St Catherine of Siena Catholic Parish

28 College Street, Caroline Springs VIC 3023
PO Box 3014
Email: csparish@bigpond.com
Phone: 03 8361 9822

APPLICATION for ENROLMENT

Christ the Priest Catholic PS
54 Caroline Springs Boulevard
Caroline Springs VIC 3023
PO Box 3482
Email: enquiries@ctpcs.catholic.edu.au
Phone: 03 9361 8600

St George Preca Catholic PS
22-48 Lancefield Drive
Caroline Springs VIC 3023
PO Box 3534
Email: office@stgeorgepreca.catholic.edu.au
Phone: 03 8390 7352

OFFICE USE ONLY DATE RECEIVED / /	INTERVIEW DATE: / /	COMMENCEMENT DATE: / /	STUDENT CODE:
	INTERVIEW TIME:	COMMENCEMENT LEVEL:	FAMILY CODE:

FOR APPLICATION PROCESSING PLEASE PROVIDE ORIGINAL COPIES OF THESE DOCUMENTS FOR COPYING BY THE SCHOOL					
BIRTH CERTIFICATE		BAPTISM CERTIFICATE		TRAVEL DOCUMENTS	
IMMUNISATION CERTIFICATE		PROOF OF RESIDENCE IN CAROLINE SPRINGS		COURT DOCUMENTS	

STUDENT DETAILS

FIRST NAME				PREFERRED NAME *If Applicable*		
MIDDLE NAME				SEX *Please Circle*	MALE	FEMALE
SURNAME				DATE OF BIRTH	/ /	
ADDRESS	STREET NUMBER		STREET NAME			
SUBURB		POST CODE		HOME PHONE		
BORN IN AUSTRALIA	YES	NO	*OTHER – Please Specify*			
NATIONALITY		ABORIGINAL OR TORRES STRAIT ISLANDER	NO	YES	*Please Specify*	
LANGUAGE	ENGLISH ONLY	YES	NO	*OTHER – Please Specify*		

CITIZENSHIP STATUS IF NOT BORN IN AUSTRALIA *(Government Requirement)*

AUSTRALIAN CITIZEN NOT BORN IN AUSTRALIA	
☐ AUSTRALIAN CITIZEN *Naturalisation Certificate or Australian Passport Number / Document of Travel if Country of Birth is not Australia*	
☐ AUSTRALIAN PASSPORT NUMBER	
☐ NATURALISATION CERTIFICATE NUMBER	
☐ VISA SUBCLASS RECORDED ON ENTRY TO AUSTRALIA	
☐ DATE OF ARRIVAL INTO AUSTRALIA	
NOT CURRENTLY AN AUSTRALIAN CITIZEN	
☐ PERMANENT RESIDENT	
☐ TEMPORARY RESIDENT	
☐ OTHER / VISITOR / OVERSEAS STUDENT	

PREVIOUS SCHOOL / PRE SCHOOL

NAME OF PREVIOUS SCHOOL / PRE SCHOOL		
GROUP		
I / WE GIVE PERMISSION FOR SCHOOL TO CONTACT PREVIOUS SCHOOL OR PRE SCHOOL	YES	NO

SACRAMENTAL INFORMATION *(Please include Parish name, suburb & state details)*				
BAPTISM	DATE	/ /	PARISH	
RECONCILIATION	DATE	/ /	PARISH	
COMMUNION	DATE	/ /	PARISH	
CONFIRMATION	DATE	/ /	PARISH	
CURRENT PARISH				

MEDICAL INFORMATION								
SURGERY NAME				DOCTOR				
STREET / SUBURB				PHONE NO				
MEDICARE	___ ___ ___ ___ ___ ___ ___ ___ ___ ___			REFERENCE		EXPIRY	/	
PRIVATE HEALTH COVER	YES	NO	FUND		NUMBER			
AMBULANCE COVER	YES	NO	NUMBER					
ASTHMA	YES	NO	ALLERGIES	YES	NO	ANAPHYLAXIS	YES	NO
PLEASE LIST ANY ALLERGIES								
ANY OTHER MEDICAL CONDITIONS								

IMMUNISATION *(Please circle where appropriate)*						
BIRTH VACCINATION	YES	NO		12 MONTHS VACCINATION	YES	NO
2 MONTHS VACCINATION	YES	NO		18 MONTHS VACCINATION	YES	NO
4 MONTHS VACCINATION	YES	NO		4 YEAR OLD VACCINATION	YES	NO
6 MONTHS VACCINATION	YES	NO		12 - 13 YEAR OLD VACCINATION	YES	NO
ANY OTHER VACCINATIONS *Please Specify*						

ADDITIONAL NEEDS – DOES YOUR CHILD HAVE: *(Documentation Required)*								
AUTISM	YES	NO	AUDITORY MEMORY PROCESSING DIFFICULTY	YES	NO	INTELLECTUAL DISABILITY	YES	NO
ADD / ADHD	YES	NO	MENTAL HEALTH CONDITION	YES	NO	LEARNING DIFFICULTIES	YES	NO
VISION IMPAIRMENT	YES	NO	ACQUIRED BRAIN INJURY	YES	NO	LANGUAGE DISORDER	YES	NO
HEARING IMPAIRMENT	YES	NO	DEVELOPMENTAL DELAY	YES	NO	BEHAVIOUR DISORDER	YES	NO

