

# ENROLMENT FORM

ST LEO THE GREAT PRIMARY SCHOOL  
 389 Mason Street Altona North 3025  
 Email: [office@slaltonanth.catholic.edu.au](mailto:office@slaltonanth.catholic.edu.au)  
 Tel: 9391 5522 Fax: 9391 0768



<b>Office use only</b>	Date received:	English second language: Yes <input type="checkbox"/> No <input type="checkbox"/>
Birth Certificate	Enrolment date:	VSN:
Baptism Certificate	Start date:	
Immunisation	Student/family code:	

## STUDENT DETAILS

Surname:	Entry year	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion:	
Male: <input type="checkbox"/> Female: <input type="checkbox"/>		

## HOME ADDRESS OF STUDENT

Street number & name:	
Suburb:	Post Code:
Home phone:	

## SACRAMENTAL INFORMATION

Baptism:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Confirmation:	Date:	Parish:
Current Parish:		

## KINDERGARTEN/PREVIOUS SCHOOL PERMISSION

Name of previous School or Kindergarten:	
I/We give permission for school to contact previous School or Kindergarten: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Signature:

## NATIONALITY

<b>GOVERNMENT REQUIREMENT</b>	Nationality:
In which country was the student born?	Australia <input type="checkbox"/> Other – please specify:
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of <b>both</b> Aboriginal and Torres Strait Islander origin mark 'Yes' to both)	
No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>	

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (if more than one language, indicate the one that is spoken more often)			
	Student	Mother/guardian	Father/guardian
<b>No</b>	English Only <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	Other – please specify		

**IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED – Government requirement****Please tick the relevant category below and record the Visa Subclass number:**

(original documents to be sighted and copies to be retained by the school)

**Australian Citizen not born in Australia**

<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia)	
<input type="checkbox"/>	Australian Passport Number: (If applicable)	Passport No:
<input type="checkbox"/>	Naturalisation Certificate Number :	Certificate No:
	Visa Subclass recorded on entry to Australia	Visa Subclass No:
	Date of Arrival into Australia	Date:

**Not currently an Australian Citizen; please provide further details as appropriate below:**

<input type="checkbox"/>	Permanent resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Temporary resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number)	Visa Subclass No:

**\*Please attach Visa/document of travel/letter of notification and passport photo page.****MEDICAL INFORMATION**

Doctor's name:			
Street number and name:			
Suburb:	Post Code:	Phone:	
Medicare No.:	Ref No:	Expiry:	
Private Health:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Medical Condition:	<i>Please specify any medical conditions the student suffers from eg. asthma, diabetes and/or any prescribed medications taken by the student. A Medication Action Plan will be sent home for you to complete.</i>		
Allergies:	<i>Please list any known allergies the student has eg. allergy to nuts, penicillin, bee stings including specific details.</i>		
<b>Has the student been diagnosed as being at risk of anaphylaxis?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, does the student have an EpiPen or Anapen?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.

**ADDITIONAL NEEDS****Does your child have:**

autism	<input type="checkbox"/>	behaviour disorders	<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>
intellectual disability	<input type="checkbox"/>	language disorder	<input type="checkbox"/>	mental health issues	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>
giftedness	<input type="checkbox"/>	other (please specify)	<input type="checkbox"/>		

**Has your child ever seen a:**

behavioural optometrist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>
educational psychologist	<input type="checkbox"/>	paediatrician	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>
psychologist	<input type="checkbox"/>	other specialist	<input type="checkbox"/>		

**If your child does have a special need, please can you assist us by providing the following information:**

	Yes	No
Details of additional learning needs/additional needs provided (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>
Medical/allied health professional reports attached (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL DETAILS		
Who will be responsible for the payment of the school fees and levies? Please tick one:		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> 50% Mother/Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Account to be billed and addressed to:		
Title (eg. Mr/Mrs/Ms):	First Name:	Surname:
Address:	Suburb:	Postcode:

MOTHER/GUARDIAN			
Title: (eg. Mrs/Ms)	Surname:	First Name:	
Address:			
Home Phone:	Work Phone:	Mobile:	
Email:			
<b>Government Requirement</b>	Current Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family)	
Religion:		Nationality:	
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
<b>What is the highest year of primary or secondary school the mother/guardian has completed:</b> (Persons who have never attended secondary school, mark 'Year 9 or below')			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
<b>What is the level of the highest qualification the mother/guardian has completed:</b>			
No post school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Centrelink Pension Concession or Heath Care Card Number (CRN)	_____ - _____ - _____ - _____		

