

ENROLMENT Form 2022

Private and Confidential New / Current Families Please Circle

Application Into Year Level: **PREP ONE TWO THREE FOUR FIVE SIX IN 2022**
(Please circle the Year Level)

CHILD'S INFORMATION

CHILD'S SURNAME: _____ CHRISTIAN NAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____ MALE ☐ FEMALE ☐

TELEPHONE NO: _____ EMAIL: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD IS OF: ABORIGINAL ORIGIN ☐ TORRES STRAIT ISLANDER ORIGIN ☐ BOTH ORIGINS ☐

CITIZENSHIP STATUS: (Please tick the appropriate residency status)

Australian Citizen: ☐ Permanent Resident: ☐ Temporary Resident: ☐ Exchange Student: ☐

Refugee (within last 7 years): ☐

LANGUAGE SPOKEN AT HOME BY CHILD: ENGLISH and OTHER: _____ (please specify)

CATHOLIC: ☐ OTHER RELIGION: _____ NO RELIGION: ☐

SACRAMENTS: (If Catholic – attach a copy of the Baptism certificate unless the child was baptised in this parish)

Baptism: Date: _____ Church/Place: _____

Reconciliation: Date: _____ Church/Place: _____

Eucharist: Date: _____ Church/Place: _____

Confirmation: Date: _____ Church/Place: _____

With this Enrolment Form we require you to please provide:- (Original documents **must be sighted** and photocopied)

- Birth Certificate or Identity documents
- Baptism Certificate
- Immunization Certificate/ History
- Latest school report (Year One-Six)

(NB: If your child was born outside of Australia, please provide a copy of the Visa and date of arrival stamp)

MEDICAL INFORMATION/ ADDITIONAL NEEDS

It is essential that the school is alerted to any allergies/medical alerts, particularly anaphylaxis or other medical conditions (Asthma, diabetes, epilepsy and allergies to nuts, dairy, penicillin, bee stings etc., or serious life threatening illnesses).

MY CHILD HAS: ASTHMA ☐ ALLERGIES ☐ ANAPHYLAXIS ☐ EPIPEN ☐ DIABETES ☐ EPILEPSY ☐
(NB: If you **have ticked** a box you are obligated to provide the school with an **Action Plan** from your child's medical practitioner. Thank you)

Additional information:

Has your child been immunised YES ☐ NO ☐ (Please provide immunisation certificate-required by law)

SPECIAL EDUCATIONAL NEEDS: Please **CIRCLE OR LIST** any physical, social/emotional, or intellectual conditions which may affect learning, school activities or which may require additional attention at school: Please provide any professional assessments or reports.

AUTISM SPECTRUM DISORDERS	<input type="checkbox"/>	PHYSICAL DISABILITY	<input type="checkbox"/>	ADHD	<input type="checkbox"/>
INTELLECTUAL DISABILITY	<input type="checkbox"/>	HEARING IMPAIRMENT	<input type="checkbox"/>	VISION IMPAIRMENT	<input type="checkbox"/>
MENTAL HEALTH ISSUES	<input type="checkbox"/>	LANGUAGE DISORDER	<input type="checkbox"/>	BEHAVIOUR DISORDERS	<input type="checkbox"/>
ACQUIRED BRAIN INJURY	<input type="checkbox"/>	LEARNING DIFFICULTIES	<input type="checkbox"/>	SPECIAL ABILITIES	<input type="checkbox"/>
CHRONIC HEALTH	<input type="checkbox"/>	OTHER	<input type="text"/>		

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/COUNSELLOR	<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:

- Details of additional learning needs/additional needs provided (please provide all the relevant information)
- Medical/allied health professional reports attached (please provide all/any relevant information)

PREVIOUS SCHOOL OR PRE-SCHOOL

PRE-SCHOOL ATTENDING: GROUP

SCHOOL: YEAR LEVEL: VSN NO:

(Please provide copies of any school reports & professional assessments etc., to assist with your child's transition)

I give consent for St Francis Xavier Primary school staff to make contact with the pre-school/ school

Exchanging of this confidential information re: your child's progress, will be used to assist with your child's transition

MEDICAL AUTHORISATION

I/We authorise the principal (or teacher in charge) of St Francis Xavier Primary School to consent to my child receiving medical or surgical assistance in the event of any illness or accident deemed serious.

