ENROLMENT APPLICATION

FOR

NAME: ________________________________

YEAR/GRADE: ___________ IN TERM: ___________ 20 ___________

Date of Application: _________________ Class: _________________________

Possible Learning Support: Yes/No

Commencement Date: _________________ Tutor Group: _________________________

Special Circumstances: Yes/No

Student I.D.: _________________________ House: _________________________

Parish Member: Yes/No

Family Code: _________________________

Birth Certificate: Yes/No

Application Fee Receipt No. _________________________ Baptismal Certificate ( ) ___________

Yes/No

Interviewed By: _________________________ Approved By: _________________________

Date: _________________________ Date: _________________________

All questions must be completed otherwise the form will be returned.
APPLICATION FOR ENROLMENT
This form is to be completed in conjunction with the Notes Booklet.
When completing this form, please PRINT CLEARLY in blue or black pen.

Please circle the Year Level and indicate the Year for which the enrolment is required.

Start Date: D D / M M / Y Y Y Y  
Student’s current Year Level is: Yr ______ or Not Applicable

STUDENT INFORMATION

Section 1: Student Personal Details
A legible copy of the student’s Birth Certificate (and Change of Name Certificate, if applicable) must be attached.

Legal Surname:  
Preferred Surname: (to be used only with Principal’s approval)

Legal First Name:  
Preferred First Name: (If different from Legal First Name)

Other Given Name(s):  
Date of Birth: D D / M M / Y Y Y Y

BCE Student Id: (If known):

Preferred Surname:  
Preferred First Name:  
Date of Birth:

Gender*:

☐ Male
☐ Female

Section 2: Student Cultural Background

Country of Birth*:
In which country was the student born?

☐ Australia
☐ Other (Please specify) ________________________________

Indigenous Status*:
Is the student of Aboriginal or Torres Strait Islander origin?

☐ No
☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander
☐ Yes, Both Aboriginal and Torres Strait Islander

First Language Spoken:
What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

☐ English
☐ Other (Please specify) ________________________________

Main Language Spoken at Home*:
Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

☐ No, English Only
☐ Yes, Other (Please specify) ________________________________

Other Language Spoken at Home:
Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

☐ No
☐ Yes, Other (Please specify) ________________________________

Start Date:
Student’s current Year Level is: Yr ____
Section 3: Student Citizenship

Country of Citizenship:
In which country does the student currently hold citizenship?

☐ Australia (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)

Proceed to Section 5: Current/Previous Schooling

☐ Other Country (Please specify) ____________________________

Proceed to Section 4: International Details

Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student’s Visa, Passport (including passport number) and Health Care documentation must be attached.

Country of Passport Issue: ____________________________

Visa Sub-Class Number: ____________________________

Visa Expiry Date: D D / M M / Y Y Y Y

Date of Entry to Australia: D D / M M / Y Y Y Y

Health Care Number: ____________________________

Health Care Expiry Date: D D / M M / Y Y Y Y

Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any Transfer Documentation should be attached (if applicable).

<table>
<thead>
<tr>
<th>School Name</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Contact Number (if known)</th>
<th>Year Level(s)</th>
<th>Attended From (Date)</th>
<th>Attended To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
<td></td>
</tr>
</tbody>
</table>

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Has the student been baptised in the Catholic faith?

☐ Yes. A legible copy of the student’s Baptismal Certificate must be attached and details of any Sacraments Received should be provided below

☐ No. Other Religion (Please specify) ____________________________

☐ Baptism Date Received DD / MM / YY Parish ____________________________ Suburb ____________________________

☐ Reconciliation Date Received DD / MM / YY Parish ____________________________ Suburb ____________________________

☐ Eucharist Date Received DD / MM / YY Parish ____________________________ Suburb ____________________________

☐ Confirmation Date Received DD / MM / YY Parish ____________________________ Suburb ____________________________
### Section 7: Related Persons’ Personal Details

