



HOLY NAME SCHOOL

12 Robb Street
Reservoir 3073

tel: 9471 0883

fax: 9471 0069

email: office@hnpe.catholic.edu.au

Grade Level _____

APPLICATION FOR ENROLMENT

CHILD'S SURNAME: _____

CHILD'S INFORMATION (please attach a copy of Child's Birth Certificate)

SURNAME: _____

GIVEN NAMES: _____ **PREFERRED NAME:** _____

MALE / FEMALE _____ **DATE OF BIRTH:** _____

HOME ADDRESS: _____

_____ **POSTCODE:** _____

TELEPHONE: (Home) _____

COUNTRY OF CHILD'S BIRTH: Australia **Other – please specify** _____

NATIONALITY _____ **DATE ARRIVED IN AUSTRALIA:** _____
(if relevant)

CURRENT CITIZENSHIP STATUS IF BORN OVERSEAS (Circle) – Aus. resident Permanent Temporary

DOES THE CHILD 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 _____

IS THE CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

No Aboriginal Torres Strait Islander

(For persons of both Aboriginal or Torres Strait Islander origin, mark 'Yes' to both)

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

Australian citizen (Naturalisation Cert or Aust Passport number/Document of Travel if Country of Birth is not Australia)

Australian Passport Number: (If applicable) _____

Naturalisation Certificate Number: _____

Visa Subclass recorded on entry to Australia _____

Date of Arrival into Australia: _____

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

Permanent resident (if ticked, record the Visa Subclass Number) _____

Temporary resident (if ticked, record the Visa Subclass Number) _____

Other/Visitor/Overseas Student (if ticked, record the Visa Subclass Number) _____

***Please attach Visa/document of travel / letter of notification and passport photo page**

KINDERGARTEN ATTENDED: _____ **TEL. NO:** _____

PREVIOUS SCHOOLS ATTENDED: _____

DO YOU GIVE CONSENT TO CONTACT PREVIOUS SCHOOLS/PRE SCHOOLS? YES / NO

NUMBER OF CHILDREN IN FAMILY: _____ POSITION OF YOUR CHILD IN 1st/2nd/3rd etc.: _____

NAMES OF SIBLINGS ATTENDING THIS SCHOOL OR PRE-SCHOOL:

List all children in your family attending school or preschool (oldest to youngest) – do NOT include applicant

Name	School/Pre-school	Year/Grade	Date of Birth

SACRAMENTAL INFORMATION (please attach copy of Child’s Baptismal Certificate)

HOME PARISH: _____

PLEASE CIRCLE THE RITE OF THE CATHOLIC CHURCH TO WHICH YOU BELONG:

- Roman (Latin) Armenian Maronite Chaldean Syrian Melkite Coptic Ukranian Russian

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SACRAMENTS:

Baptism Yes / No Date: _____ Place: _____

Reconciliation Yes / No Eucharist Yes / No Confirmation Yes / No

IF NOT A MEMBER OF THE CATHOLIC CHURCH, ARE YOU PRACTISING ANOTHER RELIGION YES / NO IF YES, WHAT RELIGION: _____

CHILD’S MEDICAL HISTORY

IMMUNISATION (please indicate if the student has been immunized against the following)

Diphtheria/Tetanus/Whooping Cough	yes <input type="checkbox"/> no <input type="checkbox"/>	Hepatitis B	yes <input type="checkbox"/> no <input type="checkbox"/>
Haemophilus Influenza type B (hib)	yes <input type="checkbox"/> no <input type="checkbox"/>	Polio	yes <input type="checkbox"/> no <input type="checkbox"/>
Measles-Mumps-Rubella	yes <input type="checkbox"/> no <input type="checkbox"/>	Rotavirus	yes <input type="checkbox"/> no <input type="checkbox"/>
Meningococcal C disease	yes <input type="checkbox"/> no <input type="checkbox"/>	Chicken Pox	yes <input type="checkbox"/> no <input type="checkbox"/>
Human Papillomavirus (HPV)(12-18yrs)	yes <input type="checkbox"/> no <input type="checkbox"/>	Pneumococcal disease	yes <input type="checkbox"/> no <input type="checkbox"/>

(attach copy of child’s Immunisation History Statement from Australian Childhood Immunisation Register)

Does your child have a life-threatening illness, e.g. anaphylactic / asthmatic? YES / NO

Has the child been diagnosed as being **at risk** of anaphylaxis Yes / No
If yes, does the child have an Epipen or Anapen Yes / No

Medical Condition: please specify any medical conditions the student suffers from, e.g. asthma, diabetes **and/or** any prescribed medications taken by the student.
(If the child has asthma, please attach a current Asthma Management Plan)

Allergies: Please list any known allergies the student has, e.g. allergy to nuts, penicillin, bee stings, including specific details.

