appropriate to the changing school environment.

St John’s School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’s enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.

Some of the information we collect is to satisfy the school’s legal obligations, particularly to enable the school to discharge its duty of care.

Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health (and Child Protection) laws. Health information about pupils is sensitive information with the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission and the parish, medical practitioners and people providing services to the school, including specialist visiting teachers, sports coaches, volunteers and counselors.

If we do not obtain the information referred to above we may not be able to enroll or continue the enrolment of your son/daughter.

Personal information collected from pupils is regularly disclosed to their parents or guardians. (On occasions information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines and on our website).

Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school’s duty of care to the pupil, or where pupils have provided information in confidence.

As you may know the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organizations that assist in the school’s fundraising activities solely for that purpose). We will not disclose your personal information to third parties for their own marketing purposes without your consent.

We may include your contact details in a class list and school directory.

If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.

Enquires

If you would like further information about the way the School manages the personal information it holds, please contact the School Principal.
<table>
<thead>
<tr>
<th><strong>OFFICE USE ONLY: Original documents sighted and photocopied</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificate or identity documents:</td>
</tr>
<tr>
<td>Immunization certificate/history:</td>
</tr>
<tr>
<td>Baptism Certificate sighted:</td>
</tr>
<tr>
<td>Reconciliation Certificate sighted:</td>
</tr>
<tr>
<td>Communion Certificate sighted:</td>
</tr>
<tr>
<td>Confirmation Certificate sighted:</td>
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</tbody>
</table>

For Students that are not Australian Citizens-

| Passport or Travel documentation number:                        | ________________________________ |
| Country of Issue:                                               | ________________________________ |
| Transfer Certificate:                                          | _____/_____/_____
| Court Order (if applicable)                                    | _____/_____/_____ | Access Alert