#### Parent/Legal Guardian/Caregiver 1
- **Legal Surname:**
- **Legal First Name:**
- **Other Given Name(s):**
- **Preferred Surname:** (If different from Legal Surname)
- **Preferred First Name:** (If different from Legal First Name)
- **Title:**
  - [ ] Mr
  - [ ] Mrs
  - [ ] Miss
  - [ ] Ms
  - [ ] Dr
  - [ ] Fr
  - [ ] Sr
  - [ ] Br
  - [ ] Rev
  - [ ] Prof
- **Gender:**
  - [ ] Male
  - [ ] Female
- **Date of Birth:** D D / M M / Y Y Y Y

#### Parent/Legal Guardian/Caregiver 2
- **Legal Surname:**
- **Legal First Name:**
- **Other Given Name(s):**
- **Preferred Surname:** (If different from Legal Surname)
- **Preferred First Name:** (If different from Legal First Name)
- **Title:**
  - [ ] Mr
  - [ ] Mrs
  - [ ] Miss
  - [ ] Ms
  - [ ] Dr
  - [ ] Fr
  - [ ] Sr
  - [ ] Br
  - [ ] Rev
  - [ ] Prof
- **Gender:**
  - [ ] Male
  - [ ] Female
- **Date of Birth:** D D / M M / Y Y Y Y

### Section 8: Related Persons’ Cultural Background

#### Parent/Legal Guardian/Caregiver 1
- **Country of Birth:**
  - [ ] Australia
  - [ ] Other (Please specify) ______________________
- **Country of Passport Issue:**
  - If not eligible for an Australian passport.
- **Main Language Spoken at Home**: Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
  - [ ] No, English Only
  - [ ] Yes, Other (Please specify) ______________________
- **Other Language Spoken at Home**: Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?
  - [ ] No
  - [ ] Yes, Other (Please specify) ______________________
- **Religion:**
- **Parish of Worship:** (If applicable)

#### Parent/Legal Guardian/Caregiver 2
- **Country of Birth:**
  - [ ] Australia
  - [ ] Other (Please specify) ______________________
- **Country of Passport Issue:**
  - If not eligible for an Australian passport.
- **Main Language Spoken at Home**: Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
  - [ ] No, English Only
  - [ ] Yes, Other (Please specify) ______________________
- **Other Language Spoken at Home**: Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?
  - [ ] No
  - [ ] Yes, Other (Please specify) ______________________
- **Religion:**
- **Parish of Worship:** (If applicable)
### Section 9: Related Persons’ General Information

#### Parent/Legal Guardian/Caregiver 1

**Occupation Group**: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

**Highest School Level**: What is the highest year of primary or secondary school the parent/caregiver 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

**Highest Qualification Level**: What is the level of the highest qualification the parent/caregiver has completed?

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

**Occupation**: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

**Workplace**: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

**Talents**: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

**Interests**: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

#### Parent/Legal Guardian/Caregiver 2

**Occupation Group**: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

**Highest School Level**: What is the highest year of primary or secondary school the parent/caregiver 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

**Highest Qualification Level**: What is the level of the highest qualification the parent/caregiver has completed?

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

**Occupation**: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

**Workplace**: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

**Talents**: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

**Interests**: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.
### Section 10: Related Persons' Address Information

#### Parent/Legal Guardian/Caregiver 1

**Residential Address Details**

- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

**Postal/Correspondence Address Details**

- **Postal Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (If not Australia):**

**Residential (Alternative) Address Details**

(If required)

- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

#### Parent/Legal Guardian/Caregiver 2

**Residential Address Details**

- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

**Postal/Correspondence Address Details**

- **Postal Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (If not Australia):**

**Residential (Alternative) Address Details**

(If required)

- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**
### Section 11: Related Persons' Contact Information

#### Parent/Legal Guardian/Caregiver 1

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td>( ) _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td>_____ _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td>( ) _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Work Mobile Telephone Number:</td>
<td>_____ _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Parent/Legal Guardian/Caregiver 2

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td>( ) _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td>_____ _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td>( ) _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Work Mobile Telephone Number:</td>
<td>_____ _____ _____</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 12: Related Persons’ Relationship to the Student

#### Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student? *(Tick one (1) only)*

- ☐ Mother
- ☐ Father
- ☐ Step Mother
- ☐ Step Father
- ☐ Foster Mother
- ☐ Foster Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Home Stay Parent
- ☐ Sister
- ☐ Brother
- ☐ Half Sister
- ☐ Half Brother
- ☐ Step Sister
- ☐ Step Brother
- ☐ Foster Sister
- ☐ Foster Brother

#### Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student? *(Tick one (1) only)*

- ☐ Mother
- ☐ Father
- ☐ Step Mother
- ☐ Step Father
- ☐ Foster Mother
- ☐ Foster Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Home Stay Parent
- ☐ Sister
- ☐ Brother
- ☐ Half Sister
- ☐ Half Brother
- ☐ Step Sister
- ☐ Step Brother
- ☐ Foster Sister
- ☐ Foster Brother
### Section 12: Related Persons’ Relationship to the Student (continued...)

<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 1</th>
<th>Parent/Legal Guardian/Caregiver 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does this person perform any of the following roles in regards to the student?</strong></td>
<td><strong>Does this person perform any of the following roles in regards to the student?</strong></td>
</tr>
<tr>
<td><strong>Emergency Contact:</strong></td>
<td><strong>Emergency Contact:</strong></td>
</tr>
<tr>
<td>□ Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.</td>
<td>□ Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.</td>
</tr>
<tr>
<td>1st 2nd</td>
<td>1st 2nd</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Legal Guardian:</strong></td>
<td><strong>Legal Guardian:</strong></td>
</tr>
<tr>
<td>If this person is not a birth or adoptive parent, then legal documentation must be attached.</td>
<td>If this person is not a birth or adoptive parent, then legal documentation must be attached.</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Caregiver:</strong></td>
<td><strong>Caregiver:</strong></td>
</tr>
<tr>
<td>A person who has responsibility for the general wellbeing of a student on a day-to-day basis.</td>
<td>A person who has responsibility for the general wellbeing of a student on a day-to-day basis.</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Main Contact:</strong></td>
<td><strong>Main Contact:</strong></td>
</tr>
<tr>
<td>A student must have one (1) main contact.</td>
<td>A student must have one (1) main contact.</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Is this person to receive any of the following forms of Communication?</strong></td>
<td><strong>Is this person to receive any of the following forms of Communication?</strong></td>
</tr>
<tr>
<td>Report Cards/Progress Reports: □ Yes □ No</td>
<td>Report Cards/Progress Reports: □ Yes □ No</td>
</tr>
<tr>
<td>Newsletters: □ Yes □ No</td>
<td>Newsletters: □ Yes □ No</td>
</tr>
<tr>
<td>Invitations: □ Yes □ No</td>
<td>Invitations: □ Yes □ No</td>
</tr>
<tr>
<td><strong>Does this person reside with the student?</strong></td>
<td><strong>Does this person reside with the student?</strong></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Does this person require the assistance of an interpreter?</strong></td>
<td><strong>Does this person require the assistance of an interpreter?</strong></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
</tbody>
</table>
## ADDITIONAL STUDENT INFORMATION

### Section 13: Student Address Information

#### Residential Address Details
- [ ] Same as Parent\Legal Guardian\Caregiver 1
- [ ] Same as Parent\Legal Guardian\Caregiver 2

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td><strong>Country</strong> (If not Australia):</td>
<td></td>
</tr>
</tbody>
</table>

#### Residential (Alternative) Details (If required)
- [ ] Same as Parent\Legal Guardian\Caregiver 1
- [ ] Same as Parent\Legal Guardian\Caregiver 2

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td><strong>Country</strong> (If not Australia):</td>
<td></td>
</tr>
</tbody>
</table>

### Section 14: Student Contact Information

#### Contact Method Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Telephone Number:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Telephone Number:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Order (Silent)
- Indicate best contact order for the student.
- Is this number silent?

<table>
<thead>
<tr>
<th>Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home (Alternative) Number:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Indicate best contact order for the student.
- Is this number silent?
**Section 15: Student Medical Information**

Does the student have a medical condition of which the school should be aware?

- [ ] Yes. Provide details below.
- [ ] No. **Proceed to Section 16: Student Specialist Assessments**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Requires Medication</th>
<th>Has Medical Action Plan</th>
<th>Brief Description of Condition and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus Type 1</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Febrile Convulsions</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

*Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student’s file.*

**Section 16: Student Specialist Assessments**

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- [ ] Yes. Provide details below and ensure a legible copy of any relevant health or medical assessment report(s) is attached.
- [ ] No. **Proceed to Section 17: Educational Support Information**
Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

☐ Yes. Respond to the questions below.
☐ No. Proceed to Section 18: Legal Information

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and/or participation in school.