I/We accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

I /We agree to give permission for my child's hair to be checked for head lice in the event of a reported case at school.

Name of Parent/Guardian: Signature: Date:

Name of Parent/Guardian: Signature: Date:

FAMILY INFORMATION

FATHER / GUARDIAN	MOTHER / GUARDIAN
Title	Title
Surname	Surname
Name	Name
Address	Address
Suburb	Suburb
Postcode	Postcode
Home No.	Home No.
Work No.	Work No.
Mobile No.	Mobile No.
Email address	Email address
Religion	Religion
Country of Birth	Country of Birth
Nationality	Nationality
Language Spoken at home other than English	Language Spoken at home other than English
No, English only (tick)	No, English only (tick)
Yes, other (please specify)	Yes, other (please specify)
Occupation	Occupation
Working with Children Check Card No. Expiry Date: V / E (Volunteer or Employee) Please tick	Working with Children Check Card No. Expiry Date: V / E (Volunteer or Employee) Please tick
Health Care Card No: (if applicable) Expiry Date:	Health Care Card No: (if applicable) Expiry Date:
<i>What is the highest year of primary or secondary school the parent/guardian has completed?</i> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	<i>What is the highest year of primary or secondary school the parent/guardian has completed?</i> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
<i>What is the level of the highest qualification the parent/guardian has completed</i> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 – IV (including trade certificate) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	<i>What is the level of the highest qualification the parent/guardian has completed?</i> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 – IV (including trade certificate) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Please select your Occupation Group Letter from the attached occupation list. AS ACCURATE AS POSSIBLE, please circle <div style="display: flex; justify-content: space-around; width: 100%;"> A B C D </div>	Please select your Occupation Group Letter From the attached occupation list. AS ACCURATE AS POSSIBLE, please circle <div style="display: flex; justify-content: space-around; width: 100%;"> A B C D </div>

FAMILY STATUS (Please circle)

MARRIED SEPARATED DIVORCED SINGLE PARENT WIDOWED OTHER: _____

CUSTODY ARRANGEMENTS/ COURT ORDERS

Are there any Parenting Plans/Custody Arrangements/ Court Orders that have been issued in relation to your child and apply to your family? Yes ☐ or No ☐

If **YES** supporting documentation **must** be provided, **at the time of enrolment or as soon as this occurs**. You may also wish to discuss this further and request an interview with the Principal.

SIBLINGS

NAMES OF YOUNGER BROTHERS AND SISTERS:

Child's Name: _____ Date of Birth: _____ Enrolment Year: _____

Child's Name: _____ Date of Birth: _____ Enrolment Year: _____

EMERGENCY CONTACT INFORMATION

Every effort will be made to contact you in case of an illness or emergency situation. However, should you be unavailable, please nominate two relatives, friends, neighbours who can drive & are available during school hours.

NAME OF EMERGENCY CONTACT 1: _____

RELATIONSHIP TO THE CHILD: _____

CONTACT PHONE NUMBERS: _____

NAME OF EMERGENCY CONTACT 2: _____

RELATIONSHIP TO THE CHILD: _____

CONTACT PHONE NOS: _____

NAME OF FAMILY DOCTOR: _____

ADDRESS: _____ PHONE NO: _____

MEDICARE NO: _____ EXPIRY DATE: _____ AMBULANCE SUBSCRIPTION: YES NO

NB: In an emergency, an ambulance will be called and expenses incurred will be the responsibility of the parent.

NAME OF PERSON/S RESPONSIBLE FOR PAYING THE FEES / LEVIES

<p>ACCOUNT TO BE ADDRESSED TO:</p> <p><u>FATHER / GUARDIAN</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Post Code: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>ACCOUNT TO BE ADDRESSED TO:</p> <p><u>MOTHER / GUARDIAN</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Post Code: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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Each person who signs this form accepts legal responsibility for payment of school fees and levies incurred for the entire period of the enrolment of the student.