ADDITIONAL NEEDS – HAS YOUR CHILD EVER SEEN: *(Documentation Required)*								
BEHAVIOURAL OPTOMETRIST	YES	NO	SPEECH PATHOLOGIST	YES	NO	PAEDIATRICIAN	YES	NO
EDUCATIONAL PSYCHOLOGIST	YES	NO	AUDIOLOGIST	YES	NO	OTHER SPECIALIST	YES	NO
OCCUPATIONAL THERAPIST	YES	NO	PSYCHOLOGIST	YES	NO	MY CHILD HAS ADDITIONAL NEEDS	YES	NO

I HAVE ATTACHED RELEVANT MEDICAL REPORTS & ASSESSMENT DOCUMENTATION IN SUPPORT OF MY CHILD'S ADDITIONAL NEEDS	YES	NO

CONTACT DETAILS

MOTHER'S DETAILS

TITLE *(MRS / MS / MISS)*		FIRST NAME		SURNAME	
RESIDENTIAL ADDRESS					
MAILING ADDRESS					
HOME PHONE		WORK PHONE		MOBILE PHONE	
EMAIL		SMS MESSAGING	YES	NO	

GOVERNMENT REQUIREMENTS

NATIONALITY		RELIGION			
BORN IN AUSTRALIA	YES	NO	*OTHER – Please Specify*		
OCCUPATION		OCCUPATION GROUP (SEE OCCUPATION GROUP LISTING ATTACHMENT)	PLEASE CIRCLE A B C D		
HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL COMPLETED	YEAR 9 OR BELOW ☐	YEAR 11 OR EQUIVALENT ☐			
	YEAR 10 OR EQUIVALENT ☐	YEAR 12 OR EQUIVALENT ☐			
HIGHEST LEVEL OF QUALIFICATION COMPLETED	NO POST SCHOOL QUALIFICATION ☐	DIPLOMA / ADVANCED DIPLOMA ☐			
	CERTIFICATE I TO IV ☐	BACHELOR DEGREE OR HIGHER ☐			
DO YOU HAVE A HEALTH CARE CARD?	NO	YES	*PLEASE PROVIDE CARD DETAILS AND COPY*		
CARD HOLDER		CRN	___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___	EXP	

FATHER'S DETAILS

TITLE		FIRST NAME		SURNAME	
RESIDENTIAL ADDRESS					
MAILING ADDRESS					
HOME PHONE		WORK PHONE		MOBILE PHONE	
EMAIL		SMS MESSAGING	YES	NO	

GOVERNMENT REQUIREMENTS

NATIONALITY		RELIGION			
BORN IN AUSTRALIA	YES	NO	*OTHER – Please Specify*		
OCCUPATION		OCCUPATION GROUP (SEE OCCUPATION GROUP LISTING ATTACHMENT)	PLEASE CIRCLE A B C D		
HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL COMPLETED	YEAR 9 OR BELOW ☐	YEAR 11 OR EQUIVALENT ☐			
	YEAR 10 OR EQUIVALENT ☐	YEAR 12 OR EQUIVALENT ☐			
HIGHEST LEVEL OF QUALIFICATION COMPLETED	NO POST SCHOOL QUALIFICATION ☐	DIPLOMA / ADVANCED DIPLOMA ☐			
	CERTIFICATE I TO IV ☐	BACHELOR DEGREE OR HIGHER ☐			
DO YOU HAVE A HEALTH CARE CARD?	NO	YES	*PLEASE PROVIDE CARD DETAILS AND COPY*		
CARD HOLDER		CRN	___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___	EXP	

SIBLING DETAILS

(Please list all children in your family attending school or preschool: oldest to youngest, including applicant)

NAME	DATE OF BIRTH	SCHOOL / PRESCHOOL	YEAR / GRADE
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

HOME CARE DETAILS

LIVING WITH MOTHER & FATHER ☐	LIVING IN A STEP FAMILY ☐	SHARED PARENTING *(e.g. 1 week with mother, 1 week with father)* ☐
GUARDIAN ☐	OUT OF HOME CARE ☐	SINGLE PARENT- PRIMARY CARER ☐ MOTHER / FATHER

COURT ORDERS

ARE THERE ANY COURT ORDERS RELATED TO THE STUDENT?	YES	NO

IF YES, ANY COPIES OF THESE AVO'S, FAMILY / FEDERAL MAGISTRATES COURT ORDERS OR ANY OTHER DOCUMENTS MUST BE PROVIDED

ANY OTHER INFORMATION	

EMERGENCY CONTACTS *(Other than parents)*

NAME	RELATIONSHIP TO CHILD	HOME PHONE NUMBER	MOBILE NUMBER

SCHOOL FEES & LEVIES

WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES & LEVIES?	BOTH PARENTS ☐	SPLIT ACCOUNTS ☐	MOTHER ONLY ☐	FATHER ONLY ☐

PERMISSION'S & AGREEMENT'S

- ☐ I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.
- ☐ I make a commitment that my child will participate in the school's educational programs.
- ☐ I agree to observe & support the school's uniform policy.
- ☐ I agree to observe & support the school's behaviour policy & expectations.
- ☐ I agree to observe & support the school's religious education policy.
- ☐ I agree to observe & support the school's fees & levies & pay all fees & levies as set by the school.
- ☐ I have attached copies of my child's birth, baptism and immunisation certificates.
- ☐ I have attached a copy of the relevant Health Care Card
- ☐ I understand that this permission is valid for the period of my child's primary school years at the school & will only need to be renewed if the school's policy changes.

MOTHER'S SIGNATURE
DATE: / /

FATHER'S SIGNATURE
DATE: / /