__________________________________________________________________________________________________________________________________________

Has the student been diagnosed with a disability? If so, provide details.

__________________________________________________________________________________________________________________________________________

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

__________________________________________________________________________________________________________________________________________

If the student is from interstate or overseas, describe the educational support provided.

__________________________________________________________________________________________________________________________________________

Section 18: Legal Information

Is the student in Care of the State?

☐ Yes
☐ No

Are there any legal issues concerning the student of which the school should be aware?

☐ Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.
☐ No. Proceed to Section 19: Sibling Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Legal First Name and Surname of the person for whom the document is issued</th>
<th>Effective From (Date)</th>
<th>Effective To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Parenting Agreement</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Domestic Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Apprehended Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Child Protection Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Other Caring Arrangement (Please specify)</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Legal Guardianship Documentation</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>
### Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

- [ ] Yes. Provide details below.
- [ ] No. **Proceed to Section 20: Additional Information**

<table>
<thead>
<tr>
<th>Sibling 1</th>
<th>Sibling 2</th>
<th>Sibling 3</th>
<th>Sibling 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Surname</td>
<td>Preferred Surname</td>
<td>Legal First Name</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
</tr>
<tr>
<td>School Name and Suburb</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td>If applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>House</td>
<td>If applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resides with Student?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

- [ ] Yes. Provide details below.
- [ ] No. **Proceed to Check List**

---

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CHECK LIST

Please complete before submitting the Application for Enrolment form

Note that original documents will need to be sighted to finalise enrolment confirmation.

Documents provided:

- Birth Certificate
- Australian Citizenship Documentation
- Current Visa
- Current Passport
- Health Care Documentation
- Current/Previous School Transfer Form
- Baptism Certificate
- Health or Medical Assessment Reports
- Legal Documentation

Signature(s)

I declare that:

- I have completed this form in conjunction with the Notes Booklet
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

SIGNATURE of Parent or Legal Guardian

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

RELATIONSHIP to Student

DATE SIGNED

DATE SIGNED

D D / M M / Y Y Y Y

D D / M M / Y Y Y Y
FOR SUCCESSFUL APPLICANTS: WHAT HAPPENS NEXT?

PARENTS RECEIVE ACCEPTANCE LETTER
(and Confirmation of Enrolment form and invoice/agreement for text book hire)

PARENTS RETURN CONFIRMATION OF ENROLMENT FORM

TERM 3 - PARENTS RECEIVE INFORMATION LETTER REGARDING UPCOMING DATES

LATE OCTOBER - UNIFORM FITTING DAY
(all NEW students only)

LAST TUESDAY IN TERM 4 - ORIENTATION DAY
(Year 8 students only)

WEEK BEFORE SCHOOL COMMENCES - COLLECTION OF BOOK HIRE PACK

FIRST DAY OF SCHOOL
(all NEW students only)
As a student at our College, you feel supported by the Administration and Staff. Supported means you are treated justly by all and that you feel safe, valued as a person and included in the life of the school. You are given a decent chance to develop and show your potential. You are encouraged to work hard so as to fulfil God’s plan for you.

The meaning of Jesus’ teachings in relation to the Kingdom of God. Jesus’ vision requires a response from Christians today.

Gospel values are reflected in all aspects of College life. Important values drawn from the Gospels of Matthew, Mark, Luke and John are:

- Care for the poor and those forced to the outer edges of society e.g. homeless, those with medical or psychiatric illnesses, those struggling financially.
- Tolerance and respect - listening to and valuing those whose ideas and behaviour are different from ours.
- Including everyone - we don’t discriminate against others
- Respect for others - no bullying, caring behaviour management of students
- Forgiveness - you can make mistakes here
- Faith - we are all on a journey to and with God. The College supports you in this
- Hope - we are optimistic - we are not negative in our attitudes to school, others and life.
- Love - we treat others well, as we would like to be treated ourselves.