FEE/ LEVIES SPLITTING IN SEPARATED FAMILIES

We request for our child's school fees / levies to be apportioned between both parents/guardians. Please nominate the percentage split. Whilst **we** agree to this request the school need to formalise this arrangement.

Please complete the details below from both parties.

<p>Parent Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Percentage of split fees/levies.....%</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Parent Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Percentage of split fees/levies.....%</p> <p>Signature: _____</p> <p>Date: _____</p>
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CONDITION OF ENROLMENT

Submission of this application does not guarantee acceptance by the school and is subject to the approval of the school Principal.

Children entering Prep will be accepted subject to school readiness. This decision will be made in conjunction with Parents, Pre-school/Kindergarten teacher, School teachers and Principal.

Children transferring from another school can only be accepted if a position is available and to the exclusion of a student from a Catholic family who live within the Parish.

COMMITMENT OF PARENTS/GUARDIANS

I/We agree to pay a non-refundable deposit of \$100.00 on acceptance of our child's enrolment. The deposit will be deducted from the first term fees. This deposit will secure your child's place for Prep 2021. ☐

I/We understand and agree to abide by the SFX Parent-School Relationship Code of Conduct. ☐

I/We understand that the school has a zero tolerance approach to verbal or physical abuse of students or staff and whereby your enrolment will be terminated. ☐

I/We agree to pay the school fees and student levies determined by St Francis Xavier Primary School by the due dates. ☐

I/We agree to contact the Principal to explain my/our inability to meet our financial commitment within the set timeline and to arrange an alternative payment plan. ☐

I/We make a personal commitment to participate in school activities as members of our Parish/School community and to enable our child to engage in school and Parish life. These activities include the full educational program which involves Religious & Liturgical celebrations, school excursions, swimming program & school camps. ☐

I/We acknowledge that the school requirements under the Commonwealth Privacy Legislation (refer attached) must be adhered to and agree that relevant (non-sensitive) information is made available to the Parish community for the purposes of Parish activities and fundraising. E.g., Sacraments, Thanksgiving. ☐

I/We agree to observe the school ethos, policies, rules and regulations, policies of the Catholic Education Commission Victoria (CEVN) and School Pastoral Care & Uniform guidelines. ☐

I/We agree to give permission for my child's photograph to be used in publications for Educational / School purposes e.g., school website, newsletter, Parish bulletin, CEO Catholic publications, and newspaper advertisements. This may also include video image, Imovie etc, voice recording and associated school work. I/We understand and agree that if I wish to withdraw this authorization it is my/our responsibility to notify the school in writing. ☐

I/We understand that my child may be taken on local excursions/outings within the local area at times as arranged by the teacher with 1:10 staff ratios. ☐

I/ We understand that my child will have access to use the internet, Intranet, electronic equipment and associated activities in accordance with the school usage policy as part of their daily study. ☐

I/ We understand that if any misleading information has been provided, or any omission of significant, relevant information made in the application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn. ☐

Name of Parent/Guardian: _____ Signature: _____ Date: _____

Name of Parent/Guardian: _____ Signature: _____ Date: _____

PARENT/GUARDIAN OCCUPATION GROUPS

Please select the appropriate group from the following list.

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, select **'N'** from the 'occupation code' menu on the enrolment form. **PLEASE SELECT A CATEGORY FROM THIS LIST & NOTE ON THE ENROLMENT FORM**

