St Francis Xavier Primary School Montmorency Enrolment Form





St Francis Xavier Primary School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

ENROLMENT FORM						
Name:						
Address:						
Email:						
Tel:			Fax:			
OFFICE USE ONLY	Date received:			Birth certificate attached:	e Yes No	
	Enrolment date:			English as an Yes No Additional Language:		
	Start date:			House colour:		
	Student/family c	ode:		VSN:		
	Immunisation Yes No history statement attached:			Visa information attached (if relevant):	on Yes No	
STUDENT DETAIL	_S					
Surname:		Entry yea	ar (YYYY)	:	Entry level/grade:	
First name/s:						
Preferred first na	ime:					
Date of birth:		Religion: (includ	de rite)			
Male:		Female:		Other	r:	
HOME ADDRESS	OF STUDENT					
Street number ar	nd name:					
Suburb:					Postcode:	
Home phone:						

EMERG	GENCY CON	TACTS – OTHER	THAN PARE	NT/GL	JARDIA	N				
1. Name:				2. Name:						
Relationship to child:				Relationship to child:						
Hom	e phone:				Home phone:					
Mob	ile:				Mob	ile:				
SACRA	MENTAL IN	FORMATION								
Baptisr	Baptism Date:				Parish:					
Confirr	mation	Date:			Parish:					
Recond	ciliation	Date:			Parish:					
Comm	union	Date:			Parish:					
Curren	t parish:									
PREVIO	OUS SCHOO	L/PRESCHOOL	PERMISSION							
Name	and address	of previous sch	nool/prescho	ol:						
I/We give permission for the school to contact the previous school or preschool and to gather releva reports and information to support educational plants.			evant	ning:	No 🗌		Form B Sam	se complete ple Consent for g Information.)		
NATIO	NALITY									
Government Requirement Nationality:			•			Eth	nicity:			
In which country was the student born?			ia				Other – pleas	se specify:		
		boriginal or Tor th Aboriginal ar			_	gin, tic	k 'Yes'	for both.)		
No 🗌			Yes, Aborig	inal 🗌			Ye	s, Torres Strai	t Islander 🗌	
1	Does the student or their parent(s)/guardian(s) speak a language other than English at home? Note: Record all languages spoken.									
				Stud	ent		Parei A/Gu	nt Iardian 1	Parent B/Guardian 2	
No	English on	ly								
Yes	Other – pl	ease specify all	languages							

IF NOT	BORN IN AUST	TRALIA, CITIZ	ENSHIP STATU	S*		
require	Please tick the relevant category below and record the visa subclass number as per government requirements: (original documents to be sighted and copies to be retained by the school)					
Austra	lian citizen not	born in Aust	ralia:			
	Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)					
Austral	ian passport nu	umber:				
Natura	Naturalisation certificate number:					
Visa su	bclass recorded	d on entry to	Australia:			
Date of	f arrival in Aust	ralia:				
Not cu	rrently an Aust	ralian citizen	, please provid	de further details as appro	ppriate below:	
	Permanent re	esident: (if ticl	ked, record the	e visa subclass number)		
	Temporary resident: (if ticked, record the visa subclass number)					
	Other/visitor/	overseas stu	dent: (if ticked	, record the visa subclass r	number)	
* Pleas	e attach visa/I	mmiCard/let	ter of notificat	ion and passport photo p	age.	
MEDIC	AL INFORMATI	ON				
	's name:					
Street number and name:						
Suburb	Suburb: Postcode: Phone:				Phone:	
Medica	are number:			Ref number:	Expiry:	
Private insurar		Yes	No 🗌	Fund:	Number:	
Ambula	ance cover:	Yes	No 🗌	Number:		
Medica	al condition:	diabetes, ar Medical Ma (doctor/nur	naphylaxis, and inagement Plai rse) will be req pecific details	t medical conditions for the long any medications preson signed by a relevant medication of the medica	cribed for the student. A dical practitioner cal conditions listed.	

Has the student been diagnose	ed as being at risk of anaphyla	xis? Yes No			
If yes, does the student have a	n EpiPen or Anapen?	Yes No No			
IMMUNISATION (please attach	an immunisation history stat	ement for your child)			
All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit myGov) and provide it to the school with this enrolment form. Immunisation history statement attached Yes No No Info, please provide explanation:					
If the student entered Australia did they receive a refugee heal	-	es No No			
Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.					
ADDITIONAL NEEDS					
Is your child eligible or current Insurance Scheme (NDIS) supp		/ Yes No No			
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	physiotherapistoccupational therapist	audiologist speech pathologist			
psychologist/counsellor psychiatrist					
	occupational therapist continence nurse	speech pathologist			
psychiatrist Have you attached all relevant	occupational therapist continence nurse	speech pathologist other specialist (please specify)			
psychiatrist	occupational therapist continence nurse information/reports?	speech pathologist other specialist (please specify) Yes No			

Surname	First name	Address and email			Phone		Relationship to the student		
PARENT /GU	ARDIAN 1								
Surname:			Title: (e.g. Mr/Mrs/Ms)			First name:	First name:		
Address:									
Home phone:			Work phone:			Mobil	Mobile:		
SMS messagir	ng: (for emerger	ncy and re	eminder purp	ose	s)	Yes		No 🗌	
Email:									
Government Requirement					What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)				
Religion: (include rite)					Nationality: Ethnicity if not born in Australia:				
Country of Australia Other (please specify): birth:									
What is the highest year of primary or secondary school Parent A/Guardian 1 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.)									
Year 9 or below Year 10 or e		equivalent	Ye	ar 11 or equiv	alent	Year 1	12 or equivalent		
What is the le	evel of the high	est qualif	ication Paren	t A	/Guardian 1 ha	as compl	eted?		
No post-school Certificate I qualification (including tr certificate)				a	Bache above	elor degree or			
PARENT /GU	ARDIAN 2								
Surname:		Title: (e.g. Mr/Mrs/Ms)		First name:					
Address:									
Home phone:			Work phone:		Mobil	Mobile:			
SMS messagir	ng: (for emerger	ncy and re	eminder purposes)		Yes	Yes No No			
Fmail:									

Government Requirement	Occupation:		gr (s	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)			
Religion: (include	rite)			ationality: thnicity if not born in	Australia:		
Country of birth:	Australia	Other (please	spe	cify):			
	est year of primary or ve never attended sec				has completed?		
Year 9 or below	Year 10 or e	quivalent Y	Year 11 or equivalent		Year 12 or equivalent		
What is the level	of the highest qualif	ication Parent B	B/G	uardian 2 has comple	eted?		
No post-school qualification	Certificate I (including tr certificate)		Advanced diploma		Bachelor degree or above		
SIBLINGS ATTEN	DING A SCHOOL/PRES	SCHOOL					
List all children in	your family attendin	g school or pres	scho	ool (oldest to younges	st) – include applicant:		
Name	School/	preschool		Year/gr	ade Date of birth		
HOME CARE ARR			_				
Living with i	mmediate family		Out-of-home care				
Carer/guard	dian		Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:				
Kinship care			Other (please specify)				
COURT ORDERS	OR PARENTING ORDE	RS (if applicabl	le)				
Are there any cur orders relating to	rrent court orders or poor the student?	parenting Y	res [No .		

If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.

Is there any other information you wish the school to be aware of?

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 School, 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 School. 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 School, once offered and accepted.

PARENT/CARER/GUARDIAN SIGNATURE:	Date:
PARENT/CARER/GUARDIAN 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
- 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.

Note: Secondary students may complete parts of the form and co-sign.

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 https://www.sfxmontmorency.catholic.edu.au/