FATHER/GUARDIAN			
Title:	Surname:	First Name:	
Address:			
Home Phone:	Work Phone:	Mobile:	
Email:			
<b>Government Requirement</b>	Current Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family)	
Religion:		Nationality:	
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
<b>What is the highest year of primary or secondary school the father/guardian has completed:</b> (Persons who have never attended secondary school, mark 'Year 9 or below')			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
<b>What is the level of the highest qualification the father/guardian has completed:</b>			
No post school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Centrelink Pension Concession or Heath Care Card Number (CRN)	_____ - _____ - _____ - _____		

EMERGENCY CONTACTS – OTHER THAN PARENT	
1. First Name:	
Surname:	
Relationship to child:	
Home phone:	
Mobile:	
2. First Name:	
Surname:	
Relationship to child:	
Home phone:	
Mobile:	

SIBLINGS ATTENDING SCHOOL/KINDERGARTEN			
List all children in your family attending school or preschool (oldest to youngest)			
Name	School/Kindergarten	Year/Grade	Date of Birth

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:	
<input type="checkbox"/> Living with Mother & Father	<input type="checkbox"/> Single parent: Mother / Father (please circle)
<input type="checkbox"/> Living in a step family	<input type="checkbox"/> Shared parenting eg. One week with mother , next with father FTE with Mother:                      FTE with Father:
<input type="checkbox"/> Guardian	<input type="checkbox"/> Out-Of-Home Care

COURT ORDERS (IF APPLICABLE)
Are there any current court orders relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, copies of these court orders e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders must be provided.</i>
Is there any other information you wish the school to be aware of?

PERMISSION:
<input type="checkbox"/> I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.
<input type="checkbox"/> I give permission for school staff to apply sunscreen on my child during P.E lessons, at sporting events and on excursions.
<input type="checkbox"/> In the event of any illness, or accident, I accept responsibility and authorize the person in charge of obtaining such medical assistance as my child may require, should the school not be able to contact either parent. I also authorise the doctor called to administer an anaesthetic if necessary. Following notification by the school, I will promptly attend any location to which my child may be taken for treatment.
<input type="checkbox"/> I give permission for teachers to examine school bags or other property belonging to any enrolled student. This would only take place when it is deemed to be in the interests of safety and morale.
<input type="checkbox"/> I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.
<b>MOTHER'S SIGNATURE:</b>
<b>FATHER'S SIGNATURE:</b>

**CONDITIONS OF ENROLMENT:**

**Please tick the following boxes and sign below:**

1. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
  - Birth Certificate
  - Baptismal Certificate
  - Citizenship documentation (where applicable)
  - Most recent previous school reports and external test results (where applicable)
  - Relevant Family Court Orders (where applicable)
  - Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
  - Immunisation Certificate
  
2. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
  
3. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (e.g. school liturgies, prayer nights).
  
4. If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
  
5. I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.
  
6. I/We have read the '**Parent Charter**' (as outlined in the Enrolment Information Booklet) and agree to abide by the expectations of the school. I/We understand that my/our child's initial enrolment **and ongoing enrolment** are conditional on parents agreeing to its contents.
  
7. I/We will support school policies in relation to acceptable behaviour and understand that **unacceptable behaviour by a child or by a parent/guardian may result in suspension or termination of the child's enrolment.**

**MOTHER'S SIGNATURE:**

**FATHER'S SIGNATURE:**

## PHOTOGRAPH/VIDEO PERMISSION FORM

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

The Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

- I give permission for my child's photograph/video and name to be published in:
  - the school website
  - social media
  - promotional materials
  - newspapers and other media
- I authorise the CEOM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOM/CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/video of my child to be used by the CEOM/CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

**LICENSED UNDER NEALS:** The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

**Signed:** Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

*Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).*

# SCHOOL FAMILY OCCUPATION INDEX

## PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

### GROUP N: Unemployed for more than 12 months

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 your 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.

## OCCUPATION GROUP A

### SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

#### Senior management in large business organisations

**Senior Executive / Manager /Department Head** in industry, commerce, media or other large organisation

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

#### Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

**Qualified Professionals** – generally have a degree or higher qualifications and experience in applying this knowledge to:

-design, develop or operate complex systems, identify, treat and advise on problems, teach others

*Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport*

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
- **Engineering** [e.g. architect, surveyor, chemical/ civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

## OCCUPATION GROUP B

### OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

#### Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

#### Arts / media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

**Associate professionals** – generally have diploma /technical qualifications and provide support to managers and professionals

*Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration*

- **Medical, science, building, engineering, computer** technician/associate professional
- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

## 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.

#### Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]



### Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/ payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

## OCCUPATION GROUP D

### MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

#### Drivers, mobile plant, production/processing machinery and other machinery operators

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

#### Hospitality, office staff

- **Sales staff** [e.g. sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

#### Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]