Group A Occupation	Group B Occupation	Group C Occupation	Group D Occupation
Senior management in large business organisation, government administration and defence and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>SENIOR EXECUTIVE / MANAGER / DEPARTMENT HEAD IN INDUSTRY, COMMERCE, MEDIA OR OTHER LARGE ORGANISATION</p> <p>PUBLIC SERVICE MANAGER (Section head or above), regional director, health / education / police / fire services administrator</p> <p>OTHER ADMINISTRATOR [school principal, faculty head / dean, library / museum / gallery director, research facility director]</p> <p>DEFENCE FORCES Commissioned Officer</p> <p>PROFESSIONALS - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems and teach others:</p> <p>HEALTH, EDUCATION, LAW, SOCIAL WELFARE, ENGINEERING, SCIENCE, COMPUTING PROFESSIONAL</p> <p>BUSINESS [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>AIR/SEA TRANSPORT [aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic Controller]</p>	<p>OWNER / MANAGER of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>SPECIALIST MANAGER [finance / engineering / production / personnel / industrial relations / sales / marketing]</p> <p>FINANCIAL SERVICES MANAGER [bank branch manager, finance / investment / insurance broker, credit /loans officer]</p> <p>RETAIL SALES/SERVICES MANAGER [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>ARTS / MEDIA / SPORTS [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]</p> <p>ASSOCIATE PROFESSIONALS - generally have diploma / technical qualifications and support managers and professionals:</p> <p>HEALTH, EDUCATION, LAW, SOCIAL WELFARE, ENGINEERING, SCIENCE, COMPUTING TECHNICIAN / ASSOCIATE PROFESSIONAL</p> <p>BUSINESS / ADMINISTRATION [recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager]</p> <p>DEFENCE FORCES senior Non-Commissioned Officer</p>	<p>TRADESMEN/WOMEN generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group</p> <p>CLERKS [bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p>SKILLED OFFICE, SALES AND SERVICE STAFF:</p> <p>OFFICE [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>SALES [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]</p> <p>SERVICE [aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Drivers, Mobile Plant, Production / Processing Machinery And Other Machinery Operators. Hospitality Staff [Hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]</p> <p>OFFICE ASSISTANTS, SALES ASSISTANTS AND OTHER ASSISTANTS:</p> <p>OFFICE [typist, word processing / data entry / business machine operator, receptionist, office assist] SALES [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, shelf stacker]</p> <p>ASSISTANT / AIDE [trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>LABOURERS & RELATED WORKERS</p> <p>DEFENCE FORCES - ranks below senior NCO not included above</p> <p>AGRICULTURE, HORTICULTURE, FORESTRY, FISHING, MINING WORKER [farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, green-keeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand]</p> <p>OTHER WORKER [labourer, factory hand, store-person, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

St Francis Xavier School Montmorency

The Commonwealth Privacy Act

Standard Collection Notice For 2018

Dear Parents,

Amendments to the Commonwealth Privacy Act 1988 (Privacy Act December 2001) have been added to ensure that organisations handle "personal information" in a responsible manner. They aim as far as possible to establish a nationally consistent approach to the handling of personal information. The Privacy Act will govern how schools must handle personal information. St Francis Xavier School Montmorency has developed this Standard Collection Notice in accordance with amendments to the Privacy Act and within the strict guidelines provided by the Catholic Education Commission of Victoria.

1. St Francis Xavier School Montmorency (the Archdiocese of Melbourne both independently and through its schools) collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable St Francis Xavier School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy St Francis Xavier School's legal obligations, particularly to our school to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the "National Privacy Principles under the Privacy Act." We ask you to provide medical reports about students from time to time.
5. St Francis Xavier School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes information to other school, (transition to Secondary school & kindergartens) & government departments, the Catholic Education Office Melbourne, the Catholic Education Commission of Victoria, the Archdiocese and St Francis Xavier parish, medical practitioners, and people providing services to St Francis Xavier School, including specialist visiting teachers, sports coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in the St Francis Xavier School Newsletter, magazines and in the future, may also appear on our website. (Appropriate notification will be given and/or permission sought).
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Students 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 St Francis Xavier School's duty of care to the student, or where students have provided information in confidence.
9. As you may know St Francis Xavier School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list or make contact details available to our Parent Classroom Rep to assist their role. (If you do not agree to this you must advise us now.)

If you provide St Francis Xavier 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 St Francis Xavier School and why, that they can access that information if they wish and that St Francis Xavier School does not usually disclose the information to third parties.

YOU WILL BE CONTACTED SHORTLY. PLEASE RETURN THIS FORM TO:

The St Francis Xavier Primary School Office, 90 Mayona Road Montmorency 3094

PHONE: 9435 8474 FAX: 9435 0016 EMAIL: nsutera@sfxmontmorency.catholic.edu.au