Additional Needs:

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.

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 (pls 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"/>

Please state any recent family situation which may affect your child's health and well-being (e.g. death or serious illness in family) _____

DOCTOR INFORMATION

DOCTOR: _____ TELEPHONE: _____

ADDRESS: _____

ARE YOU AN AMBULANCE SUBSCRIBER?: YES / NO Subscriber number _____

MEDICARE NO.: _____

PRIVATE HEALTH INSURANCE YES / NO What Fund? _____

PARENT / GUARDIAN DETAILS

PARENT / GUARDIAN 1

FULL NAME: _____

WHAT IS YOUR OCCUPATION?

Please select the appropriate occupation code from the attached list

COMPANY NAME & SUBURB : _____

TELEPHONE: HOME: _____

BUSINESS: _____

MOBILE: _____

COUNTRY OF BIRTH: _____

YEAR OF ARRIVAL: _____

STATUS OF ENTRY: _____

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME:
NO, ENGLISH ONLY

YES, OTHER, please specify _____
(if more than one language, indicate the one that is spoken most often)

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL COMPLETED:

(tick one box only)

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

(please mark the above box 'Yr 9 or equivalent or below' for persons who have never attended school)

WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION COMPLETED:

(tick one box only)

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

PARENT / GUARDIAN 2

FULL NAME: _____

WHAT IS YOUR OCCUPATION?

Please select the appropriate occupation code from the attached list

COMPANY NAME & SUBURB: _____

TELEPHONE: HOME: _____

BUSINESS: _____

MOBILE: _____

COUNTRY OF BIRTH: _____

YEAR OF ARRIVAL: _____

STATUS OF ENTRY: _____

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME:
NO, ENGLISH ONLY

YES, OTHER, please specify _____
(if more than one language, indicate the one that is spoken most often)

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL COMPLETED:

(tick one box only)

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

WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION COMPLETED:

(tick one box only)

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

PARENT / GUARDIAN 1 cont.

RELIGION: _____

PARENT / GUARDIAN 2 cont.

RELIGION: _____

MARRIED PARTNER DIVORCED SEPARATED SINGLE WIDOWED (please circle)

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:

- Living with Mother & Father
 - Living in a step family
 - Guardian
 - Single parent: Mother / Father (pls circle)
 - Shared parenting eg. One week with mother, next with father
- FTE with Mother: _____ FTE with Father: _____

COURT ORDERS (if applicable)

Are there any current court orders relating to this student? Yes No
If yes, copies of these court orders e.g. AVO's, Family Court/Federal Magistrates Court orders or other relevant court orders must be provided.

ARE YOU THE HOLDER OF: **Health Benefit card** Yes / No **Pension card** Yes / No

Who will be responsible for the payment of the school fees and levies? (Please tick a box)

- Both parents
- Mother Only
- Father Only
- Guardian

EMERGENCY INFORMATION

EMERGENCY INFORMATION – Please nominate two relations, friends or neighbours **OTHER THAN PARENTS** (if possible with a vehicle), who may be contacted if you are unavailable to collect your child from School.

EMERGENCY CONTACT NAME: 1. _____ 2. _____

EMERGENCY CONTACT NUMBERS: _____ _____

RELATIONSHIP TO YOUR CHILD: _____ _____

LOCALITY (SUBURB) _____ _____

Upon acceptance of my child at Holy Name School, I agree to abide by the Policies and Procedures of the School, to support the School in the Religious Education of my child and to be responsible for payment of School Fee and Subject Levies. I also confirm that I have received and read the School's Privacy Policy regarding information in this Enrolment Form.

I have completed the Enrolment Agreement form.

ONLY IMPLEMENTED IN EMERGENCY SITUATION (every effort would be made to contact the parents).

In the event of any illness or accident I authorise the obtaining on my behalf of such medical assistance as my child may require. After notification by the School, I will accept responsibility as soon as possible for any further action necessary in the care of my child, including prompt attendance at any place to which my child may be taken for treatment. I accept all operation, blood transfusions and/or anaesthetical risks involved and the responsibility for payment of any expenses thus incurred.

NB. You should have your own private health insurance policy and ambulance subscription.

Signature of Father/Guardian: _____ **Signature of Mother/Guardian:** _____

Date: _____ **Date:** _____

(Both parents / guardians MUST sign this enrolment application)

Family email address for fee statements/receipts

Office use only

DOCUMENTATION	SUPPLIED	DATE	SIGNATURE
BIRTH CERTIFICATE			
BAPTISM CERTIFICATE			
IMMUNISATION HISTORY STATEMENT			